



NPOWR! PROGRAM INQUIRY FORM

Thank you for your interest in the *NPOWR!* Program. Please fill in the information below so that we may contact you regarding the program. A copy of the *NPOWR!* Noncustodial Parent Program Guide can be obtained from your local office or can be accessed online via our website at www.childsupport.arkansas.gov under the Noncustodial Parent link. You may also get information on the program by calling the *NPOWR!* Program Information line at (501) 371-5020. If you have not been contacted within two business days of completion of this form, please contact your local office to ask about the status of your inquiry.

Today's Date _____

Noncustodial Parent Information:

Name: _____ Contact Number: _____
(Please Print)

Case Number(s): _____
(if known)

Mailing Address: _____

How did you hear about the program? _____

You may submit this form in one of the following ways:

- Submit in person to your local child support office
- Email: npowrprogram@ocse.arkansas.gov
- Regular mail: *NPOWR!* Program, P.O. Box 8133, Little Rock, AR 72203-8133
- Fax: 501-682-3488

For office use only:

Field Office:

Name of person submitting inquiry form (please print) _____ Office Location _____

NPOWR! Program Staff:

Date Received _____ Date NCP Contacted _____

Revised 03/12/2014