

STATE OF HAWAII
DEPARTMENT OF THE ATTORNEY GENERAL
CHILD SUPPORT ENFORCEMENT AGENCY

APPLICATION FOR SERVICES

INFORMATION ABOUT YOU - THE APPLICANT (Please print/write legibly)

I already have a case with the State of Hawaii, Child Support Enforcement Agency: <input type="checkbox"/> Yes <input type="checkbox"/> No					
I am the: <input type="checkbox"/> Mother <input type="checkbox"/> Father/Alleged Father <input type="checkbox"/> Caretaker _____ of the children named in this Application for Services (relationship to children)					
The "Other Parent" (who is named on this application) and I, were/are:					
X	STATUS	Date	State	County	
	Never Married				
	Married				
	Separated				
	Divorced				
	Widowed	As available, attach a copy of the death certificate			
The Children named in this Application live with me: <input type="checkbox"/> Yes <input type="checkbox"/> No					
I am requesting: <input type="checkbox"/> Establishment of Child Support and/or Paternity <input type="checkbox"/> Establish/Modify Medical Support Obligation <input type="checkbox"/> Change/Modify the Amount of Child Support <input type="checkbox"/> Stop/Terminate Child Support Payments <input type="checkbox"/> Establishment of a Repayment Plan for the Collection of Past Due Support <input type="checkbox"/> Enforcement					
Reason for Modification/Termination:					
Name	First	Middle	Last	Maiden (if applicable)	
Street Address	Number & Street & Apt. Number		City	State	Zip Code
Mailing Address	P.O.Box (Complete if you want your mail sent here)		City	State	Zip Code
Telephone Numbers	Home	Work	Cell	E-Mail Address	
Vital Information	Date of Birth	Soc. Sec. No.	Sex <input type="checkbox"/> F <input type="checkbox"/> M	Race/Ethnicity	Primary Language
Employment	Are You Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full Name of Employer	<input type="checkbox"/> Unemployed		Occupation
Employer's Street Address, City, State & Zip Code & Tel. Number			Gross Monthly Income \$	Are you Incarcerated? Location if yes -	

INFORMATION ABOUT THE CHILD(REN) WHO ARE SUBJECT TO THIS APPLICATION

Copy of Birth Certificate for each child must be submitted

Child 1:	Full Name	Date of Birth	Sex <input type="checkbox"/> F <input type="checkbox"/> M
	Soc Sec No.	Paternity Established? <input type="checkbox"/> Yes <input type="checkbox"/> No	How Paternity Established? <input type="checkbox"/> Parents Married <input type="checkbox"/> Court Order <input type="checkbox"/> Father Named on Birth Certificate
Child 2:	Full Name	Date of Birth	Sex <input type="checkbox"/> F <input type="checkbox"/> M
	Soc Sec No.	Paternity Established? <input type="checkbox"/> Yes <input type="checkbox"/> No	How Paternity Established? <input type="checkbox"/> Parents Married <input type="checkbox"/> Court Order <input type="checkbox"/> Father Named on Birth Certificate
Child 3:	Full Name	Date of Birth	Sex <input type="checkbox"/> F <input type="checkbox"/> M
	Soc Sec No.	Paternity Established? <input type="checkbox"/> Yes <input type="checkbox"/> No	How Paternity Established? <input type="checkbox"/> Parents Married <input type="checkbox"/> Court Order <input type="checkbox"/> Father Named on Birth Certificate

Child 4:		<i>Full Name</i>	<i>Date of Birth</i>	<i>Sex</i> [] F [] M
<i>Soc Sec No.</i>	<i>Paternity Established?</i> [] Yes [] No	<i>How Paternity Established?</i> [] Parents Married [] Court Order [] Father Named on Birth Certificate		

For Additional Children, Attach an Additional Sheet with Names and Information to Application.

INFORMATION ABOUT THE OTHER PARENT/CARETAKER (You must complete a separate application for each parent for whom you wish us to provide services. If you want paternity establishment, and you were married to a man who is not the father of your child, you must complete a separate application for your husband & for each alleged father.)

