COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Income Support
Child Support Enforcement

AUTHORIZATION AND ACKNOWLEDGEMENT OF NO LEGAL REPRESENTATION

Contracting Officials represent the Commonwealth of Kentucky, not you personally. If you apply for and use child support services through the Cabinet for Health and Family Services (CHFS), by signing below, you authorize and acknowledge the following:

- I request CHFS to assist me in my child support case, including court action, if necessary.

- I acknowledge that any CHFS attorney to whom I may be referred will be dealing with me only in my capacity as the adult representative (guardian, custodial parent) pursuant to his or her obligation to provide legal services to and for CHFS and the Commonwealth of Kentucky according to **KRS 205.712(7).**

- I understand I am not legally represented by a CHFS attorney and a CHFS attorney may take a position unfavorable to me.

- I understand an attorney-client relationship does not exist between CHFS's attorney and me, and I understand the consequences of this on the issues of confidentiality and attorney-client privilege.

- I understand I have the right to obtain legal representation for myself at any time I choose, now or in the future, and I will be responsible for attorney fees and costs. If I choose private legal representation, I will notify the contracting official's office.

- I understand that information I provide to CHFS is not completely confidential. It is sometimes necessary for CHFS to provide information from its files to other people who work with CHFS to establish, enforce or modify child support orders. In addition, CHFS may provide information to appropriate authorities for use in the investigation and prosecution of welfare fraud or other violations of state or federal law. Also, the court may require the release of information to the noncustodial parent(s).

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.

_____   _____
                    Signature   Date

Sworn and subscribed before me this _____ day of _____, _____.

_____   My Commission Expires: _____
Notary Public

DO NOT WRITE IN THIS SPACE

FOR AGENCY USE ONLY

IV-D NUMBER: _____   DATE RETURNED: _____
CASE NAMES: _____