Clear Form

DEPARTMENT OF HUMAN SERVICES

DHS-7656-ENG 5-18

Credit Reporting Direct Dispute-Claim Form

Section I: Personal Information

FIRST NAME	MIDDLE NAME	LAST NAME
PREVIOUS FIRST NAME	PREVIOUS MIDDLE NAME	PREVIOUS LAST NAME

PHYSICAL STREET ADDRESS (number and street)	CITY	STATE MN	ZIP CODE
MAILING ADDRESS (if different from street above)	CITY	STATE MN	ZIP CODE

HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER

CASE NUMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH

Section II: Employment Information

OCCUPATION	EMPLOYER	EMPLOYER'S PHONE NUMBER

EMPLOYER'S ADDRESS (number and street)	CITY	STATE MN	ZIP CODE

Employment status

◯ Employed ◯ Unemployed ◯ Retired ◯ Disabled ◯ Other

PLEASE EXPLAIN

Section III: Reason for Dispute

SIGNATURE	DATE

Please attach a copy of the credit report in question, containing the complete account number, plus any documents that support your claim. Return this form to MN Child Support Division, Credit Bureau Dispute, PO Box 64946, St. Paul, MN 55164-0946