

ELECTRONIC BILLING EXEMPTION FORM

DIRECTIONS

To be considered for an exemption from an electronic billing, which is mandatory for all non-custodial parents, you must complete all sections of this form. If approved, you will receive paper billing statements.

In SECTION B, briefly describe your reason for submitting this request to be exempt from electronic billing. If your circumstances are similar to the following examples, you may be eligible for an exemption:

- **Disability** (of the non-custodial parent who is responsible for the billing)
- **Lack of Internet access**
- **Lack of cellular phone**

Please be sure to sign SECTION C before you mail, fax, or bring the form and any supporting documentation to the NCSPC at the address in the upper right corner.

Return This Form

In person at NCSPC:
421 S 9th St Ste 137
Lincoln, NE 68508-2282

By mail to:
NCSPC
PO Box 83306
Lincoln, NE 68501-3306
Fax: (402) 471-1193

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.

SECTION A. Non-Custodial Parent Information	
Name (last, first, middle initial)	ARP ID
Current Address (street, apartment or P.O. box number, city, state, ZIP Code)	
Email	Phone (include area code)
SECTION B. Reason for exemption	
Please state your reason for requesting an electronic billing exemption. You may continue on Page 2 if necessary.	
SECTION C. Certification	
You must sign this form certifying that the information you provided is true.	
Non-Custodial Parent's Signature	Date

FOR OFFICE USE ONLY

Action Taken	If approved, service indicator added?	Date Reviewed	Comments
Approved Denied	Yes No		
Reviewer's Signature			

SECTION B. Reason for exemption (Continued from Page 1)