



# INDIANA CHILD SUPPORT SERVICES ENROLLMENT

State Form 34882 (R17 / 3-20) / CSB 425A  
DEPARTMENT OF CHILD SERVICES

### INSTRUCTIONS:

1. Complete this form by providing the requested information.
2. Take or mail the signed form to your County Child Support Office.

### NOTICE TO ENROLLEE

All custodial parties and non-custodial parents may enroll to receive child support services. There is no enrollment fee or residency requirement.

Child Support Services include:

- Parent location,
- Establishment of paternity,
- Establishment, modification, and/or enforcement of child support obligations, and
- Establishment, modification, and/or enforcement of medical support for dependent children.

Information provided for this enrollment is confidential and is protected to prevent unauthorized disclosure.

### ENROLLEE INFORMATION

Last name		First name		Middle name	Suffix ( <i>Jr., III, etc.</i> )
Other names used		Relationship to dependents on this form ( <i>mother, father, guardian, other</i> )		Do you have primary physical custody of dependents on this form? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of birth ( <i>month, day, year</i> )	Gender	Race	Social Security Number / ITIN		
Home address ( <i>Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code</i> )					
Mailing address, if different from address above ( <i>Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code</i> )					
Telephone number ( <i>cellular</i> ) ( ) ( )	Telephone number ( <i>home</i> ) ( ) ( )	Telephone number ( <i>work</i> ) ( ) ( )	E-mail address		
Do you need special assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>If yes, complete next box.</i> )		Specify assistance needed here ( <i>i.e., physical, hearing impaired, language interpreter, other</i> )			
Do you believe that pursuing child support services may result in physical or emotional harm to you or your child(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>If yes, your case worker may discuss additional protections offered when providing child support services.</i> )					
Do either of the following apply? <input type="checkbox"/> Active Military Duty <input type="checkbox"/> Currently Incarcerated		Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>If yes, complete the next two boxes.</i> )		Name of employer	
Address of employer ( <i>Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code</i> )					
Marital status of enrollee to other parent <input type="checkbox"/> Never married <input type="checkbox"/> Divorced <input type="checkbox"/> Divorce pending <input type="checkbox"/> Married <input type="checkbox"/> Legally separated <input type="checkbox"/> Separated					
Do you have a private attorney handling paternity and/or support matters for dependents listed in this form? <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>If yes, complete next box.</i> )				Name of attorney ( <i>full name</i> )	
Are you applying for services for an unborn child? <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>If yes, complete next box.</i> )				Due date ( <i>month, day, year</i> )	

### DEPENDENT #1 INFORMATION

Last name		First name		Middle name	Suffix ( <i>Jr., III, etc.</i> )
Date of birth ( <i>month, day, year</i> )	Place of birth ( <i>City and State</i> )	Gender	Race	Social Security Number / ITIN	
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown ( <i>If yes, then complete the next two boxes.</i> )		How was paternity established? <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit ( <i>If by court order, complete the next box.</i> )		Where was paternity established? ( <i>County and state</i> )	
Is there a court ordered child support obligation for this dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown ( <i>If yes, complete the next box.</i> )		Where was child support ordered? ( <i>County and state</i> )		Enrolled in Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### DEPENDENT #2 INFORMATION

Last name		First name		Middle name	Suffix ( <i>Jr., III, etc.</i> )
Date of birth ( <i>month, day, year</i> )	Place of birth ( <i>City and State</i> )	Gender	Race	Social Security Number / ITIN	
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown ( <i>If yes, then complete the next two boxes.</i> )		How was paternity established? <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit ( <i>If by court order, complete the next box.</i> )		Where was paternity established? ( <i>County and state</i> )	
Is there a court ordered child support obligation for this dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown ( <i>If yes, complete the next box.</i> )		Where was child support ordered? ( <i>County and state</i> )		Enrolled in Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**DEPENDENT #3 INFORMATION**

*(Attach separate page with information requested below for all additional dependents.)*

