

# Office of Child Support Enforcement

<i>Office Use Only</i>	
<i>Date Requested:</i> _____	
<i>Date Provided:</i> _____	
<i>Fee Paid:</i> _____	<i>Date Received:</i> _____
<i>Receipt #:</i> _____	<i>Case ID:</i> _____

## Questionnaire

This Questionnaire is necessary in order to provide child support services. **Fill out the questionnaire completely.** The more information we have, the better we are able to help you.

The disclosure of your Social Security number is mandated by Public Law 104-193 in order that the Office of Child Support Enforcement (OCSE) may provide services related to the establishment of paternity and the establishment, modification, and enforcement of child and/or medical support obligations.

If you receive TEA or Medicaid benefits for yourself, complete and return this questionnaire only. All other persons seeking child support enforcement services must return both this questionnaire and the contract for services. A \$25.00 application fee is required from all applicants who do not receive TEA benefits, Medicaid or ARKids 1st A or B. You may return these forms to the local child support office nearest you or mail it to OCSE, P.O. Box 8133, Little Rock, AR 72203.

Be sure to attach the following:

- Copies of the original child support order, if there was one, and any modified (changed) orders
- Payment records from the clerk of court or another state child support agency
- Copies of the child’s or children’s birth certificates and an Acknowledgement of Paternity, if one was signed

<b>Information About The Children</b>						
Please provide the following information for each child for whom you are seeking services.						
Name (First, Middle, Last)	Date of Birth	Sex	Race	Social Security Number	Place of Birth (County & State)	Paternity Acknowledgment Signed at Hospital?

## Information About You

Name			
Physical Address			
City, State, Zip			
Mailing Address			
City, State, Zip			
Phone	Home	Work	Cell
Email			
Social Security Number			Date of Birth
Employer Name			
Address			
City, State, Zip			
Employer Phone Number			
Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian: Tribe _____ <input type="checkbox"/> Other: _____			
Are you the biological parent of the child for whom you are requesting services? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please explain your relationship with the child: _____			
If you are the parent of the child or children for whom you are requesting service, please answer the following: Are you currently or have you ever been married: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following information: Name of current spouse: _____ Date of marriage: _____ Name of past spouse(s): _____ Date(s) of marriage: _____ Dates of divorce: _____			
Are you or your children under an order of protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy of the order.			
Are you currently receiving the following services: SSI: <input type="checkbox"/> Yes <input type="checkbox"/> No SSA/SSD: <input type="checkbox"/> Yes <input type="checkbox"/> No VA Benefits: <input type="checkbox"/> Yes <input type="checkbox"/> No Worker's Compensation: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you receive for yourself and/or the children listed any of the following: TEA: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide your case number _____ Medicaid: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide your case number _____ ARKids 1 <sup>st</sup> A or B: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide your case number _____			
Have you ever in the past received cash public assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the state or tribal name(s) and the time frame during which assistance was received. State or tribe: _____ Years of assistance: from _____ to _____ State or tribe: _____ Years of assistance: from _____ to _____ State or tribe: _____ Years of assistance: from _____ to _____			
Do you have an attorney representing you on any matter related to the other parent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following information about the attorney: Name: _____ Address: _____ Phone number: _____			

### Information About The Noncustodial Parent

You may or may not know the following information about the noncustodial parent. Please provide information to the best of your ability.

