

Child Maintenance Service

Phone number: 0845 2668792

Website: www.gov.uk/child-maintenance

# Subject access request form

Use this form to ask us for data about yourself or someone else

### **Section 1**

# Whose data are you asking for?

This person is called the data subject.

If you are asking for data about yourself, please fill in **your** details in the boxes below and continue to Section 3.

If you are asking for data about someone else, please fill in their details in the boxes below and continue to Section 2.

the boxes below and continue to Section 2.											
Title											
First name											
Surname											
National Insurance Number											
Letters Numbers Letter											
Date of birth											
Client reference number											

	Town / city
	County
	Postcode
	Country (if outside UK)
	Contact number
Include the area code	If we send your correspondence to a different address then please enter it below. If this is the first time you've told us you want your correspondence
	sent to a different address then you'll need to contact us separately to set
	this up. Please call 0845 2668792 to discuss this <b>before</b> you return this form.
	House name / number / street
	Town / city
	County
	Postcode
	Country (if outside UK)
	If you're asking for data concerning yourself, you can then go straight to
	Section 3 – you won't need to complete Section 2.
	If you're asking for data on behalf of someone else then please carry on to Section 2.
	to Section 2.

# **Section 2**

# Representative's details

Fill in this section with your own details only if you are asking for details on behalf of someone else.

Please note that if this is the first time you've contacted the Child Maintenance Service on the data subject's behalf we'll need to carry out separate checks after you've returned your form. We will normally provide the subject access report within 40 calendar days of those checks being completed.

Title
First name
riist nume
Surname
House name / number / street
Town / city
County
Postcode
1 ostcode
Country (if outside UK)
Contact number
Relationship to data subject
The person whose data you are asking for must sign and date the form here:
Authority to disclose information to a representative
I confirm that I have asked the above named person to represent me in connection with my current Subject Access Request under the terms of the Data Protection Act (1998).
I therefore authorise the Child Maintenance and Enforcement Commission to supply the above named representative with all information that is held about me.
Signature
Date
d d m m y y y y



Include the area code

# Section 3

# Details of the data you are requesting

Which service are you requesting data from? (This will be written on any letters we've sent you.)
Child Maintenance Options
The Child Maintenance Service
The Child Support Agency
All services managed by the Child Maintenance and Enforcement Commission
Please describe your involvement with the service you are requesting data from (check as many boxes as necessary).
I am or was involved in a case managed by the service(s) checked above
I am an employee of the service(s) checked above
I used to be an employee of the service(s) checked above but I'm not any longer
I have been both involved in a case managed by the service(s) checked above and an employee of the service(s) checked above
I have never been involved in a case managed by the service(s) checked above, nor have I ever been an employee of the service(s) checked above
To help us give you the right information please describe what information you would like us to look for.
For example, if you would like a copy of a particular file or document then please state this below. If you don't want particular information then please let us know that, too. By narrowing your request to the specific information you want you'll help us give it to you more quickly.
If you need more space, please use a separate piece of paper.

# **Section 4**

# How would you like us to send you the data?

Please check **one** box only.

On CD-ROM (compatible with any computer with a CD or DVD drive)
You may still receive part of your report on paper if some of the data isn't held on computer

On paper

### **Section 5**

### **Declaration**

#### Please sign and date this form before sending it back to us.

I declare that the information given above is correct. If I am acting on behalf of the person named in Section 1 I confirm that I have their authorisation to do so.

Si	gr	atı	ure								
D	Date										

