

DEPARTMENT OF OB AND FAMILY SERVICES

185 Shady Lane Drive, Norwalk OH 44857+ www.huroncountydjfs.org 419-668-8126 or 1-800-668-5175 + Fax 419-668-4738

APPLICATION AND QUESTIONNAIRE FOR CHILD SUPPORT SERVICES

The Child Support program aims to provide services to help families by promoting family self-sufficiency and child well-being. Services are available to either parent when one parent is living outside the home. Services are also available to caretakers of children. Services are available automatically for families receiving assistance under the Ohio Works First (OWF) program.

The child support enforcement agency (CSEA) can assist you with the following services:

- Establishment of Paternity Legally Identifying a Child's Father
 The CSEA can assist in establishing paternity (legal fatherhood) if there has not been a final and enforceable determination of paternity for the child.
- 2. Establishment or Adjustment of Child Support and Medical Support Orders The CSEA can assist in obtaining an order for child support and medical support. A support order establishes how much a parent should pay for child support. It also allocates the costs of providing for the health care of the child between the parents. The CSEA can assist in modifying a support order (review and adjustment) every 36 months or sooner if there is a qualifying change in circumstances.

3. Enforcement of Existing Support Orders

The CSEA can assist in collecting and disbursing current and past due support, as well as enforcing medical support orders. The parent ordered to pay support (obligor), will be required to pay child support by income withholding. The CSEA will issue income withholding orders to collect support from the parent's wages and/or unearned income. Overdue support may also be collected from Federal or state income tax refunds and liens placed on property. In addition, when past-due support is owed, the following may occur:

- Unpaid child support may be reported automatically to credit reporting bureaus
- Driver's, professional, occupational and recreational licenses may be suspended if the obligated parent is not paying the required support
- The U.S. State Department will deny a passport to a parent who owes more than \$2,500 in back child support
- Funds may be seized from financial institutions
- Court actions, such as contempt, and possibly criminal actions may be taken against chronic delinquent parents

4. Location of Parents

The CSEA can use available information to locate parents and their income and assets. The applicant can request "Location Only Services," if the sole need is to find the whereabouts of the non-residential parent.

Child Support Services Requested:

le Location of non-residential parent only

Other (please explain):

PLEASE READ BEFORE SIGNING RIGHTS AND RESPONSIBILITIES

Confidentiality of Case Material

You have the right to see the parts of your file at the CSEA about you and the actions taken for you by the agency. You cannot see some parts of your file that are protected by confidentiality laws, such as information obtained from the IRS. Information about you in the CSEA file is confidential. However certain portions of your file become public record when a court is notified about your case.

Hearing Rights

If you disagree with an action, lack of action or delay by the CSEA, you may request a state hearing.

OWF Participants

As a condition of eligibility to receive Ohio Works First (OWF) benefits, you give up the right to keep child and spousal support up to the amount of assistance you received. You must cooperate in establishing paternity for each child born, if you were not married to the father. You must assist the CSEA in getting support payments and any other payments. If you fail to cooperate without good cause (determined by the CSEA), you may be ineligible to receive OWF benefits.

Payments from the IRS are applied to repay OWF benefits before being applied to support payable to the household.

Medicaid Participants

While Medicaid benefits are received, medical support is paid to ODJFS to reimburse Medicaid benefits. If health insurance is available, that insurance will be used first for payment of medical bills. If you are eligible for Medicaid and are also covered by a health insurance plan, it is your responsibility to notify the provider of medical services that you have medical insurance coverage and Medicaid coverage for uninsured costs.

IV-E Foster Care Participants

If a child receives Title IV-E foster care benefits, the assignment includes current child support during the time the child is eligible for benefits and child support arrearages accruing before and during the time the child is eligible for benefits. Support received that does not exceed foster care maintenance payments is distributed to reimburse Title IV-E benefits. When IV-E foster care maintenance benefits stop, the assignment of support rights terminates, except for the amount of any unpaid support that accrued under that assignment.