Last name		First name		Middle name	Suffix (Jr., III, etc.)
Date of birth (month, day, year)		Place of birth (City and State)	Gender	Race	Social Security Number / ITIN
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, then complete the next two boxes.)</i>		How was paternity established? <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit <i>(If by court order, complete the next box.)</i>		Where was paternity established? (County and state)	
Is there a court ordered child support obligation for this dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, complete the next box.)</i>			Where was child support ordered? (County and state)		Enrolled in Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No

**OTHER PARENT INFORMATION**

*(Attach separate page with information requested below for all additional parents, or additional potential parents if paternity has not been established.)*

Last name		First name		Middle name	Suffix (Jr., III, etc.)
Other names used		Relationship to dependents on this form <i>(mother, father, potential father, guardian, other)</i>		Does this parent have primary physical custody of dependents on this form? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of birth (month, day, year)		Gender	Race	Social Security Number / ITIN	
Height	Weight	Hair Color	Other distinguishing characteristics (eye color, tattoos, etc.)		
Home address (Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code)					
Mailing address, if different from address above (Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code)					
Telephone number (cellular) ( ) ( )	Telephone number (home) ( ) ( )	Telephone number (work) ( ) ( )	E-mail address		
Does this parent need special assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete next box.)</i>		Specify assistance needed here (physical, hearing impaired, language interpreter, other)			
Do either of the following apply? <input type="checkbox"/> Active Military Duty <input type="checkbox"/> Currently Incarcerated		Current or last known employer	Employer telephone number ( ) ( )		
Address of employer (Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code)					
Does this parent have a private attorney handling paternity and/or support matters for dependents listed in this form? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete next box.)</i>				Name of attorney (full name)	

**AFFIRMATION AND AGREEMENT**

- I hereby swear and affirm under the penalties of perjury that the information contained in this form is true and correct to the best of my knowledge. Providing false information could result in perjury charges being filed against me.
- I understand that child support services DO NOT include establishment or enforcement of parenting time or parenting time credits, the assignment of the right to claim a child as a dependent for federal or state tax purposes, nor any matters other than those associated with establishment of paternity (if needed) and the financial support of dependent children.
- I am advised that attorneys and staff at the Child Support Bureau and County Child Support Office providing these child support services represent the State of Indiana and do not represent the enrollee or any other person or entity. Communications between the enrollee or other participants and the Child Support Bureau or County Child Support Office are not confidential communications protected by the attorney/client privilege under IC 34-46-3-1.
- I understand that I must cooperate with the County Child Support Office in order for my case to be processed, and non-cooperation can result in termination of child support services. I further understand that this enrollment to receive child support services does not guarantee successful action on the case but rather that all reasonable attempts will be made to obtain successful results.
- I understand that I may terminate services by notifying the County Child Support Office handling my case in writing that services are no longer desired. Services may only be terminated in accordance with 45 C.F.R. 303.11. Termination of these services does not modify or terminate existing child support orders or obligations.
- I authorize the Indiana State Central Collection Unit (INSCCU) to endorse and negotiate any checks received by INSCCU for payment of support on my child support case.

Printed name of parent / guardian (if enrollee is an unemancipated minor)	Signature of parent / guardian (if enrollee is an unemancipated minor) X _____
Printed name of enrollee	I agree that if I am overpaid, the state may recoup the amount of the overpayment from future child support payments owed to me. <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of enrollee X _____	Date signed (month, day, year)



Office of the  
**Tippecanoe County Prosecutor**  
**Title IV-D Child Support Program**  
111 N. 4<sup>th</sup> Street  
Lafayette, Indiana 47901-1358  
Email: [www.prosecutorchildsupport@tippecanoe.in.gov](mailto:www.prosecutorchildsupport@tippecanoe.in.gov)

Telephone (765) 423-9308  
Fax (765) 423-9164

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**TITLE IV-D PROGRAM**  
**PLEASE READ CAREFULLY**