Name	<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Maiden (if applicable)</i>		
Street Address	<i>Number & Street & Apt. Number</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Country</i>
Mailing Address	<i>P.O.Box Number</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Country</i>
Telephone Numbers	<i>Home</i>	<i>Work</i>	<i>Cell</i>	<i>E-Mail Address</i>		
Vital Information	<i>Date of Birth</i>	<i>Soc. Sec No.</i>	<i>Sex</i> [] F [] M	<i>Race/Ethnicity</i>	<i>Primary Language</i>	
Employment	<i>Parent Self-Employed?</i> [] Yes [] No	<i>Full Name of Employer</i>	[] Unemployed		<i>Occupation</i>	
<i>Employer's Street Address, City, State & Zip Code & Tel. Number</i>			<i>Gross Monthly Income</i> \$	<i>Parent Incarcerated? Location if yes -</i>		

INFORMATION ABOUT YOUR CHILD SUPPORT ORDER(S)

[] There are No Orders [] Yes, the Following Orders Relate to Child Support/Paternity

Court Orders	<i>Date of Order</i>	<i>City & State Where Ordered</i>	<i>Monthly Support Amount</i>	<i>Docket/Case #</i>
Order # 1				
Order # 2				
Order # 3				
Order # 4				

You must provide a copy of each order relating to paternity and child support of the child(ren), otherwise this application cannot be processed.

INFORMATION ABOUT MEDICAL INSURANCE

Who Pays the Health Insurance?	[] No Health Insurance [] State of Hawaii/Quest [] Applicant (Me) [] Other Parent [] 3 rd Party		
<i>Name of Insurance Company</i>	<i>Monthly Cost of Premium</i> \$	<i>Policy Number</i>	
Who is Covered?	[] Self [] Other Parent [] The Child(ren) <i>names:</i>		

STATEMENT REGARDING SERVICES, RIGHTS & RESPONSIBILITIES

Please read the following carefully. When you are finished, and if you agree, please sign and date on the appropriate line below to apply for child support enforcement services.

I acknowledge that the Agency's attorneys are not my private attorneys. They represent the interests of the State of Hawaii, and there is no creation of an attorney-client relationship between the Agency's attorneys and me.

I understand that the Agency is authorized to undertake whatever action is necessary to locate the parent(s), establish paternity, establish and/or enforce child support obligations, review and adjust support orders, and to execute in my name any pleadings relative to legal action pursuant to Title IV-D of the Social Security Act. I also agree that the decision of how to proceed in my case is the Agency's, and not mine.

I understand that federal law requires that I supply Social Security Numbers for myself and the children to the Agency providing me support services.

I understand that I must keep the Agency informed of my current mailing address.

I understand that I must respond to any and all requests by the Agency for information or my case may be closed.

I authorize the Agency to endorse and negotiate any checks for me in payment of support in accordance with federal allocation requirements.

In the event I have to repay the Agency to correct an overpayment to me, I agree that the Agency may withhold 10% from my future support payments until the Agency is reimbursed in full for the overpayment.

I understand that if I have never received TANF (formerly known as AFDC), the Agency will charge an annual fee of \$25 for each federal fiscal year (October 1 through September 30) in which at least \$500 in support has been collected on my case. The Agency will retain this amount from the support collections.

I acknowledge that the Agency may release any information contained in its records to another state or jurisdiction when interstate enforcement action requires this information.

I understand that any payments for support received directly by me from the non-custodial parent, and not paid through the Agency, cannot be credited by the Agency as payments for support unless I obtain a court order that identifies the specific amount that shall be credited against the obligation balance in my case.

I understand that if issues of custody and visitation arise in the course of establishing paternity or support, the Agency cannot represent me in those matters and that I should talk to a private attorney.

I agree that throughout the processing of this Application by the Agency and until such time that all action on this Application and my requests therein has been completed, that the Agency may serve any and all documents on me by mailing the documents by ordinary mail addressed to the address I included in this application. If I change addresses I will inform the agency in writing and agree to accept service by mail at that address. I waive my right to be personally served with documents relating to this Application and agree that such mailing constitutes proper and lawful service of process upon me as of the date postmarked on the envelope containing the served documents.

I have received enclosed with this Application for Services the supplemental information document entitled "**CHILD SUPPORT SERVICES, RIGHTS, AND RESPONSIBILITIES - Information Summary,**" and I have read, understand, and agree to the provisions of this form.

Signature of Applicant

Date