Child Support Overpayments An overpayment is child support that you are not entitled to keep bec you instead of ODJFS, or the payment was sent to you in error by OD amounts that must be returned because the IRS or ODT accepts an a situations you may be required to sign an affidavit attesting to the am	DJFS. You may be personally liable f mended tax return or complaint fron	or returning any amounts paid in error, including							
The child support agency has provided sufficient information regarding	The child support agency has provided sufficient information regarding the services available and my responsibilities.								
I declare that I have examined this application and, to the best of my	knowledge and belief, it is a true an	d correct statement of every material point.							
I understand that the CSEA, its staff, and any of its contracted agencia parent, the child (ren), or other custodian of the children.	es, represent only the county and th	e State of Ohio, and do not represent me, either							
I understand that within 20 days of receiving this completed and signed a my application for Title IV-D child support services has been accepted.	application and questionnaire, the CS	EA will send a written notice informing me whether							
Signature of Applicant:	Print Name:	Date:							
Signature of Parent/Guardian f Applicant is a Minor :	Print Name:	Date:							
Ohio Child Support Website and Custome	r Service Portal available	at www.jfs.ohio.gov/ocs							
If you are receiving a type of public assistance required to complete and sign this question paternity or in establishing, modifying, or enfo cause waiver of cooperation, failure to cooper your public	nnaire and to cooperate orcing a support order.	with the CSEA in establishing Unless the CSEA approves a good							
IN PLEASE COMPLETE EACH APPLICABLE FIELD CLEARLY	STRUCTIONS	ORMATTON YOU CAN, INCLUDING ANY							

PLEASE COMPLETE EACH APPLICABLE FIELD CLEARLY, PROVIDING THE MOST INFORMATION YOU CAN, INCLUDING ANY PARTIAL INFORMATION. PLEASE SUPPLY COPIES OF ALL PERTINENT INFORMATION LISTED IN THE CHECKLIST ON THE LAST PAGE OF THE APPLICATION. SIGNATURES ARE REQUIRED ON PAGES 2 AND 7.

APPLICANT INFORMATION

LAST NAME		FIRST NAME			MIDDLE				
MAIDEN OR OTHER		SSN			DOB				
CURRENT MARITAL STATUS				NAME OF SPOUSE					
GENDER	RACE			NEED AN INTERPRETER? YES NO AGE OR OTHER SERVICE REQUESTED:					
RESIDENTIAL ADDRESS-STREET CIT			CITY		STATE	ZIP			
MAILING ADDRESS-STREET CITY			CITY		ZIP				
HOME PHONE	HOME PHONE				WORK PHONE				
CELL PHONE			OTHER PHONE						
EMAIL:									
EMPLOYER NAME AND ADDRESS				EMPLOYER PHONE					