**PLEASE PROVIDE THE FOLLOWING DOCUMENTS  
WITH THE COMPLETED APPLICATION.**

- 1. Copy of the Child(ren)'s *original* birth certificate from the Health Department (not the one you received from the hospital)
- 2. Copy of the Child(ren)'s social security card
- 3. A copy of your Identification Card, Driver's License, Green Card or Passport
- 4. Copies of any court orders pertaining to divorce (and any modifications thereafter), paternity (including a copy of the paternity affidavit signed at the birth of the child(ren)), support order, guardianship or custody.
- 5. Copy of the child(ren)'s Medicaid card (if applicable).

**Failing to fill out the application completely or provide any of the documents listed above, could result in a delay or denial of IV-D services.**

**Completed applications can be mailed or personally delivered to the IV-D office. If you have questions, you can email to request an appointment or come into the office on a Wednesday or Thursday for a walk-in appointment.**

**If you need an interpreter, please call 423-9253 to speak with the court interpreter. (Si necesita servicios de interpretacion, por favor llame al 423-9253 para hablar con la interprete).**

## TITLE IV-D WAIVER NOTICE

The Undersigned participant acknowledges that the TIPPECANOE COUNTY PROSECUTOR'S OFFICE represents the State of Indiana pursuant to Title IV-D of the Social Security Act and cannot serve as a private attorney to any party. The Prosecutor's function is to protect and promote the interests of the State at large and the best interest of children in particular, and these interests may conflict at times with the interests of a participant.

Pursuant to Title IV-D of the Social Security Act, the Office of the TIPPECANOE COUNTY PROSECUTING ATTORNEY provides four basic services:

1. Location of absent parents,
2. Establishment of paternity and support orders,
3. Enforcement of support orders, and
4. Modification of support orders.

Pursuant to the mandate of Title IV-D of the Social Security Act, the Prosecutor's Office is not allowed to become involved in matters regarding custody, visitation, or property settlement. A private attorney or legal aid may be able to assist with those issues.

In accordance with I.C. 31-25-4-13.1(e), the undersigned acknowledges that they are not entering into an attorney-client relationship with any attorney in the Office of the Tippecanoe County Prosecuting Attorney. Accordingly, any confidential information provided to this office is not information protected by an attorney-client relationship. Therefore, information provided to the Office of the Prosecuting Attorney may be used by the Office in the prosecution of criminal offenses or civil violations without regard to the source of the information. The undersigned acknowledges that his/her involvement in the Title IV-D Child Support Program does not protect him/her from prosecution for any criminal offense or civil infraction.

**NOTE: THIS FORM IS A WAIVER OF LEGAL RIGHTS AND SHOULD BE SIGNED ONLY AFTER BEING READ CAREFULLY. YOUR SIGNATURE VERIFIES THAT YOU HAVE READ AND UNDERSTAND THE CONTENTS OF THIS FORM.**

I have read the above and fully understand the contents of this waiver and consent to its terms.

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Date	NAME (PRINTED)	SIGNATURE
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**BE ADVISED:  
SEPA QUE:**

