

APPLICATION FOR CHILD SUPPORT SERVICES

_____, SSN _____ hereby contract with the _____ County Child Support Enforcement Agency to provide appropriate child support services. This application constitutes the contract and its terms. I understand that the Child Support Agency determines which services are necessary for me. If any application fee is required, no services will begin until the fee is paid.

Applicant's Rights and Responsibilities

I understand and agree that:

___ Any payments sent to me in error are my responsibility to repay.

___ The agency will collect any payments sent to me in error. The agency collects 10% of current support payments due to me and ALL money paid toward arrears due to me, until it is paid.

___ The agency may use an attorney to establish or enforce my child support order. **The attorney represents the interests of the agency and no attorney-client relationship exists between the attorney and me.** The attorney cannot handle any other legal matter such as custody or visitation.

___ I have the right to request that my support order be reviewed for a possible adjustment every three years or an earlier date if there is a significant change in circumstances.

Tax Refund Intercept

Federal law requires that the agency intercept tax refunds to pay off past due child support.

I understand and agree that:

___ * If the non custodial parent owes past due support that meets the rules for tax intercept, the agency notifies the Internal Revenue Service and the N. C. Department of Revenue to withhold up to that amount from the non custodial parent's tax refund.

___ Past due support owed to the State may be paid before I receive any past due support.

___ A processing fee may be charged. The fee is deducted from the tax refund.

___ If the refund is intercepted from a joint return, the agency must determine if I can receive any of the money. This process may take up to six months.

___ The IRS may adjust the amount of the refund for up to six years. This may require that I return a portion of the refund previously sent to me.

I have received Program information describing services, fees, rights and responsibilities, collection policies, and distribution procedures. I am returning all completed supplemental information sheets with this application.

Applicant Signature

DSS-4451 (10/00)

CSE/ACTS

Date

For Office Use Only

_____ IVD Number Locate Only Child Support Medical Support

**APPLICATION SUPPLEMENTAL DATA
CHILD SUPPORT ENFORCEMENT
PART ONE: APPLICANT INFORMATION**

Please complete the following information about yourself, each absent parent and child for whom you wish to receive our services. The more information that you can tell us, the better we will be able to serve you. If you need assistance in completing this information, please contact your local child support enforcement office. **Please notify us immediately if you have a change of address. We can only send support to you if we have a current mailing address.**

APPLICANT IDENTIFYING INFORMATION

Your Name

First _____ Middle _____ Last _____ Suffix _____ (e.g. Jr.)

Maiden Name _____ Other names used currently, or in the past: _____

Date of Birth _____ **Race** _____ **Sex** _____ **Social Security Number** _____

Mailing Address:

Street _____

City _____ County _____ State _____ Zip Code _____

Home Address (if different from mailing address):

Street _____

City _____ County _____ State _____ Zip Code _____

Home Phone: _____ **Work Phone:** _____ **May we contact you at work?** Yes No

APPLICANT INCOME INFORMATION

Employer's name and address:

Income	
List all sources in monthly gross amounts	
<u>Amount</u>	<u>Source</u>
\$ _____	_____
_____	_____
_____	_____
\$ _____	Total

Federal Benefits? Yes No If yes, check all that apply:
 Social Security VA RR Retirement Civil Service Postal
 Military Retirement Other _____

Unemployment? Yes No
Other Income: Please list source and amount:

LIST THE NAME(S) OF THE ABSENT PARENT (S) FROM WHOM YOU NEED SUPPORT.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

Please check the type of service(s) you are requesting: Locate Only Child Support Medical Support

I certify that all of the information supplied by me is true and correct to the best of my knowledge and belief. My signature on this document constitutes a contract and authorizes the Child Support Enforcement Program to provide necessary and appropriate child support services on my behalf.

Applicant's Signature and Date

**CHILD SUPPORT APPLICATION SUPPLEMENTAL DATA
PART TWO: CHILD(REN) INFORMATION**

Complete the following information for each child.

CHILD(REN) INFORMATION			
Child's Name		Child's Absent Parent _____	
First _____	Middle _____	Last _____	Suffix _____ (e.g. Jr.)
Date of Birth _____		Race _____ Sex _____ Social Security Number _____	
Relationship to you: <input type="checkbox"/> Child <input type="checkbox"/> Other (specify) _____			
Birthplace: _____			
City		County	State
Where was child conceived? City _____		State _____	Child born out of wedlock? <input type="checkbox"/> Yes <input type="checkbox"/> No
Father named on child's birth certificate:			
First _____		Middle _____	Last _____
Is father named on birth certificate the biological father? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has paternity been legally established? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state when, where and how below:			
When? _____		Where? _____	
How? (Check one) <input type="checkbox"/> By marriage <input type="checkbox"/> In court <input type="checkbox"/> Voluntary Acknowledgment			
Did father sign Affirmation of Parentage at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have paternity/genetic tests been performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has father verbally acknowledged paternity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to whom? _____			
Does this child receive SSI or SSA? <input type="checkbox"/> Yes <input type="checkbox"/> No			

CHILD(REN) INFORMATION			
Child's Name		Child's Absent Parent _____	
First _____	Middle _____	Last _____	Suffix _____ (e.g. Jr.)
Date of Birth _____		Race _____ Sex _____ Social Security Number _____	
Relationship to you: <input type="checkbox"/> Child <input type="checkbox"/> Other (specify) _____			
Birthplace: _____			
City		County	State
Where was child conceived? City _____		State _____	Child born out of wedlock? <input type="checkbox"/> Yes <input type="checkbox"/> No
Father named on child's birth certificate:			
First _____		Middle _____	Last _____
Is father named on birth certificate the biological father? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has paternity been legally established? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state when, where, and how below:			
When? _____		Where? _____	
How? (Check one) <input type="checkbox"/> By marriage <input type="checkbox"/> In court <input type="checkbox"/> Voluntary Acknowledgment			
Did father sign Affirmation of Parentage at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have paternity/genetic tests been performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has father verbally acknowledged paternity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to whom? _____			
Does this child receive SSI or SSA? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**CHILD SUPPORT APPLICATION SUPPLEMENTAL DATA
PART THREE: ABSENT PARENT INFORMATION**

Complete as much of the following information as possible. The more information we have the better we can help you.

ABSENT PARENT IDENTIFYING INFORMATION	
Absent Parent's Name	
First _____	Middle _____ Last _____ Suffix _____
Maiden Name _____	Alias/nickname/other names used _____
Date of Birth _____	Race _____ Sex _____ Social Security Number _____
(or age, if DOB is unknown)	
Relationship to you: <input type="checkbox"/> Spouse <input type="checkbox"/> Former Spouse <input type="checkbox"/> None <input type="checkbox"/> Other (Specify) _____	
Marriage Date: _____	Separation/Divorce Date _____
Mailing Address: Is this address <input type="checkbox"/> Current or <input type="checkbox"/> Last Known? (Check one)	
Street _____	
City _____	State _____ Zip Code _____
Home Address (if different from mailing address): Is this address <input type="checkbox"/> Current or <input type="checkbox"/> Last Known? (Check one)	
Street _____	
City _____	State _____ Zip Code _____
Birthplace: City _____ County _____ State _____	
Height: _____	Weight: _____ Hair color: _____ Eye Color: _____ Identifying Marks: _____
Driver's License: Number _____	State _____
Vehicle Make/Model/Year: _____	License Plate: Number and State: _____
Usual Occupation: _____	
Father's name: _____	Address: _____
Mother's name: (including maiden name) _____	Address: _____
Most Recent Spouse's Name (other than yourself): _____	
Marriage Date: _____	Separation/Divorce Date: _____

ABSENT PARENT INCOME INFORMATION																	
Employer's name and address: <input type="checkbox"/> Current or <input type="checkbox"/> Last Known (check one) _____ _____ _____	<table border="0" style="width:100%;"> <tr> <th align="center" colspan="2">Income</th> </tr> <tr> <td align="center" colspan="2">List all sources in monthly gross amounts</td> </tr> <tr> <th align="center"><u>Amount</u></th> <th align="center"><u>Source</u></th> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td align="right">Total</td> </tr> </table>	Income		List all sources in monthly gross amounts		<u>Amount</u>	<u>Source</u>	\$ _____	_____	_____	_____	_____	_____	_____	_____	\$ _____	Total
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\$ _____	_____																
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_____	_____																
_____	_____																
\$ _____	Total																
Is absent parent self employed? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
Has absent parent ever been employed by a Federal Government Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of agency: _____																	
Federal Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply:																	
<input type="checkbox"/> Social Security <input type="checkbox"/> Postal <input type="checkbox"/> VA <input type="checkbox"/> RR Retirement <input type="checkbox"/> Civil Service <input type="checkbox"/> Military <input type="checkbox"/> Retirement <input type="checkbox"/> Other _____																	
Unemployment <input type="checkbox"/> Yes <input type="checkbox"/> No																	
Other Income: Please list source and amount _____																	

PART FOUR: ABSENT PARENT INFORMATION
ABSENT PARENT MILITARY AND ARREST RECORD

Military Service? Yes No If yes, what branch? _____ **Rank** _____
 Active duty Reserve Retired Separated AWOL Unknown
Last known duty station: _____ Service Start Date: _____ Service End Date: _____
Currently in prison/jail? Yes No
Prison/Jail Name: _____ City _____ State _____
Prior Arrest Record: Yes No If yes, when and where? _____
Offense _____ **Convicted** Yes No Conviction Type Felony Misdemeanor Date _____
Is absent parent currently on parole/probation? Yes No If yes, where? _____
Name of Parole/Probation Officer: _____

SUPPORT ORDER INFORMATION

Do you get support? Yes No If yes, do you have a Court Order or Voluntary Agreement to support? (check one)
Please attach a copy of your court order or agreement to support.
Type(s) of Support Child Support Medical Support Spousal/Alimony Support (check all that apply)
How is support paid? (Check one) To Clerk of Court Direct to you? To _____ (landlord, daycare center, etc.)
Court docket number _____ **Order Effective Date** _____ **County** _____ **State** _____
Amount Ordered \$ _____ per _____ Amount of past due support \$ _____
Children included in the order/agreement _____

Use this space to tell us any additional information that you think will help us get support for you.