CHILD 1 SERVICES REQUESTED FOR *PLEASE M.	R THIS CHILD :] PATERNITY TO PROVIDE		SUPPORT I				FORCEMEN	Т
LAST NAME	FIRST NAME			MIDDLE				CITY & STA	TE OF BIRTH
SSN	DOB	•	RE WAS THE CHILD CEIVED (STATE)?		WHEN WAS CHILD CO		CONCEIVED	(MO/YR)?	
APPLICANT'S RELATIONSHIP TO CHILD 1:	NOTHER FATHER	OTHER (Please specify)			GENDER: MALE FEMALE				
IS THERE A FATHER'S NAME ON THE BIRTH CERTIFICATE? YES NO	THE FATHER'S I	NAME (LA	ST, FIRST)?			I			
WAS AN ACKNOWLEDGEMENT OF PATERNITY A				NAME OF F	ATHER TH	AT SIGNED	THE AFFIDA	VIT (LAST, FI	RST)?
CHILD'S MOTHER'S NAME (LAST, FIRST)				CHILD'S FA	THER/ALLE	GED FATH	ER'S NAME (LAST, FIRST)	
COULD THERE BE MORE THAN ONE POSSIBLE ALLEGED FATHER? YES NO (Sex with anyone 2 months before or 2 months after becoming pregnant) If yes, please list the names here and complete an Other Parent Information Sheet for each named father.								gnant)	
WAS THE MOTHER EVER MARRIED? YES HUSBAND'S NAME:	NO WAS THE MOT DATE OF MARRIAGE:	HER MARRIED		HE CHILD WA	S BORN?	YES	DIVORCE DA	ATE:	
HUSBAND'S NAME:	DATE OF MARRIAGE:		c	CITY, STATE:			DIVORCE DA	TE:	
	FOR THIS CHILD?	WHEN WAS 1	THE ORDE	ER FILED?		IN WHICH	COUNTY, S	TATE?	
	ild?	WHEN WAS 1	THE ORDE	ER FILED?		IN WHICH	COUNTY, S	TATE?	
DO YOU (APPLICANT) HAVE LEGAL CUSTODY/GI CHILD?	JARDIANSHIP OF THIS	WHEN WAS	THE ORD	ER FILED?		IN WHICH	HICH COUNTY, STATE?		
IS THERE ANY PENDING LEGAL ACTION INVOLVING THIS CHILD? MOST RECENT FILE DATE? IN WHICH COUNTY, STATE?									
YES NO									
CHILD 2 SERVICES REQUESTED FOR] PATERNITY		SUPPORT E	STABLISH	IMENT		ORCEMEN	г
	THIS CHILD :] PATERNITY		SUPPORT E	STABLISH	IMENT	ENF		T TE OF BIRTH
CHILD 2 SERVICES REQUESTED FOR] PATERNITY	WHERE	MIDDLE WAS THE CH	IILD				TE OF BIRTH
CHILD 2 SERVICES REQUESTED FOR LAST NAME SSN APPLICANT'S RELATIONSHIP TO CHILD 2:	FIRST NAME DOB NOTHER FATHER	OTHER (Ple	WHERE CONCEI ease spec	MIDDLE WAS THE CH VED (STATE) ify)	IILD			CITY & STA	TE OF BIRTH
CHILD 2 SERVICES REQUESTED FOR LAST NAME SSN	FIRST NAME	OTHER (Ple	WHERE CONCEI ease spec	MIDDLE WAS THE CH VED (STATE) ify)	IILD		WAS CHILD	CITY & STA	TE OF BIRTH
CHILD 2 SERVICES REQUESTED FOR LAST NAME SSN APPLICANT'S RELATIONSHIP TO CHILD 2: M IS THERE A FATHER'S NAME ON THE BIRTH	FIRST NAME DOB TOTHER FATHER IF YES, WHAT IS THE I	OTHER (Ple	WHERE CONCEI ease spec	MIDDLE WAS THE CH VED (STATE): ify) FIRST)?	IILD ?	WHEN	WAS CHILD GENDER:	CITY & STA	TE OF BIRTH (MO/YR)?
CHILD 2 SERVICES REQUESTED FOR LAST NAME SSN APPLICANT'S RELATIONSHIP TO CHILD 2: IS THERE A FATHER'S NAME ON THE BIRTH CERTIFICATE? YES NO WAS AN ACKNOWLEDGEMENT OF PATERNITY A	FIRST NAME DOB TOTHER FATHER IF YES, WHAT IS THE I	OTHER (Ple	WHERE CONCEI ease spec	MIDDLE WAS THE CH VED (STATE) ify) FIRST)? NAME OF F	IILD ? ATHER TH/	WHEN AT SIGNED	WAS CHILD GENDER: THE AFFIDA	CITY & STA CONCEIVED	TE OF BIRTH (MO/YR)?
CHILD 2 SERVICES REQUESTED FOR LAST NAME SSN APPLICANT'S RELATIONSHIP TO CHILD 2: IS THERE A FATHER'S NAME ON THE BIRTH CERTIFICATE? YES NO WAS AN ACKNOWLEDGEMENT OF PATERNITY A YES NO	FIRST NAME DOB OTHER FATHER IF YES, WHAT IS THE I FFIDAVIT SIGNED? HEN: LLEGED FATHER?	OTHER (Ple FATHER'S NAM S NO	WHERE CONCEI ease spec	MIDDLE WAS THE CH VED (STATE) ify) FIRST)? NAME OF F CHILD'S FAT	IILD ? ATHER TH/	WHEN AT SIGNED	WAS CHILD GENDER: THE AFFIDA	CITY & STA CONCEIVED	TE OF BIRTH (MO/YR)?
CHILD 2 SERVICES REQUESTED FOR LAST NAME SSN APPLICANT'S RELATIONSHIP TO CHILD 2: IS THERE A FATHER'S NAME ON THE BIRTH CERTIFICATE? YES NO WAS AN ACKNOWLEDGEMENT OF PATERNITY A YES NO IF YES NO COULD THERE BE MORE THAN ONE POSSIBLE A	FIRST NAME DOB OTHER FATHER IF YES, WHAT IS THE I FFIDAVIT SIGNED? HEN: LLEGED FATHER?	OTHER (Ple FATHER'S NAM	WHERE CONCEI ease spec IE (LAST, I ach name	MIDDLE WAS THE CH VED (STATE): ify) FIRST)? NAME OF F. CHILD'S FAT	IILD ? ATHER TH/ THER/ALLE	WHEN AT SIGNED GED FATH	WAS CHILD GENDER: THE AFFIDA	CITY & STA CONCEIVED	TE OF BIRTH (MO/YR)?
