

Commission on Child Support

Public Testimony Request

All Fields are Required

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Email address: _____

Which best represents your participating interest in the child support process?

Custodial Parent

Noncustodial Parent

Attorney

Employer

Relative

Other (specify): _____

Please select the date you would like to provide testimony (**choose one**)

Thursday, August 26, 2021, from 6:00-8:00 p.m. CDT

Thursday, September 30, 2021, from 6:00-8:00 p.m. CDT

Wednesday, October 27, 2021, from 6:00-8:00 p.m. MDT

Please download and send the completed form to Kristen.Campbell@state.sd.us