

APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES (page 1)

Complete one application or each absent parent from whom support is needed

CHILD SUPPORT BUREAU
 Division OF Family and Children
 Family & Social Services Administration
 402 W. Washington St., Room W360
 Indianapolis, IN 46204

PRIVACY STATEMENT

The records in this series are confidential according to 45 CFR 303.21. This agency is requesting disclosure of personal information that is necessary to accomplish the statutory purpose of the agency according to 45 CFR 303.70. Disclosure of this information is mandatory. Failure to provide any information may prevent this form from being processed.

INSTRUCTIONS (please read)

The Indiana Child Support Bureau offers child support services to persons desiring to obtain child support from a responsible parent outside the home. These services are: Complete Service or Parent Locator Only Service. **ALL FEES FOR SERVICES ARE NONREFUNDABLE.**

COMPLETE SERVICE: The applicant will be entitled to all services offered by the IV-D program as long as the case remains active. This service shall include the Parent Locator Services and the legal services of the local IV-D agency these services include Establishing Paternity./Establishing and/or Enforcing a support obligation (including health insurance coverage). The complete service does NOT include handling a divorce case, enforcement of custody or visitation provision, nor matters other than those associated with the support of dependent children. All support payments may be directed to the State for monitoring and disbursement. **ANY COSTS INCURRED IN EXCESS OF THE APPLICATION FEE, SUCH AS COURT COSTS, WITNESS FEES, BLOOD TEST COSTS, IRS INTERCEPT FEES AND ADMINISTRATIVE COSTS ASSOCIATED WITH THIS CASE MAY BE CHARGED AGAINST THE APPLICANT.**

In addition, the Tax Refund Intercept Project may be used to collect child support arrearages. Application for complete service does not guarantee, however, that your case will be submitted for tax refund intercept nor that tax refund monies will be collected. In order to certify a case for intercept, there must be a valid child support order, the absent parent must be at least \$500 in arrears, and the applicant must have the absent parent's Social Security number. If any children of the absent parent have received TANF/AFDC in the past, any collection made from an intercept will first be applied by the State to any unreimbursed public assistance on any former TANF/AFDC case. If the IRS, for any reason, reclaims all or any portion of an intercepted refund that has already been paid to you, you are obligated to repay the State of Indiana the amount reclaimed by the IRS. You authorize that any such repayment may be deducted from support collected on your behalf if other arrangements have not been made and fulfilled.

PARENT LOCATOR SERVICE: The applicant will be entitled to all resources offered by the State and Federal parent Locator Service until a verified address is provided or all sources for location are exhausted. The payment of the application fee does not guarantee a successful location. The success will greatly depend on the applicant's own knowledge about the absent parent. If all sources of information are exhausted without a successful location, the applicant will be notified. Upon notification, the applicant will have six months to provide additional information. If no additional information is provided within the six month period, the case will be closed and the applicant notified.

TERMINATION OF SERVICES: The applicant may terminate services only if any charges due or overpayments owing are paid, by notifying the Child Support Bureau in writing that services are no longer desired. The State may terminate services only in accordance with 45 C.F.R. 303.11. Services in respect to this application will also terminate if the applicant receives TANF/AFDC.

APPLICANT'S OBLIGATIONS: The applicant is expected to fully cooperate with the local IV-D agency in the legal and non-legal preparation of the case, including, but not limited to notifying the local IV-D agency of change of address, supplemental information regarding the absent parent, reuniting with the absent parent, and other information pertinent to the case. **THE APPLICANT MUST ALSO NOTIFY THE CHILD SUPPORT BUREAU AT THE ABOVE ADDRESS OF ANY CHANGE OF ADDRESS.**

APPLICANT'S STATEMENT

I affirm that the information in this application is true and correct and that false information could result in perjury charges against me. I understand that I am to cooperate with the local Iv-D agency in order for my case to be processed, and non-cooperation can result in termination of my case. I further understand that payment of the application fee does not guarantee successful action on the case but rather all reasonable attempts, will be made in my behalf to obtain successful results for the service requested. I have read and understand the above NOTICE. I hereby request the following service under the terms outlined above.

Complete Service Parent Locator Service Only

Signature of applicant who is over 18 years of age

Date signed (mo., day, yr.)

Signature of Parent/Guardian if applicant is under 18 years

Date signed (mo., day, yr.)