CHILD 2 SERVICES REQUESTED FOR LAST NAME SSN APPLICANT'S RELATIONSHIP TO CHILD 2: IS THERE A FATHER'S NAME ON THE BIRTH CERTIFICATE? YES NO WAS AN ACKNOWLEDGEMENT OF PATERNITY A YES NO IF YES, WHERE AND W CHILD'S MOTHER'S NAME (LAST, FIRST) COULD THERE BE MORE THAN ONE POSSIBLE AI If yes, please list the names here and complete WAS THE MOTHER EVER MARRIED? YES	FIRST NAME DOB TOTHER FATHER IF YES, WHAT IS THE I SFFIDAVIT SIGNED? HEN: LLEGED FATHER? YE an Other Parent Informati	OTHER (Ple FATHER'S NAM	WHERE CONCEI ease spec te (LAST, F ach name	MIDDLE WAS THE CH VED (STATE): ify) FIRST)? NAME OF F. CHILD'S FAT cd father. HE CHILD WA	IILD ? ATHER TH/ THER/ALLE	WHEN AT SIGNED GED FATHI	WAS CHILD GENDER: THE AFFIDA R'S NAME (CITY & STAT CONCEIVED MALE VIT (LAST, FII LAST, FIRST)	TE OF BIRTH (MO/YR)?
CHILD 2 SERVICES REQUESTED FOR LAST NAME SSN APPLICANT'S RELATIONSHIP TO CHILD 2: IS THERE A FATHER'S NAME ON THE BIRTH CERTIFICATE? YES NO WAS AN ACKNOWLEDGEMENT OF PATERNITY A YES NO IF YES, WHERE AND W CHILD'S MOTHER'S NAME (LAST, FIRST) COULD THERE BE MORE THAN ONE POSSIBLE AI If yes, please list the names here and complete WAS THE MOTHER EVER MARRIED? YES HUSBAND'S NAME:	FIRST NAME DOB COTHER FATHER IF YES, WHAT IS THE I FFIDAVIT SIGNED? HEN: LLEGED FATHER? YE an Other Parent Informati DATE OF MARRIAGE: DATE OF MARRIAGE:	OTHER (Ple FATHER'S NAM	WHERE CONCEI ease spec IE (LAST, F ach name D WHEN TI C C	MIDDLE WAS THE CH VED (STATE) ify) FIRST)? NAME OF F. CHILD'S FAT CHILD'S FAT d father. HE CHILD WA ITY, STATE:	IILD ? ATHER TH/ THER/ALLE AS BORN?	WHEN	WAS CHILD GENDER: THE AFFIDA R'S NAME (CITY & STAT CONCEIVED MALE VIT (LAST, FII LAST, FIRST) TE: TE:	TE OF BIRTH (MO/YR)?
CHILD 2 SERVICES REQUESTED FOR LAST NAME SSN APPLICANT'S RELATIONSHIP TO CHILD 2: IS THERE A FATHER'S NAME ON THE BIRTH CERTIFICATE? YES NO WAS AN ACKNOWLEDGEMENT OF PATERNITY A YES NO IF YES NO YES NO YES NO IF YES, WHERE AND W CHILD'S MOTHER'S NAME (LAST, FIRST) COULD THERE BE MORE THAN ONE POSSIBLE AI If yes, please list the names here and complete WAS THE MOTHER EVER MARRIED? YES HUSBAND'S NAME: HUSBAND'S NAME: IS THERE AN ORDER DETERMINING PATERNITY INTO THE PATERNITY INTO TH	FIRST NAME DOB OTHER FATHER IF YES, WHAT IS THE I IF YES, WHAT IS THE I IFFIDAVIT SIGNED? HEN: LLEGED FATHER? YE an Other Parent Informati DATE OF MARRIAGE: DATE OF MARRIAGE: FOR THIS CHILD?	OTHER (Ple FATHER'S NAM	WHERE CONCEI ease spec IE (LAST, F ach name O WHEN TH C C THE ORDE	MIDDLE WAS THE CH VED (STATE): ify) FIRST)? NAME OF F. CHILD'S FAT CHILD'S FAT d father. HE CHILD WA ITY, STATE: ITY, STATE:	IILD ? ATHER TH/ THER/ALLE AS BORN?	WHEN AT SIGNED GED FATHE	WAS CHILD GENDER: THE AFFIDA R'S NAME (DIVORCE DA	CITY & STAT CONCEIVED MALE VIT (LAST, FII LAST, FIRST) TE: .TE: .TE:	TE OF BIRTH (MO/YR)?
CHILD 2 SERVICES REQUESTED FOR LAST NAME SSN APPLICANT'S RELATIONSHIP TO CHILD 2: IS THERE A FATHER'S NAME ON THE BIRTH CERTIFICATE? YES NO WAS AN ACKNOWLEDGEMENT OF PATERNITY A YES NO IF YES, WHERE AND W CHILD'S MOTHER'S NAME (LAST, FIRST) COULD THERE BE MORE THAN ONE POSSIBLE AI If yes, please list the names here and complete WAS THE MOTHER EVER MARRIED? YES HUSBAND'S NAME: IS THERE AN ORDER DETERMINING PATERNITY I YES NO IS THERE AN ORDER DETERMINING PATERNITY I YES NO IS THERE A CHILD SUPPORT ORDER FOR THIS	FIRST NAME DOB ROTHER FATHER IF YES, WHAT IS THE I IF YES, WHAT IS THE I IFFIDAVIT SIGNED? HEN: LLEGED FATHER? YE an Other Parent Informati DATE OF MARRIAGE: DATE OF MARRIAGE: FOR THIS CHILD? HILD?	OTHER (Ple FATHER'S NAM	WHERE CONCEI ease spec IE (LAST, F ach name WHEN TH C C THE ORDE	MIDDLE WAS THE CH VED (STATE) ify) FIRST)? NAME OF F. CHILD'S FAT CHILD'S FAT d father. HE CHILD WA ITY, STATE: TTY, STATE: R FILED?	IILD ? ATHER TH/ THER/ALLE AS BORN?	WHEN AT SIGNED GED FATHE VES IN WHICH IN WHICH	WAS CHILD GENDER: THE AFFIDA R'S NAME (DIVORCE DA DIVORCE DA COUNTY, ST	CITY & STAT CONCEIVED	TE OF BIRTH (MO/YR)?

