**Application for Court Case Search Access and eFile Authority**

This form is used by child support agency personnel to request wiKIDS Court Case Search functionality (which assists the worker in the establishment of paternity or child support) or to request authority to eFile court documents through wiKIDS. The user may request both Court Case Search functionality and eFile authority. For additional information please see the Circuit Court Case Search in wiKIDS factsheet on the Child Support Partner Resources site.

The undersigned (hereinafter designated as User) has requested access to the wiKIDS functions selected below:

**The statewide circuit court case search.** This access is authorized under Wis. Stat. § 767.853 and is granted pursuant to an agreement executed by the WI Bureau of Child Support and the Office of State Courts.

**The ability to eFile documents through the wiKIDS eFiling Interface.** This access is authorized by an agency attorney under Wis. Stat. § 801.18.

The User agrees with the following:

1. The information provided pursuant to this agreement shall be used only to the extent necessary to assist in the valid administrative needs of the programs under Title IV-D of the Social Security Act and Chapters 767 and 769 of the Wisconsin Statutes, and shall not be disclosed to any other person(s) under any circumstances except as provided by Federal and State law;
2. The User acknowledges that he/she is subject to Wis. Stat. § 943.70, Computer Crimes which prohibit unauthorized access to, use, or disclosure of data. He/she further acknowledges that a violation of that statute makes him or her liable for a Class A misdemeanor, or a class E, D or C felony, depending on the circumstances, and the applicable penalties thereof, which can include forfeiture or imprisonment.
3. The User acknowledges that access will be terminated immediately by Bureau of Child Support upon notification that the User has violated the terms of this agreement.

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| **USER** | | |
| Name | | Telephone Number |
| Email Address | | |
| County / Tribe | | KIDS Logon ID |
|  |  |  |
| User **SIGNATURE** |  | Date Signed |

|  |  |  |
| --- | --- | --- |
| **CHILD SUPPORT AGENCY DIRECTOR** | | |
| Name | | Telephone Number |
|  |  |  |
| Director **SIGNATURE** |  | Date Signed |

Email completed form to: [DCFBCSSecurity@wisconsin.gov](mailto:DCFBCSSecurity@wisconsin.gov)