

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 | ? | | |
| 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 | 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 GEN HAT SIGNED THE A | 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 YES NO YES NO | FIRST NAME DOB OTHER FATHER IF YES, WHAT IS THE F FFIDAVIT SIGNED? HEN: LEGED FATHER? YE | WHER CONC OTHER (Please spo FATHER'S NAME (LAST | SUPPORT ESTABLIS MIDDLE E WAS THE CHILD EIVED (STATE)? ecify) , FIRST)? NAME OF FATHER TH CHILD'S FATHER/ALL | WHEN WAS GEN HAT SIGNED THE A | 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 INO YES NO COULD THERE BE MORE THAN ONE POSSIBLE AND | FIRST NAME DOB OTHER FATHER IF YES, WHAT IS THE F FFIDAVIT SIGNED? HEN: LLEGED FATHER? YE | WHEF CONC OTHER (Please sp ATHER'S NAME (LAST S NO on Sheet for each nan | SUPPORT ESTABLIS MIDDLE E WAS THE CHILD EIVED (STATE)? ecify) , FIRST)? NAME OF FATHER TH CHILD'S FATHER/ALL | WHEN WAS GEN HAT SIGNED THE A LEGED FATHER'S N | 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) | | | | | | | |