CHILD 3 SERVICES REQUESTED FOR *PLEASE M	R THIS CHILD :	PATERNITY [TO PROVIDE INFOR	SUPPORT ESTABLE		ENFORCEMENT			
LAST NAME	FIRST NAME		MIDDLE		CITY & STATE OF BI	RTH		
SSN	DOB	WHE			WAS CHILD CONCEIVED (MO/YR)?			
		CONC	EIVED (STATE)?					
IS THERE A FATHER'S NAME ON THE BIRTH IF YES, WHAT IS THE FATHER'S NAME (LAST, FIRST)?								
WAS AN ACKNOWLEDGEMENT OF PATERNITY AFFIDAVIT SIGNED? NAME OF FATHER THAT SIGNED THE AFFIDAVIT (LAST, FIRST)? YES , NO IF YES, WHERE AND WHEN: NAME OF FATHER THAT SIGNED THE AFFIDAVIT (LAST, FIRST)?								
CHILD'S MOTHER'S NAME (LAST, FIRST)			CHILD'S FATHER/AL	LEGED FATHER'S N	IAME (LAST, FIRST)			
COULD THERE BE MORE THAN ONE POSSIBLE A If yes, please list the names here and complete				fore or 2 months a	ifter becoming pregnant)			
WAS THE MOTHER EVER MARRIED? YES	DATE OF MARRIAGE:	HER MARRIED WHEN	THE CHILD WAS BORN? CITY, STATE:		NO RCE DATE:			
HUSBAND'S NAME:	DATE OF MARRIAGE:		CITY, STATE:	DIVO	RCE DATE:			
	FOR THIS CHILD?	WHEN WAS THE OR	DER FILED?	IN WHICH COU	NTY, STATE?			
	IILD?	WHEN WAS THE OR	DER FILED?	IN WHICH COU	NTY, STATE?			
DO YOU (APPLICANT) HAVE LEGAL CUSTODY/GI CHILD? YES NO	JARDIANSHIP OF THIS	WHEN WAS THE ORDER FILED? IN WH			/HICH COUNTY, STATE?			
IS THERE ANY PENDING LEGAL ACTION INVOLVI	NG THIS CHILD?	MOST RECENT FILE DATE? IN WHICH COUNTY,			E?			
				•				
	THIS CHILD :	PATERNITY	SUPPORT ESTABLIS		BNFORCEMENT			
	THIS CHILD :	PATERNITY		SHMENT	CITY & STATE OF BI	RTH		
CHILD 4 SERVICES REQUESTED FOR		WHEF	MIDDLE					
CHILD 4 SERVICES REQUESTED FOR LAST NAME SSN APPLICANT'S RELATIONSHIP TO CHILD 2:	FIRST NAME DOB	WHEF CONC OTHER (Please spe	MIDDLE E WAS THE CHILD EIVED (STATE)?	WHEN WAS	CITY & STATE OF BI			
CHILD 4 SERVICES REQUESTED FOR LAST NAME SSN	FIRST NAME	WHEF CONC OTHER (Please spe	MIDDLE E WAS THE CHILD EIVED (STATE)?	WHEN WAS	CITY & STATE OF BI	?		
CHILD 4 SERVICES REQUESTED FOR LAST NAME SSN APPLICANT'S RELATIONSHIP TO CHILD 2: M IS THERE A FATHER'S NAME ON THE BIRTH	FIRST NAME DOB OTHER FATHER IF YES, WHAT IS THE F	WHEF CONC OTHER (Please spe	MIDDLE MIDDLE E WAS THE CHILD EIVED (STATE)? ccify) , FIRST)?	WHEN WAS	CITY & STATE OF BI	?		
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CHILD 4 SERVICES REQUESTED FOR LAST NAME SSN APPLICANT'S RELATIONSHIP TO CHILD 2: IS THERE A FATHER'S NAME ON THE BIRTH CERTIFICATE? YES NO WAS AN ACKNOWLEDGEMENT OF PATERNITY A YES NO IS THERE A FATHER'S NAME ON THE BIRTH CERTIFICATE? YES NO WAS AN ACKNOWLEDGEMENT OF PATERNITY A YES NO COULD THERE BE MORE THAN ONE POSSIBLE AND If yes, please list the names here and complete a	FIRST NAME DOB OTHER FATHER IF YES, WHAT IS THE F FFIDAVIT SIGNED? HEN: LLEGED FATHER? YES an Other Parent Informati DATE OF MARRIAGE: DATE OF MARRIAGE: OR THIS CHILD? ILD?	WHEF CONC OTHER (Please spo ATHER'S NAME (LAST NO on Sheet for each nan HER MARRIED WHEN	SUPPORT ESTABLIS MIDDLE E WAS THE CHILD EIVED (STATE)? ecify) , FIRST)? NAME OF FATHER TH CHILD'S FATHER/ALL eed father. THE CHILD WAS BORN? CITY, STATE: CITY, STATE: DER FILED?	WHEN WAS GEN HAT SIGNED THE A LEGED FATHER'S N P LEGED FATHER'S N DIVOF	CITY & STATE OF BI	?		
CHILD 4 SERVICES REQUESTED FOR LAST NAME SSN APPLICANT'S RELATIONSHIP TO CHILD 2: IS THERE A FATHER'S NAME ON THE BIRTH CERTIFICATE? YES NO WAS AN ACKNOWLEDGEMENT OF PATERNITY A YES NO APPLICANT'S MOTHER'S NAME (LAST, FIRST) COULD THERE BE MORE THAN ONE POSSIBLE AND W CHILD'S MOTHER'S NAME (LAST, FIRST) COULD THERE BE MORE THAN ONE POSSIBLE AND If yes, please list the names here and complete and	FIRST NAME DOB OTHER FATHER IF YES, WHAT IS THE F FFIDAVIT SIGNED? HEN: LLEGED FATHER? YES an Other Parent Informati DATE OF MARRIAGE: DATE OF MARRIAGE: OR THIS CHILD? ILD?	WHEF CONC OTHER (Please spo ATHER'S NAME (LAST NO on Sheet for each nan HER MARRIED WHEN WHEN WAS THE ORI	SUPPORT ESTABLIS MIDDLE E WAS THE CHILD EIVED (STATE)? ecify) , FIRST)? NAME OF FATHER TH CHILD'S FATHER/ALL red father. THE CHILD WAS BORN? CITY, STATE: CITY, STATE: DER FILED?	WHEN WAS GEN HAT SIGNED THE A EGED FATHER'S N P YES DIVOF DIVOF DIVOF	CITY & STATE OF BI	?		

