DIVISION OF CHILD SUPPORT ENFORCEMENT APPLICATION

<u>INSTRUCTIONS</u>

Please complete the entire application, attach all required documents, and sign before a Notary. (Notary services are provided free of charge at DCSE offices.) Complete a separate application for each non-custodial parent from whom you seek support.

A \$25 application fee is required - payable by check or money order - unless:

- (1) You currently receive Medicaid, Temporary Aid to Needy Families (TANF) General Assistance, Food Stamps, or Child Care Subsidy,
- (2) You previously received federally funded Foster Care services, Temporary Aid to Needy Families (TANF), Medicaid, or
- (3) The child for whom you seek support is enrolled in a federal Head Start program.

In addition, the Deficit Reduction Act of 2005 §454(6)(B), requires DCSE to charge an annual processing fee of \$25 for each child support case in which the applicant has never received TANF assistance. DCSE will deduct this fee from child support payments to the custodial party after collections of at least \$500 in each federal fiscal year (Oct. 1 – Sept. 30).

PROCEDURES

DCSE will accept your application regardless of age, color, disability, ethnicity, gender, nationality, race, religion, or sexual orientation.

DCSE will make every effort to establish paternity and child support orders in a timely manner through the Family Court of the State of Delaware. Your cooperation in providing all required information, as well as your involvement in this process, is required.

DCSE utilizes all appropriate remedies to enforce child support orders including issuance of income withholding orders, interception of tax refunds, and license suspensions. Enforcement remedies are automatically activated according to case account status. DCSE will attempt to collect arrears owed to the State of Delaware until paid in full.

OFFICE LOCATIONS

NEW CASTLE COUNTY
Churchman's Corporate Center
84-A Christiana Rd.

New Castle, DE 19720 (302) 577-7171

KENT COUNTY
Carroll's Plaza, Suite 101
1114 S. DuPont Hwy.
Dover, DE 19901
(302) 739-8299

SUSSEX COUNTY 9 Academy St. Georgetown, DE 19947 (302) 856-5386

Please submit your completed & notarized application to your local DCSE office.

In New Castle County, applications should be mailed to: P.O. Box 15012, Wilmington, DE 19850.

WEBSITE

www.dhss.delaware.gov/dcse

(Edited: 02/02/12)

APPLICATION FOR CHILD SUPPORT SERVICES

		DCSE USE ONLY
		Date application requested: Date application mailed: Date application received:
NONDISCLOS	URE OF INFORM	MATION (to protect address information):
Is there a Protect	tion From Abuse (I	PFA) order preventing the release of your address? Yes No
		you or your child(ren) be unreasonably put at risk ther identifying information? Yes No
provided or will p	t the verification of provide copies of the	certain information is required in order for my case to be processed. I have the documents listed below, if they are appropriate in my case. I understand se documents will delay the processing of my case.
l am attaching	I will provide	Please check one of the boxes, for each line below.
		Birth certificate for each child
		Acknowledgement of Paternity Form (if applicable)
		Original and modified support orders including divorce decrees and custody orders - Orders established outside of Delaware must be certified by the Court in which they were established
		Certified payment history/arrears statement, if order is established
		Copy of marriage/civil union license (if applicable)
		Copy of divorce decree/annulment (if applicable)
		Copy of social security cards for each case member
		Protective order preventing release of address (if applicable)
		Copies of applicant's three (3) most recent: Pay stubs or W-2 forms
		Copy of medical insurance card (both sides)

SECTION I: CUSTODIAL PARTY INFORMATION

Name	: (Last)		Social	Security Number	r:
	(Last)	(First)	(Middle Initial)		
Addres	SS:(Street	·)	(City)	(State)	(Zip Code)
Home	Phone Number:		Cell Phon	e Number:	
Date o	of Birth:		Maiden/Previous Name(s):	
Race:			Sex:	☐ Male	☐ Female
Emplo	yer:		Work Ph	one Number:	
Emplo	yer Address:	_			
1.	What is your relation ☐ Never Married ☐ Separated	or Never Party to	custodial parent? Civil Union □ Currently □ Other	•	to Civil Union
2.	If Married, Date of N	/larriage:	State & County	Where Married:	
	If Party to Civil Unio	n, Date of Civil U	nion: State & 0	County of Civil U	nion:
	State of last shared	address:			
3.	Date and Place of D	Divorce/Separation	n/Annulment:		
	Court:		County:		State:
4.	pending? If yes, list Attorney's r	Yes name, phone numb	tarted divorce proceeding No er, address, the County and	State in which the	court action is pending:
	-				
			County:		State:
5.	Do you have a cour	t order for child su	upport already established in which the order was esta	d?	☐ Yes ☐ No
	Court:		County:		State:
6.	Medical Assistance,	, or previously ap	Assistance for Needy Fam plied for Child Support Se	rvices?	☐ Yes ☐ No
	If yes, indicate type of	f service, County ar	nd State:		

SECTION II: CHILD(REN)

