

# Choose Your Own Language

## Oregon Child Support Program

CSP #: \_\_\_\_\_

Obligor: \_\_\_\_\_

Obligee: \_\_\_\_\_

**English translation of information below:** If you would like us to communicate with you in (language name) instead of English, please check this box. Complete the information and return to the Child Support Office listed below. For forms and brochures in (language name) visit our website at [www.oregonchildsupport.gov](http://www.oregonchildsupport.gov).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Phone: \_\_\_\_\_

Other Language (if not listed on form) \_\_\_\_\_

<input type="checkbox"/> <b>Spanish</b> <b>Español</b>	If you would like us to communicate with you in Spanish instead of English, please check this box. Complete the information and return to the Child Support Office listed on this form. For forms and brochures in Spanish visit our website at <a href="http://www.oregonchildsupport.gov">www.oregonchildsupport.gov</a> .  Name: _____ Address: _____ City, State, Zip Code: _____ Social Security Number: _____ Phone: _____
<input type="checkbox"/> <b>Vietnamese</b> _____	If you would like us to communicate with you in Vietnamese instead of English, please check this box. Complete the information and return to the Child Support Office listed on this form. For forms and brochures in Vietnamese visit our website at <a href="http://www.oregonchildsupport.gov">www.oregonchildsupport.gov</a> .  Name: _____ Address: _____ City, State, Zip Code: _____ Social Security Number: _____ Phone: _____
<input type="checkbox"/> <b>Russian</b> _____	If you would like us to communicate with you in Russian instead of English, please check this box. Complete the information and return to the Child Support Office listed on this form. For forms and brochures in Russian visit our website at <a href="http://www.oregonchildsupport.gov">www.oregonchildsupport.gov</a> .  Name: _____ Address: _____ City, State, Zip Code: _____ Social Security Number: _____ Phone: _____
<input type="checkbox"/> <b>Somali</b> _____	If you would like us to communicate with you in Somali instead of English, please check this box. Complete the information and return to the Child Support Office listed on this form.  Name: _____ Address: _____ City, State, Zip Code: _____ Social Security Number: _____ Phone: _____
<input type="checkbox"/> <b>Simplified</b>	If you would like us to communicate with you in Simplified Chinese instead of English,