INFORMATION ABOUT THE OTHER PARENT THIS OTHER PARENT IS THE MOTHER FATHER/ALLEGED FATHER OF (LIST CHILD (REN)) OTHER PARENT REFERS TO THE NON-APPLICANT PARENT OF THE CHILD (REN) OR IN THE CASE OF A CARETAKER APPLICANT, IT REFERS TO BOTH THE MOTHER AND FATHER OF THE CHILD (REN) AND AN INFORMATION SHEET FOR EACH PARENT IS NEEDED. *IF THERE ARE MORE THAN 2 OTHER PARENTS, PLEASE MAKE COPIES AS NEEDED TO PROVIDE INFORMATION FOR EACH ADDITIONAL OTHER PARENT.*												
	IS THERE A HISTORY OF DOMESTIC VIOLENCE WITH THIS OTHER PARENT? YES NO IF YES, PROVIDE AVAILABLE DOCUMENTATION OR A STATEMENT EXPLAINING THE SITUATION.											
APPLICANT'S RELATIONSHIP TO THIS OTHER PARENT: NEVER MARRIED MARRIED LEGALLY SEPARATED DIVORCED OTHER (note below)												
LAST NAME FIRST MIDDLE MAIDEN OR OTHER												
SSN DOB/AGE (APPX) PLACE OF BIRTH (CITY & STATE)												
GENDER	RACE		<u>_</u>				••••••	1	ER PARENT NEED		ER?	
MAILING ADDRES	STREET					CITY		1,		STATE	ZIP	
RESIDENTIAL OR C	THER ADDRESS-	STREET				CITY				STATE	ZIP	
MARITAL STATUS MARRIED	& SPOUSE'S NAN	ME IF THIS OT	HER PA	RENT IS		NAMES OF PE	OPLE LIVI	NG IN THIS PI	ARENT'S HOME/	NAMES OF OTH		DREN
HOME PHONE	W	ORK PHONE				PHONE				OTHER	PHONE	
HAS BANK ACCOU	NT AT?			EMAIL AD	DRESS					I		
EYE COLOR	HAIR COLOR	HEIGHT (F	-T, IN)			WEIGHT	ОТН	ER IDENTIFYI	ING MARKS/FEA	TURES		<u> </u>
HAS OTHER PAREN	IT EVER LIVED IN		YES		HAS	OTHER PARE	NT EVER LI	VED WITH TH		ES NO		
HAS OTHER PAREN	IT EVER RECEIVE		AL SECU			EMPLOYMENT		WORKER'S	COMPENSATIO	N		
MILITARY SERVICE	YES					PARENT A VET	ERAN?	☐ YES				
IS OTHER PARENT			 D IF '	STATIOI YES, WHER				GRADE L	_ DATES: FROM		o	
ARREST/PRISON R			D IF \	ES, WHER	E		IMPRI	SONED DATE	:	RELEASE DAT	E:	
LIST ANY PROFESS	ONAL OR RECRE	ATIONAL LIC	ENSES:									
CAR MODEL/MAK	E/YEAR											
NAME OF OTHER F	ARENT'S FATHE	R				NAME OF OTHER PARENT'S MOTHER						
HIS ADDRESS						HER ADDRESS						
FATHER'S PHONE						MOTHER'S PHONE						
			I	NFORMAT		ABOUT OTH	R PAREN	T'S EMPLO	YMENT			
CURRENT EMPLOY	ER		ADDR	ESS-STREE	Г			CITY		STATE		ZIP
IF UNEMPLOYED, I	IAME LAST EMPI	LOYER	ADDR	ESS-STREET	r			CITY		STATE		ZIP
OCCUPATION						UNIO	N NAME		LC	CAL NO.		
	ADDITIONAL INFORMATION THAT COULD ASSIST IN LOCATION OF PARENT, INCOME AND ASSETS. INCLUDE NAMES AND CONTACT INFORMATION OF OTHER FAMILY MEMBERS AND FRIENDS. LIST TYPES AND LOCATION OF ANY PROPERTY OR ASSETS OWNED BY OTHER PARENT.											