1. Child's Name:				
(Last)	(First	•	(Middle	•
Date of Birth:	Social Security Number.			remale
City & State of Conception:	Ci	ty & State of Birth:		
Race:	Your relationship to	the child:		
Were the parents married to each	ch other or in a civil union at the child's birth certificate:			□ No
Was the mother married to anyo	one at the time of the child's bir	th, or within 300 days	prior to the child's	s birth?
If yes, indicate name of hus	sband:		☐ Yes	☐ No
Date of Marriage/Civil Union:	County & Sta	ate:		
Is there a court order that states	the husband is not the father	of the child?	☐ Yes	□ No
Are the child's parents divorced	?		☐ Yes	☐ No
Date of Divorce/Annulment:	County & S	State:		
• •	when the child was born: blished for the child by a court blease circle type of court order.	order for custody, ado	option, visitation, pa	aternity,
Was genetic testing done			□ Yes	□ No
	wledgement of Paternity" signe	ed?	□ Yes	□ No
•				
If paternity has not been established	•	of the child's life, did	_	_
with the child and represent the			⊔ Yes –	□ No
Is there an existing child suppor		Effective Deter	☐ Yes	☐ No
ir yes: Amount \$	Per	Effective Date:		_
Name of Court:	County &	State:		<u></u>
2. Child's Name:				
(Last)	(Firs	st)	(Middle)
Date of Birth:	Social Security Number:		_Sex: ☐ Male ☐	Female
City & State of Conception:	Ci	ty & State of Birth:		
Race:	Your relationship to	the child:		
Were the parents married to each	ch other or in a civil union at th d on the child's birth certificate.			□ No



SECTION II: CHILD(REN) – cont'd

Was the mother married to anyone at the time of	the child's birth, or within 300 day	ys prior to the child	l's birth?
If yes, indicate name of husband:		☐ Yes	☐ No
Date of Marriage/Civil Union:	County & State:		
Is there a court order that states the husband is r	not the father of the child?	☐ Yes	□ No
Are the child's parents divorced?		☐ Yes	☐ No
Date of Divorce/Annulment:	County & State:		
If the parents were <u>not</u> married when the child wa Has paternity been established for the chi		doption, visitation,	paternity,
or child support? If yes, please circle type of	f court order.	☐ Yes	☐ No
Was genetic testing done?		☐ Yes	☐ No
Was a "Voluntary Acknowledgement of Pa	aternity" signed?	☐ Yes	☐ No
If paternity has not been established, during the f	irst two years of the shild's life d	id any man continu	ouch livo
with the child and represent the child as his own?	•	□ Yes	lously live □ No
Is there an existing child support order for this ch		□ Yes	□ No
If yes: Amount \$ Per			
Name of Court:	County & State:		
3. Child's Name:			
(Last)	(First)	(Midd	•
Date of Birth: Social Security	Number:	Sex:	」 Female
City & State of Conception:	City & State of Birth: _		
Race: Your re	elationship to the child:		
Were the parents married to each other or in a circle ldentify the parents listed on the child's birth of			□ No —
Was the mother married to anyone at the time of	the child's birth, or within 300 da	vs prior to the child	l's birth?
If yes, indicate name of husband:	·	☐ Yes	☐ No
Date of Marriage/Civil Union:	County & State:		
Is there a court order that states the husband is r	not the father of the child?	☐ Yes	□ No
Are the child's parents divorced?		☐ Yes	□ No
Date of Divorce/Annulment:	County & State:		

SECTION II: CHILD(REN) – cont'd If the parents were <u>not</u> married when the child was born: Has paternity been established for the child by a court order for custody, adoption, visitation, paternity, or child support? If yes, please circle type of court order. ☐ Yes ☐ No Was genetic testing done? ☐ Yes □ No Was a "Voluntary Acknowledgement of Paternity" signed? ☐ Yes □ No If paternity has not been established, during the first two years of the child's life, did any man continuously live ☐ Yes □ No with the child and represent the child as his own? ☐ Yes □ No Is there an existing child support order for this child? If yes: Amount \$ _____ Per ____ Effective Date: _____ Name of Court: _____ County & State: ____ **SECTION III: MEDICAL SUPPORT** □ No Do you or your child(ren) currently receive Medicaid? ☐ Yes Do you have insurance available that covers the child(ren) for whom you are applying: Yes □ No If yes, please provide further details below. Health Insurance Company: Address of Health Insurance Company: Policy #:______ Health Insurance Cost \$_____/Monthly Person(s) Covered: _____ Dental Insurance Company: Address of Dental Insurance Company: _____ Dental Insurance Cost \$___ /Monthly Policy #: Person(s) Covered:

When a support order is entered or modified, DCSE must seek to ensure that one, or both of the parents, is responsible for providing health insurance (whether or not it is currently available) for the child(ren). Medical support will only be enforced against the parent responsible for the coverage if health insurance is determined to be available at a reasonable cost.

