

**DIVISION OF CHILD SUPPORT SERVICES
SETTLEMENT NEGOTIATION PROCESS
CONSENT FORM**

DCSS Case Number: _____ (if known)

Local Office: _____ (if known)

In signing this form, I give my consent and agree to participate in the Settlement Negotiation Process being offered by the Division of Child Support Services (DCSS).

- I declare that I have read the informational pamphlet and the consent form.
- I declare that my relationship with the other parent does not include a history of domestic violence.
- I understand that my participation is voluntary and that I will continue to receive services if I choose to withdraw as a participant of the Settlement Negotiation Process.
- I understand that I can withdraw as a participant at any time by notifying my local office Child Support Agent.
- I understand that my confidential, personal and financial information may be discussed with the other parent.
- I understand that participating in this process means that my Settlement Negotiation session may be observed by a DCSS supervisor or manager.
- I confirm that the Settlement Negotiation Pilot Process was explained to me, that all my questions were answered, and I was given necessary time to make a decision about my participation.

Thus, I accept and agree to:

- Undergo Settlement Negotiation as part of my requested services;
- Have my Settlement Negotiation session observed by an DCSS supervisor or manager, if my case is chosen for observation;
- Have my confidential, personal and financial information shared with the other parent; and
- Fill out any surveys about my participation in the Settlement Negotiation Process.

Participant Signature: _____ Date: ____/____/____

Section to be Completed by the Division of Child Support Services

I hereby certify that I explained the Settlement Negotiation Process to the participant and that I answered all the participant's questions. I also mentioned the right to withdraw at any time from participation in the Settlement Negotiation Process and that services would still be provided.

DCSS Staff Signature: _____ Date: ____/____/____

Please give a copy of this signed consent form to the participant and place the original in the case file.