- 1. All Request for case-sensitive information or services must be made in writing. No case-specific information will be provided by phone.**  
*Toda petición para información de casos-sensibles, o servicios, tiene que ser hecho por escrito. Ninguna información sobre casos sensibles será proveída por teléfono.*
- 2. You must present a current State-issued photo ID and verify your mailing address before we will accept a written request for information or service.**  
*Usted tendrá que presentar una Identificación Estatal con fotografía, vigente y verificar su domicilio, antes que le aceptemos su petición por escrito para información o servicio.*
- 3. If you are a party represented by an attorney, this office cannot respond to your request for information or service. All requests must be made through your attorney of record.**  
*Si usted es una parte representada por un abogado, esto oficina no podrá responder a su solicitud De información o servicio. Toda petición tendrá que ser presentada a través de su abogado.*
- 4. Requests for a printout of your child support payment history must be made to the Tippecanoe County Clerk's Office on the second floor of the courthouse.**  
*Peticiones para un historial de pago de manutención de los hijos por escrito tendrá que hacerse En la oficina del Tippecanoe County Tesorero en el segundo piso del la palacio de justicia..*
- 5. Questions regarding an upcoming or past Court hearing must be addressed to that court.**  
*Preguntas acerca de un juicio por venir, o pasado tendrán que hacerse en ese tribunal.*
- 6. This office represents the State of Indiana in matters involving paternity and child support. This office does not represent any party. There is no attorney-client relationship formed by being a participant on the Title IV-D Child Support Program.**  
*Esta oficina representa el Estado de Indiana en materia referente a paternidad y manutención de hijos. Esta oficina no representa a nadie. No existe ninguna relación de abogado-cliente por el hecho de ser un participante del Programa de Manutención de Hijos del Título IV-D.*

**I have read and acknowledge the above advisory.**

*He leído, reconozco y entiendo la información precedente.*

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Signature / Firma

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Date / Fecha

## PRIVACY STATEMENT NOTICE

I, \_\_\_\_\_, have read and understand the points listed below. By signing this document, I agree to the guidelines and structures of the Tippecanoe County Prosecuting Attorney, Child Support Division.

- I understand and agree that the Prosecuting Attorney and Child support Division are in no way my private counsel.
- I understand and agree that the Prosecuting Attorney and Child Support Division work on behalf of the State of Indiana for the best interest of my child(ren) in receiving support.
- I understand and agree that in the event of a conflict between my interest and the interest of the State of Indiana, the Prosecuting Attorney and Child Support Division will advocate on behalf of the State's interest.
- I understand and agree that the Prosecuting Attorney and Child Support Division will have sole decision making powers in regard to enforcement.
- I understand and agree that I will provide accurate and truthful information or documentation that may be required to enforce my child(ren)'s case.
- I understand and agree that all child support payments must be made through the Clerk of the Court or the State Central Collection Unit, unless otherwise ordered by the Court.
- I understand and agree that as a condition of receiving TANF, support payments are assigned and retained by the State of Indiana.
- I understand and agree that being verbally or physically abusive to the staff, repeatedly using obscenities, demanding enforcement be done on my terms, etc., will be considered non-cooperation and could result in closure of my case and or TANF benefits being sanctioned.
- I understand that I may request the Prosecuting Attorney Child Support Division to terminate enforcement of my case if I am not currently on TANF.
- I understand that if I terminate enforcement and there are State owed arrears, the State of Indiana will continue to enforce the State owe arrears.
- I understand and agree that the Prosecuting Attorney Child Support Division has many cases and policies regarding enforcement. I further understand and agree that I can file petitions as well as the Prosecuting Attorney.

I have read the above fully and understand the contents of this Agreement of Responsibilities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Custodial Parent/Applicant

## ACUERDO DE RESPONSABILIDADES

Yo, \_\_\_\_\_, he leído y entiendo los puntos que abajo se enlistan. Al firmar este documento, Yo estoy de acuerdo con las guías y estructuras del Fiscal del Condado de Tippecanoe, División de Manutención de Hijos.