Full Name			
Alias or Nicknames			
Physical Address			
City, State, Zip			
Mailing Address			
City, State, Zip			
Phone	Home	Work	Cell
Email			
Social Security Number	Date of Birth or Approximate Age		
Employer Name			
Address			
City, State, Zip			
Physical Description of the other parent: Eye Color _____ Hair Color _____ Height _____ Weight _____ Marks (tattoos, scars, piercings, etc.) _____			
Race: ___Caucasian ___African American ___Hispanic ___Asian ___American Indian: Tribe _____ Other: _____			
What are the names of the mother and father of the other parent (even if deceased)? Father's full name: _____ Mother's full name, including maiden name if known: _____			
Does the noncustodial parent currently receive any of the following: SSI? ___Yes ___No ___Not Known SSA/SSD? ___Yes ___No ___Not Known VA Benefits? ___Yes ___No ___Not Known TEA? ___Yes ___No ___Not Known Worker's Compensation? ___Yes ___No ___Not Known			
Has the noncustodial parent ever been in the military? ___Yes ___No ___Not Known If yes, what branch? _____		Has the noncustodial parent ever been in jail or prison? ___Yes ___No ___Not Known If yes, where? _____	
Does the noncustodial parent own a car? ___Yes ___No ___Not Known Year _____ Make/Model _____ License Number _____ State _____			
If the noncustodial parent is currently unemployed, please provide the information for the last known employer to the best of your knowledge: Company name: _____ Phone: _____ Address: _____			
Is the noncustodial parent currently married? ___Yes ___No ___Not Known If yes, list name of the current spouse: _____			
Is the other parent represented by an attorney? ___Yes ___No ___Not Known If yes, please provide the following information about the attorney: Name: _____ Phone: _____ Address: _____			
Where did the noncustodial parent attend high school? _____			
How did you and the noncustodial parent meet? _____			

Please list any other information that you feel will help OCSE in working your case. For example: professional, business, or a commercial driver's license; other names he or she may use; or address where his or her parents reside; name of any other children the noncustodial parent may have.

### Your Legal Status With The Noncustodial Parent

Married      Date married: \_\_\_\_\_  
 Separated      Date separated: \_\_\_\_\_  
 Divorced      Date divorced: \_\_\_\_\_ Court (location) where divorce filed: \_\_\_\_\_  
 Never married  
 Relative      How are you related? \_\_\_\_\_  
 I am not related to the noncustodial parent

Is the other parent ordered by a court to pay child support?  Yes  No  
If Yes, which court (location)? \_\_\_\_\_ What was the court date? \_\_\_\_\_  
What is the court-ordered dollar amount? \_\_\_\_\_  
What is the payment schedule (weekly, monthly, bi-weekly)? \_\_\_\_\_  
Amount of back support owed: \_\_\_\_\_ as of \_\_\_\_\_ (date)  
Date and amount of last payment: \_\_\_\_\_

Was spousal support/alimony ordered?  Yes  No  
If so, do you want OCSE to collect on that obligation?  Yes  No

### Medical Coverage Information

Are you currently providing medical coverage, not including ARKids 1st, for the children listed above?  
 Yes  No

If yes, please provide the following information:

Name of Insurance Company: \_\_\_\_\_  
Address, City and Zip: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Subscriber Number: \_\_\_\_\_  
What is the cost of that coverage? \_\_\_\_\_

Is health insurance available through your employer?  Yes  No

If the children have additional medical coverage not provided by you or the noncustodial parent, what is the relationship of the person who is providing the coverage to the children? \_\_\_\_\_

I prefer to have the responsibility to provide medical coverage for the children listed above.  Yes  No

### How did you learn about our services? (Check all that apply)

<input type="checkbox"/> Another state agency	<input type="checkbox"/> Internet
<input type="checkbox"/> Brochure	<input type="checkbox"/> Letter from OCSE
<input type="checkbox"/> Child Care referral	<input type="checkbox"/> Newspaper /print ad
<input type="checkbox"/> Educational presentation	<input type="checkbox"/> Radio
<input type="checkbox"/> Expos and fairs	<input type="checkbox"/> Referred by someone
<input type="checkbox"/> I am re-opening my case	<input type="checkbox"/> Other-please explain _____

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\* NOTICE \*\*\***

**IF YOU ARE A RECIPIENT OF CASH ASSISTANCE, SUCH AS TEA, OR RECEIVE  
MEDICAID FOR YOURSELF, DO NOT SIGN THIS APPLICATION AND CONTRACT FOR  
CHILD SUPPORT SERVICES**

