

**DEPARTMENT OF REVENUE CHILD SUPPORT ENFORCEMENT DIVISION
APPLICATION FOR LICENSED SHERIFFS 2020 - 2022**

PERSONAL INFORMATION

Name:

Home address:

City:

State:

ZIP Code:

Telephone:

Social Security Number (SSN):

**BUSINESS CONTACT INFORMATION
(DOR will mail documents to be served to this address)**

Business address:

City:

State:

ZIP Code:

Telephone:

Fax:

Cell phone:

E-mail:

COMPLIANCE AGREEMENT

I, the undersigned, hereby agree to accept the fees, terms, and conditions as outlined by the Child Support Enforcement Division of the Massachusetts Department of Revenue's (DOR) Licensed Constable and Sheriff Handbook, including the Standards of Confidentiality for Licensed Constables and Sheriffs Calendar Years 2020-2022, Standards of Conduct for Licensed Constables and Sheriffs Calendar Years 2020-2022, Service of Process Fee Schedule for Licensed Constables and Sheriffs for Calendar Years 2020-2022, Confidentiality Agreement for Licensed Constables and Sheriffs, and to comply with any updates or additions thereto to the above-mentioned documents, in the performance of my duties in the service of process for DOR, and if applicable, to require such compliance from my employees, agents, and associates.

I understand that if I, or my employees, agents or associates, fail to comply with any of the fees, terms and conditions outlined in the above-mentioned documents in the service of civil process for DOR, it will result in the termination of my and my employees, agents or associates' services. Further, I understand that any service that violates any of the above-mentioned standards will not be subject to payment of the fee.

Signature: _____

Date: _____