- Entiendo y estoy de acuerdo en que el Fiscal y la División de Manutención de Hijos no son en ninguna manera mis abogados o consejeros legales..
- Entiendo y estoy de acuerdo que el Fiscal y la División de Manutención de Hijos trabajan para el Estado de Indiana y por el bien de mi(s) hijo(s) para recibir manutención.
- Entiendo y estoy de acuerdo que en caso de un conflicto entre mis interés y los interés del Estado de Indiana, el Fiscal y la División de Manutención de Hijos, serán partidarios de los intereses del Estado.
- Entiendo y estoy de acuerdo que el Fiscal y la División de Manutención de Hijos tendrán poder absoluto cuando se trate de tomar decisiones de imponer acciones en mi caso.
- Entiendo y estoy de acuerdo que brindaré información o documentación disponible y veraz que sea necesaria para imponer en el caso de mi(s) hijo(s),
- Entiendo y estoy de acuerdo que todos los pagos de Manutención de niños tienen que ser hechos a través del Tesorero del Tribunal, o a través de la Unidad de Cobros del Estado de Indiana, a menos que haya otra orden del Tribunal.
- Entiendo y estoy de acuerdo que como condición para recibir TANF (Ayuda Temporal para Familias Necesitadas), los pagos de manutención serán asignados y retenidos por el Estado de Indiana.
- Entiendo y acepto que ser verbal o físicamente abusivo con el personal, exigiendo que se haga la ejecución en mis términos, etc., se considerará no cooperación y podría resultar en el cierre de mi caso o beneficios de TANF siendo sancionado.
- Entiendo que puedo solicitar al Fiscal de la División de Manutención de Hijos que se dé por terminado la imposición de mi caso, siempre y cuando no esté yo bajo ayuda de TANF.
- Entiendo que si cancelo el cumplimiento y hay estado adeudado a los atrasos, el estado de Indiana continuará haciendo cumplir el estado debe atrasos.
- Entiendo y acepto que la división de manutención de hijos de la Fiscalía tiene muchos casos y políticas con respecto a la observancia. Además, entiendo y acepto que puedo presentar peticiones, así como el fiscal.

He leído lo anterior en su totalidad y entiendo el contenido de este Acuerdo de Responsabilidades.

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Fecha

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Firma del Padre, Custodio o Solicitante

# TIPPECANOE COUNTY IV-D REQUEST FOR INFORMATION

## SERVICES BEING REQUESTED BY APPLICANT

I hereby request the following service(s):  Parental Locator Service     Complete Service to include: (mark any and all that apply)

Paternity Establishment     Support Establishment     Support Enforcement     Support Modification

Establishment/Enforcement Health Insurance

## APPLICANT SUPPLEMENTAL DATA (YOUR INFORMATION)

Full name of applicant ( <i>last, first and middle</i> )		Alias	
Maiden	Previous	Nickname	
Place of birth(city/state)	Is English primary language? <input type="checkbox"/> Yes <input type="checkbox"/> NO ( <i>If no, please provide</i> )	Primary language	Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> NO
Preferred Method of Contact: <input type="checkbox"/> Personal E-mail/Work/Other E-mail <input type="checkbox"/> Mobile telephone number <input type="checkbox"/> Home telephone number <input type="checkbox"/> Work telephone number <input type="checkbox"/> Mail			
Is there a history of family violence? <input type="checkbox"/> Yes <input type="checkbox"/> NO ( <i>If yes, complete next box</i> )	Was a police report filed? <input type="checkbox"/> Yes <input type="checkbox"/> NO	Date filed ( <i>month, day, year</i> )	City and State filed
Are you a party to an active protective order related to the parties on this application? <input type="checkbox"/> Yes <input type="checkbox"/> NO ( <i>If yes, complete the following boxes</i> )	County of court order	State of court order	
Cause number	Date of Court order ( <i>month, day, year</i> )	Covered individuals	
Have you previously received Child Support Services from another state or county for the listed Dependents? <input type="checkbox"/> Yes <input type="checkbox"/> NO ( <i>If yes, complete next box</i> )			
County and State where services were previously received.		Is there an adoption pending for any child listed on this application? <input type="checkbox"/> Yes <input type="checkbox"/> NO	
Are you or any listed Dependents currently receiving Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> NO			
Is Applicant Under age of eighteen (18)? <input type="checkbox"/> No <input type="checkbox"/> Yes    ( <i>If yes, Guardian must also complete the "Applicant Guardian Data" section</i> )			