SECTION IV: NON-CUSTODIAL PARENT (NCP)

Name:		Social Security Number: _	
(Last) (First)	(Middle)		
Address: (Street)	(2)		
(Street) This address is: □ Current □ Last know		(State)	
This address is. Guitefit Last know	wii as oi		
Home Phone Number:	Cell Phone	Number:	
Date of Birth: Cit	y/State of Birth:		
Previous/Alias Name(s):	Race:	Sex: 🗆 Male	☐ Female
Eye Color: Hair Color:	Height:	Weight:	
Employer:	Employe	r Phone Number:	
Employer Address:			
Employer Address: ☐ Current ☐ Last kno			
Current, or prior, military service?		☐ Yes	
If yes, branch: ☐ Army ☐ Navy ☐ Air	Force □ Marines □ 0	Coast Guard - from	to
Has the non-custodial parent ever been in priso	on?	☐ Yes	s □ No
If yes, date(s) of incarceration:			
Name of Prison:	Address:		
Does the non-custodial parent receive a pension	n, disability benefits, so	ocial security, or have any	other source
of income?		☐ Unknown ☐ Yes	s □ No
If yes, indicate source:	An	nount: \$	_ per
Does the non-custodial parent provide insurance	e for the child(ren)?	☐ Unknown ☐ Yes	s 🗆 No
If yes, name of Health Insurance Company	⁄		
Address of Insurance Company:			
Policy Number:			
If yes, name of Dental Insurance Company	r		
Address of Insurance Company:			
Policy Number:			
,			

AFFIDAV	IT OF PAYMENTS	(Complete this section on	ly if you currently ha	ave a child suppo	rt order)
Custodial Pa	rent:				
	al Parent:				
List any age	ncy that has collected child	support payments on beh	alf of your child(re	:n):	
Address:	(Street)				
	(Street)	(City)		(State)	(Zip Code)
Phone Numb	per(s):				
If yes, list	P ever made support payme only those payments paid dire t payments received by an age The informat	ectly.	•		□ No
	Amount Owed	<u>Balance</u>	Amo	unt paid	
	Jan	Jan	Jan		
	Feb	Feb			
	Mar	Mar	Mar		
	Apr	Apr			
	May	May			
	Jun	Jun			
	Jul	Jul	Jul		
	Aug	Aug	Aug		
	Sept	Sept	Sept		
	Oct	Oct	Oct		
	Nov	Nov			
	Dec	Dec			
	Total	Total	Total		
	I hereby certify that the sify DCSE immediately of a				
Signature			Date		
Sworn and s	ubscribed before me this _		_ day of		0

Notary Public Signature _____ Date____

CERTIFICATION BY CUSTODIAN

By signing this document, I agree to the following:

- 1. I understand that, under Family Court Civil Rule 87.2, a petition for new support will be filed in the county where the child[ren] and I reside. I may submit to DCSE a written request to file in a different county. If I elect to file my support petition in a county other than where the child[ren] and I reside, I agree to absorb all expenses associated with attending the hearing(s), such as travel expenses, parking fees, and childcare costs.
- I will appear at all mediation conferences and Family Court hearings held in Delaware. I understand that
 failure to appear in Family Court for scheduled hearings or mediations may result in dismissal of the
 petition and/or sanctions that could affect the receipt of state assistance.
- 3. I will cooperate with DCSE by providing requested documentation.
- 4. I understand that all child support payments must pass through the DCSE State Disbursement Unit for proper accounting. I understand that the Non-Custodial Parent may not receive credit for payments delivered to me directly, and I will report any direct payments I received to a DCSE worker.
- 5. I understand that DCSE will utilize all available resources to recoup or recover payments sent to me in error, including but not limited to, withholding future child support payments.
- 6. I understand that I am required to notify DCSE <u>in writing</u> within five (5) days of any of the following events:
 - If I retain the services of a private attorney.
 - If I have a change in name.
 - If I move or change my address.
 - If the custody of the child[ren] changes and I am no longer the primary custodian.
- 7. I agree to have DCSE act on my behalf to enter into negotiations with the Non-Custodial Parent or his/her attorney to settle any child support claims I may have. I further request DCSE to file any necessary legal documents against the Non-Custodial Parent. Under Delaware law, a Deputy Attorney General who handles my case is deemed to represent the state agency, DCSE, and not me individually.
- 8. I will comply with DCSE requirements and administrative enforcements to effectively process my case. These services are available to me under the Child Support Enforcement Program:
 - Locate parent(s) responsible to provide support
 - Enforce support order
 - Modify existing order

- Establish paternity
- Establish medical (health insurance) order
- Establish child support order

Services will be implemented in accordance with my case status. I can stop services by notifying DCSE <u>in writing</u>. I understand that enforcement action cannot be declined if I am receiving TANF or Medicaid benefits, or if there are child support arrears owed to the state.

9. **Notice Regarding Use of Social Security Numbers (SSN):** Federal child support mandates [42 USC §666(a)(13)] require the collection of SSNs for all individuals involved in paternity and child support orders. SSNs are used under the state's child support enforcement program to locate individuals for purposes of establishing paternity and establishing, modifying and enforcing support obligations.

Signature of Applicant		Date
Sworn and subscribed before me this	day of	20
Notary Public Signature	D.	ate