

**ALAMEDA COUNTY /CHILD SUPPORT SERVICES
PUBLIC OUTREACH**

REQUEST FOR SPEAKER

Our organization would like to request a speaker(s) for the _____ Program.
We would like for you to come and speak to us about the Child Support system in Alameda County, and answer any questions that we may have.

ORGANIZATION: _____

ADDRESS: _____

TELEPHONE NO. _____ FAX NO. _____

CONTACT PERSON: _____

DATE REQUESTED: _____
1st choice _____ 2nd choice _____

TIME: _____

We will arrive 15 minutes prior for set up.

NAME OF GROUP: _____

GROUP SIZE: _____ LANGUAGE PREFERRED: _____

DURATION: _____ LOCATION _____

Do you have the following items available for the presentation? Please check all that apply
TV _____ DVD _____ VCR _____ Screen or light colored, blank wall _____

TOPICS (check all that apply)

ESTABLISHING PATERNITY _____	INTEREST CHARGES _____
STATE LICENSE PROGRAM _____	LEGAL PROCESS _____
ESTABLISHING A CHILD SUPPORT ORDER _____	CHILD SUPPORT LAWS _____
CalWORKs vs. NON-CalWORKs _____	INTERCEPT PROGRAMS _____
ENFORCEMENT OF CHILD SUPPORT ORDERS _____	
MODIFICATION OF CHILD SUPPORT ORDER _____	

HANDOUTS REQUESTED: YES _____ NO _____

DIRECTIONS AND PARKING INSTRUCTIONS: _____

PLEASE COMPLETE AND RETURN TO:

**Alameda County
Department of
Child Support Services
5669 Gibraltar Drive
Pleasanton CA 94588
or
FAX Number: 925-468-9177**

Once your request is received, someone will call you to confirm the date and time of your request.
At that time, we can also review any special needs or concerns that you may have for your group.