## APPLICANT'S GUARDIAN DATA (FILL THIS SECTION OUT ONLY IF APPLICANT IS UNDER 18 YEARS OLD)

Guardian name of applicant ( <i>first, middle, last and suffix</i> )			
Guardian address ( <i>number and street, rural route number, apartment or room number, city, state, and ZIP code</i> )			
Country ( <i>If outside of US, complete following box</i> )		International Code	
Guardian mailing address is: <input type="checkbox"/> Same as applicant above <input type="checkbox"/> Same as above <input type="checkbox"/> Different    ( <i>If different, print below including COUNTY</i> )			
Guardian of applicant mailing address ( <i>number and street, rural route number, apartment or room number, city, state, and ZIP code</i> )			
Country ( <i>If outside of US, complete following box</i> )		International Code	
Telephone number (home) (    )	Telephone number (work) (    )	Telephone number (mobile/other) (    )	E-mail address

**DEPENDENT #1 SUPPLEMENTAL INFORMATION**

Last name		First name		Middle name
Suffix		Does this child live in applicant's household? <input type="checkbox"/> Yes <input type="checkbox"/> NO		Your relationship to this child <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other ( <i>list</i> )
Does this child receive SSD or SSI benefits? <input type="checkbox"/> Yes <input type="checkbox"/> NO		SSD Amount		SSI Amount
Is the child of this application currently placed in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> NO ( <i>If yes, complete following box</i> )			Where foster case order was issued that placed child into your care. ( <i>County and State</i> )	
Was the mother of this child married at the time of conception or birth of this child or within 365 days of divorce or marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>If yes, list to whom you were married in following box</i> )			List full name of whom the mother was/are married to within 365 days of birth of this child.	
Is there a name listed on the birth certificate as the father of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>If yes, complete following box</i> )			List full name of who is listed as the father on the birth certificate of this child.	
Do you have a private attorney handling paternity and/or support matters for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of attorney ( <i>first, last and suffix</i> )				Telephone number of attorney (       )
Do you currently have, or have you ever had, a court ordered support obligation for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown ( <i>If yes, complete the following information</i> )				
Name of court				
County of court		State of court		Court cause number
Name of the person support is paid to and paid by. To: _____ by: _____				
Is there a court order for custody for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown ( <i>If yes, complete the following information</i> )			Name of the person granted custody by court	
County of court		State of court		Court cause number
Have you received direct payments from the other parent(s) for support of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>If yes, you must obtain and complete a direct payment affidavit from the Title IV-D child support office</i> )				

**DEPENDENT #2 SUPPLEMENTAL INFORMATION**

Last name		First name		Middle name
Suffix		Does this child live in applicant's household? <input type="checkbox"/> Yes <input type="checkbox"/> NO		Your relationship to this child <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other ( <i>list</i> )
Does this child receive SSD or SSI benefits? <input type="checkbox"/> Yes <input type="checkbox"/> NO		SSD Amount		SSI Amount
Is the child of this application currently placed in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> NO ( <i>If yes, complete following box</i> )			Where foster case order was issued that placed child into your care. ( <i>County and State</i> )	
Was the mother of this child married at the time of conception or birth of this child or within 365 days of divorce or marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>If yes, list to whom you were married in following box</i> )			List full name of whom the mother was/are married to within 365 days of birth of this child.	
Is there a name listed on the birth certificate as the father of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>If yes, complete following box</i> )			List full name of who is listed as the father on the birth certificate of this child.	
Do you have a private attorney handling paternity and/or support matters for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of attorney ( <i>first, last and suffix</i> )				Telephone number of attorney (       )
Do you currently have, or have you ever had, a court ordered support obligation for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown ( <i>If yes, complete the following information</i> )				
Name of court				
County of court		State of court		Court cause number

Name of the person support is paid to and paid by. To: _____ by: _____		
Is there a court order for custody for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, complete the following information)</i>		Name of the person granted custody by court
County of court	State of court	Court cause number
Have you received direct payments from the other parent(s) for support of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, you must obtain and complete a direct payment affidavit from the Title IV-D child support office)</i>		