**Application and Contract for Child Support Services**

The applicant hereby and herein:

1. Authorizes the agency to assign legal counsel of its choice to act on behalf of the agency and applicant's assigned interest, and be the attorney of record for the agency to establish paternity and/or a monthly support obligation, and to enforce payment of such obligation. The attorney does not represent the applicant. There is no attorney/client relationship created between the applicant and the attorney.
2. Understands that the OCSE attorney represents the State's interest in having children adequately supported and in collecting overdue support. The applicant retains the right to employ separate private counsel.
3. Agrees that the agency shall have the right to collect from the noncustodial party both current and past due support payments in the amount provided by the support order.
4. Agrees that the agency, rather than the applicant, shall have any and all rights, title and interest in any and all property belonging to the noncustodial parent against which a claim may be placed for the collection of child/spousal support.
5. Agrees to forward to OCSE any and all support payments which he or she receives directly from the noncustodial parent after the date of acceptance of this application and contract.
6. Agrees to notify OCSE of any changes in the applicant's address.
7. Agrees to notify OCSE of any Court action which may change or affect the support order.
8. Agrees that the agency retains all rights to enforce and collect child support arrearages and child support judgments in an amount equal to any unreimbursed Transitional Employment Assistance (TEA) grant which the applicant received prior to this contract regardless of the termination of this contract.
9. Agrees to pay all costs and fees charged for child support enforcement services pursuant to the Cost Schedule except while participating in ARKIDS 1st A or B or if receiving public benefits such as TEA or Medicaid in the future. A copy of the cost schedule for services was provided to the applicant with this application and contract for services and is incorporated herein by reference. Applicant understands costs and fees will be deducted from support collected at a rate not to exceed 13% of the total amount collected or the actual fees and costs due, whichever is less. Applicant understands that in interstate cases the responding state may charge additional costs. Applicant further understands that if enrollment in ARKIDS 1st A or B ceases, the applicant agrees to pay all costs and fees charged for child support enforcement services pursuant to the cost Schedule for Services that was provided to the applicant with this application and contract for services but not previously imposed due to their participation in ARKIDS 1st A or B.
10. Understands the agency will disburse support payments electronically to a prepaid debit card unless the applicant requests payment to be made by direct deposit or is granted an exemption.
11. Acknowledges that if situations occur where money is received to which the applicant is not

entitled, the money must be returned voluntarily to OCSE, or, as required by Arkansas law, OCSE will take the appropriate actions necessary to recover that money. Any decision made regarding the method of recovery of the money will not preclude or affect child support services being provided to you by OCSE.

The agency herein:

1. Agrees to provide assistance in establishing a support obligation and paternity if needed, and/or collecting support on behalf of the applicant's minor children in such amount as is, or may be, provided for by a support order.
2. Agrees to assign legal counsel for establishment, collection and enforcement of child support (including paternity establishment), and medical insurance premiums. The agency undertakes no representation of the applicant on custody, visitation or any other legal issues. Applicant retains the right to employ separate private counsel to represent applicant on any and all issues.
3. Agrees that the applicant retains the right to hire private counsel to represent his/her interests in any issue.
4. Agrees to exercise reasonable effort to establish an obligation and to make collections of child support on behalf of the applicant's children and spousal support on behalf of applicant, if included in an existing child support order.
5. Agrees to post and disburse, within two business days, amounts collected on behalf of the applicant less the deduction for costs as specified herein. EXCEPTION: A disbursement of collections made through offset of tax refunds will be made in the month following the month in which the collection is received. Federal tax refunds may be delayed up to six months if the refund was based on a joint return.

The State will exercise its right to collect support arrearages accrued during any period of time the applicant received TEA until the debt to the State is satisfied regardless of the cancellation or termination of this contract.

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Signature of Applicant for Services

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Date