INFORMATION ABOUT THE OTHER PARENT THIS OTHER PARENT IS THE MOTHER FATHER/ALLEGED FATHER OF (LIST CHILD (REN)) OTHER PARENT OTHER PARENT REFERS TO THE NON-APPLICANT PARENT OF THE CHILD (REN) OR IN THE CASE OF A CARETAKER APPLICANT, IT REFERS TO BOTH THE MOTHER AND FATHER OF THE CHILD (REN) AND AN INFORMATION SHEET FOR EACH PARENT IS NEEDED. *IF THERE ARE MORE THAN 2 OTHER PARENTS, PLEASE MAKE COPIES AS NEEDED TO PROVIDE INFORMATION FOR EACH ADDITIONAL OTHER PARENT.*										
IF YES, PROVIDE AVAILABLE DOCUMENTATION OR A STATEMENT EXPLAINING THE SITUATION. APPLICANT'S RELATIONSHIP TO THIS OTHER PARENT: NEVER MARRIED LEGALLY SEPARATED DIVORCED OTHER (note below)										
LAST NAME FIRST MIDDLE MAIDEN OR OTHER										
SSN DOB/AGE(APPX) PLACE OF BIRTH (CITY & STATE)										
GENDER	RACE									
GENDER	RACE							ER PARENT NEED A		
MAILING ADDRESS	-STREET			•	CITY				STATE	ZIP
RESIDENTIAL OR O	THER ADDRESS-	STREET			CITY				STATE	ZIP
MARITAL STATUS & MARRIED	& SPOUSE'S NAM	ME IF THIS OT	HER PARENT IS		NAMES OF PEC	OPLE LIVIN	IG IN THIS PA	RENT'S HOME/NA	MES OF OTHE	R CHILDREN
HOME PHONE	W	ORK PHONE		CELLI	PHONE				OTHER P	HONE
HAS BANK ACCOUN	NT AT?		EMAIL AD	DRESS						
EYE COLOR	HAIR COLOR	HEIGHT (F	 -T, IN)	v	VEIGHT	отн	ER IDENTIFYI	NG MARKS/FEATU	RES	
HAS OTHER PAREN	T EVER LIVED IN			HA	S OTHER PARE	NT EVER	LIVED WITH			
HAS OTHER PAREN	T EVER RECEIVE	D: SOCI	AL SECURITY		MPLOYMENT		WORKER'S	COMPENSATION		
			IC ASSISTANCE		ERAN'S BENEF	ITS				
MILITARY SERVICE:	YES	Пио			ARENT A VETE	RAN?				
BRANCH			STATION				CRADEL	_DATES: FROM	TO	·
ARREST/PRISON RE	·····						· · · · · · · · · · · ·	EVEL & DEGREE?		
		_	D IF YES, WHERI			INTERI	SONED DATE	•	RELEASE DATE	
LIST ANY PROFESSI	ONAL OR RECRE	EATIONAL LICI	ENSES:			-				
CAR MODEL/MAKE	/YEAR									
NAME OF OTHER P	ARENT'S FATHE	R			NAME OF OTHER PARENT'S MOTHER					
HIS ADDRESS					HER ADDRESS					
FATHER'S PHONE		-			MOTHER'S P					
					BOUT OTHE	R PAREN		YMENT		
CURRENT EMPLOY	ER		ADDRESS-STREET				CITY		STATE	ZIP
IF UNEMPLOYED, N	IAME LAST EMP	LOYER	ADDRESS-STREET	Г			CITY		STATE	ZIP
OCCUPATION					UNION			LOCA	AL NO.	· · · · · · · · · · · · · · · · · · ·
ADDITIONAL INFOR MEMBERS AND FRI									CT INFORMAT	ION OF OTHER FAMILY