**DEPENDENT #3 SUPPLEMENT INFORMATION**

*(Attach separate page with information requested below for all additional dependents)*

Last name		First name		Middle name	
Suffix		Does this child live in applicant's household? <input type="checkbox"/> Yes <input type="checkbox"/> NO		Your relationship to this child <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other <i>(list)</i>	
Does this child receive SSD or SSI benefits? <input type="checkbox"/> Yes <input type="checkbox"/> NO		SSD Amount		SSI Amount	
Is the child of this application currently placed in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> NO <i>(If yes, complete following box)</i>			Where foster case order was issued that placed child into your care. <i>(County and State)</i>		
Was the mother of this child married at the time of conception or birth of this child or within 365 days of divorce or marriage? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, list to whom you were married in following box)</i>			List full name of whom the mother was/are married to within 365 days of birth of this child.		
Is there a name listed on the birth certificate as the father of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete following box)</i>			List full name of who is listed as the father on the birth certificate of this child.		
Do you have a private attorney handling paternity and/or support matters for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of attorney <i>(first, last and suffix)</i>				Telephone number of attorney (      )	
Do you currently have, or have you ever had, a court ordered support obligation for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, complete the following information)</i>					
Name of court					
County of court		State of court		Court cause number	
Name of the person support is paid to and paid by. To: _____ by: _____					
Is there a court order for custody for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, complete the following information)</i>				Name of the person granted custody by court	
County of court		State of court		Court cause number	
Have you received direct payments from the other parent(s) for support of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, you must obtain and complete a direct payment affidavit from the Title IV-D child support office)</i>					

**SUPPLEMENTAL INFORMATION ABOUT MOTHER OF CHILDREN LISTED IN APPLICATION**

Relationship of **mother** to the **APPLICANT FOR CHILD SUPPORT SERVICES** (e.g Self, Daughter, Cousin, Niece, Other-explain, etc)

Full name of Mother of children listed in application(*last, first and Middle*) Alias

Maiden Previous Nickname

Physical/Street address  CURRENT  LAST KNOWN \_\_\_\_ years/months ago (*number and street, rural route number, apartment or room number, city, state, and ZIP code*)

Mailing address  CURRENT  LAST KNOWN \_\_\_\_ years/months ago (*PO BOX, number and street, rural route number, apartment or room number, city, state, and ZIP code - please include County*)

Country (*if outside of US, complete following box*) International code

Telephone number (home) ( ) Telephone number (work) ( ) Telephone number (mobile/other) ( ) E-mail address

Date of birth (*month, day, year*) Approx. age Place of Birth (City, State) Gender Race Social Security number\*/ITIN Alien ID Number

Is English primary language?  Yes  NO (*If no, please provide*) Primary language Interpreter needed?  Yes  NO

Is special assistance needed?  Yes  NO (*If no, please provide*) Specify assistance here (*i.e. Physical, Hearing Impaired, Other*)

Is this parent currently incarcerated?  Yes  No County of incarceration State of incarceration Name of Department of Correction facility

Has this parent ever been arrested or previously incarcerated?  Yes  No County of incarceration State of incarceration Name of Police Department or DOC facility

Height Weight Hair color Facial hair

Color of eyes Glasses Distinguishing marks/tattoos Other identifying characteristics

Last known employer Telephone number of employer

Address of employer (*number and street, rural route number, apartment or room number, city, state, and ZIP code*) International code

Military Status  Never  Active  Reserve  Retired List Military Branch here (*Army, Navy, Marines, Air Force or Coast Guard*) Deployed overseas?  Yes  NO

Is this parent deceased?  Yes  NO (*If yes, please complete information*) Date of death (*month, day, year*) Place of death (*city, county, state, country*)

Photo available of this parent?  Yes  NO

Marital status of the mother and father of the children listed in the application *(City, County, State)*