Application taken by

Application Fee Information

Isets Case Number

\$25.00 money order paid
 Fee waived, children on Medicaid

APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES (page 2)

To be completed by County Office _____				Isets Case Number _____	
PART I: APPLICANT DATA (please print legibly)					
1. Full name of applicant (last, first and middle) and if applicable, Maiden Name:					
2. Date of birth (mo., day, yr.)			Sex	Race	Social Security Number
3. Address of applicant (street and number or rural route number)				Apt. or room number	
City			State		Zip code
4. My mailing address is: <input type="checkbox"/> Same as above <input type="checkbox"/> Different (if different, print below)					
Mailing address (street and number or rural route number)				Apt. or room number	
City			State		Zip code
5. Telephone number (home) ()		Telephone number (work) ()		Employer:	
6. Address of other person who will always know my whereabouts					
Name				Telephone number ()	
Address (street, city, state Zip code)				Relationship	
7. Have you ever received an AFDC Welfare check in Indiana? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes" give the month and year of the last check		The county your case was in	

PART II: DEPENDENT DATA					
I wish to secure support payments on behalf of the following child(ren)					
CHILD'S FULL NAME (last, first, middle)	SEX	BIRTHDATE (mo.,day,yr)	PLACE OF BIRTH	SOCIAL SEC. NUMBER	RELATIONSHIP TO ME
1.					
2.					
3.					
4.					
5.					

APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES (page 3)

To be completed by County Office _____
Isets Case Number

PART III: ABSENT PARENT DATA

(complete one page for each absent parent for whom application is made)

A. Full name of absent parent (last, first and middle)		Alias or maiden name (last, first and middle)			
Social Security number		Date of birth		Place of birth (city and state)	
Race	Height	Weight	Hair	Eyes	Telephone No.:
B. Absent parent's address <input type="checkbox"/> Current <input type="checkbox"/> Last known ____ yrs.		Street name and number or rural route number			Apt. or room number
City			State		Zip Code
C. Employer's address <input type="checkbox"/> Current <input type="checkbox"/> Last known ____ yrs.		Name of employer		Address (street, city and state)	
D. Marital status of children's parents <input type="checkbox"/> Married <input type="checkbox"/> Deserted <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Separated <input type="checkbox"/> Unknown			Date married		Location married
			Date separated or divorced		Location separated or divorced
E. Complete if absent parent: <input type="checkbox"/> Is currently <input type="checkbox"/> Or has been in the military service		Branch of service <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard			
Rank <input type="checkbox"/> Officer <input type="checkbox"/> Enlisted		Service Number			
F. Names of the absent parent's <u>other</u> children				Is there a support "Order" for this child(ren)? Yes ____; No ____. If so, county where "Order" is: _____	
1.					
2.					
3.					
4.					
5.					
6.					
Verification and comments. Action you are requesting: <i>(complete in detail - use back of page if necessary)</i>					

APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES (page 4)

To be completed by County Office _____			
			Isets Case Number _____
G. Prior arrest record of absent parent <input type="checkbox"/> Yes <input type="checkbox"/> No		Where	Date
The absent parent <input type="checkbox"/> Is currently <input type="checkbox"/> has been in the past, in a jail, prison, or institution			
Name of institution		Date sentenced:	
Address (city, state or county)		Date released:	
H. Absent parent's father's name		Address (street, city and state)	
Absent mother's maiden name		Address (street, city and state)	
I. Other contact person for absent parent		Address (street, city and state)	
J. COMPLETE THIS SECTION IF CHILD IS BORN OUT OF WEDLOCK (place all other paternity information in separate paternity questionnaire)			
Has paternity suit been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date	Place
Has paternity been established by Court Order? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date	Has parent ever paid support or medical or bought things for these children? <input type="checkbox"/> Yes <input type="checkbox"/> No
Amount \$		Frequency	
K. COURT DATA (all applicants must complete this section)			
Has absent parent ever been ordered by a Court to pay support for this child(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Court	
If no, has a petition been filed and a hearing pending? <input type="checkbox"/> Yes <input type="checkbox"/> No		Address of Court (city, county, state)	
Cause number of Court Order	Amount \$	Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	Is absent parent paying support? <input type="checkbox"/> Yes <input type="checkbox"/> No
To whom does absent parent pay support? <input type="checkbox"/> Pays to me <input type="checkbox"/> To Clerk's office	Date last paid	Is absent parent paying with military allotment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$

Whitley County Child Support Office

APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES (page 5)

To be completed by County office _____

Isets Case Number _____

ASSIGNMENT FOR COLLECTION FOR PERSONS NOT RECEIVING PUBLIC ASSISTANCE

Name of absent parent

CHILD(REN)'S NAMES

1.

4.

2.

5.

3.

6.

AGREEMENT

I understand and agree that support payments collected hereafter from the absent parent named above on behalf of myself and/or the above named child(ren) will be paid to the Division of Family and Children, Family and Social Services Administration, and that said support payments will be paid to me by the agency after deduction of any charges due and owing to that agency. Such charges are explained in page one of the "Application for Title IV-D Child Support Services" executed by the applicant. This authorization shall continue in effect until terminated in the manner set forth on page one of the "Application for Child Support Services".

Printed name of applicant

Signature of applicant / AND if applicable: Parent/Guardian

Date signed (mo., day, yr.)

Applicant:

Parent/Guardian:

Cause number of support order

Court Name

Application taken by