ADDITIONAL INFORMATION

- -

Please provide any additional information here.

COURT ORDER INFORMATION (FILL IN ALL THAT APPLY)								
Type of Order	County	State	File Date	Support Amount per month	For Child(ren)			
DIVORCE(S)/DISSOLUTION(S)				\$ /MO				
(LIST ALL)								
		_						
OTHER (LIST TYPES, INCLUDING				\$ /MO				
CPO, CUSTODY, ETC)								
	l		L					
THERE ARE NO COURT ORD	ERS FOR THE CHILD(REN)	NAMED :						
	MENTS FOR THE CHILD(RI	EN) NAME	:D:					
AMOUNT \$ FRE	QUENCY	DATE LA	ST SUPPORT RECEIVED		AMOUNT RECEIVED			
					\$			
ARE THERE ANY PENDING COURT			OTHER PARENTS OR CH	ILDREN?	···· ··· ··· ···			
YES NO IF	YES, NOTE ACTION BELO	W						
		SIGNA	TURE AND DOC	UMENTATION				
SIGNATURE OF APPLICAN	<u> </u>		PRINT NAME OF A	PPLICANT	DATE			
	•							
SIGNATURE OF PARENT/G	UARDIAN IF APPLIC	ANT	PRINT NAME OF P	ARENT/GUARDIAN	DATE			
IS A MINOR				•				
		CKI TE		TION TO SUBMIT	[
- Copy of Birth Certific	cate & Social Security C			- Copy of Out of State Support Paym	ent Records			
 Copies of all Court C 	Orders including Civil Pro			- Copy of Medical Insurance Cards				
- Copy of Marriage Ce	ertificate(s)							