Never Date of Marriage \_\_\_\_\_ Location of Marriage \_\_\_\_\_

Married

Divorced Date of Separation \_\_\_\_\_ Location of Separation \_\_\_\_\_

Separated/Deserted

Unknown

Does this parent have any other children besides the ones listed in this application?  Yes  NO (*If yes, please list full names here*)

**SUPPLEMENTAL INFORMATION ABOUT FATHER OF CHILDREN LISTED IN APPLICATION**

Relationship of father to the APPLICANT FOR CHILD SUPPORT SERVICES (e.g Self, Daughter, Cousin, Nephew, Other-explain, etc)

Full name of Father of children listed in application( <i>last, first and Middle</i> )	Alias
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Maiden	Previous	Nickname
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Physical/Street address  CURRENT  LAST KNOWN \_\_\_\_ years/months ago (*number and street, rural route number, apartment or room number, city, state, and ZIP code*)

Mailing address  CURRENT  LAST KNOWN \_\_\_\_ years/months ago (*PO BOX, number and street, rural route number, apartment or room number, city, state, and ZIP code - please include County*)

Country ( <i>if outside of US, complete following box</i> )	International code
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Telephone number (home) ( ) ( )	Telephone number (work) ( ) ( )	Telephone number (mobile/other) ( ) ( )	E-mail address
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Date of birth ( <i>month, day, year</i> )	Approx. age	Place of Birth (City, State)	Gender	Race	Social Security number*/ITIN	Alien ID Number
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Is English primary language? <input type="checkbox"/> Yes <input type="checkbox"/> NO ( <i>If no, please provide</i> )	Primary language	Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> NO
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Is special assistance needed? <input type="checkbox"/> Yes <input type="checkbox"/> NO ( <i>If no, please provide</i> )	Specify assistance here ( <i>i.e. Physical, Hearing Impaired, Other</i> )
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Is this parent currently incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No	County of incarceration	State of incarceration	Name of Department of Correction facility
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Has this parent ever been arrested or previously incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No	County of incarceration	State of incarceration	Name of Police Department or DOC facility
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Height	Weight	Hair color	Facial hair
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Color of eyes	Glasses	Distinguishing marks/tattoos	Other identifying characteristics
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Last known employer	Telephone number of employer
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Address of employer ( <i>number and street, rural route number, apartment or room number, city, state, and ZIP code</i> )	International code
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Military Status <input type="checkbox"/> Never <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired	List Military Branch here ( <i>Army, Navy, Marines, Air Force or Coast Guard</i> )	Deployed overseas? <input type="checkbox"/> Yes <input type="checkbox"/> NO
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Is this parent deceased? <input type="checkbox"/> Yes <input type="checkbox"/> NO ( <i>If yes, please complete information</i> )	Date of death ( <i>month, day, year</i> )	Place of death ( <i>city, county, state, country</i> )
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Photo available of this parent?  
 Yes  NO

Marital status of the mother and father of the children listed in the application *(City, County, State)*

Never  
 Married      Date of Marriage \_\_\_\_\_ Location of Marriage \_\_\_\_\_  
 Divorced  
 Separated/Deserted      Date of Separation \_\_\_\_\_ Location of Separation \_\_\_\_\_  
 Unknown

Does this parent have any other children besides the ones listed in this application?  
 Yes  NO (*If yes, please list full names here*)

Can anyone else be named as the father of the child(ren) listed in this application?  
 Yes  NO **IF YES, LIST THE CHILD'S NAME AND THE PERSON YOU ARE NAMING AS THE FATHER HERE**

***YOU MUST ALSO FILL OUT A SEPARATE PACKET OR ALLEGED FATHER'S INFORMATION SHEET FOR EACH ALLEGED FATHER***

**TO BE COMPLETED BY COUNTY OFFICE**

Processed by:

Date (*month, day, year*):

ISETS number assigned: