

APPLICATION FOR CHILD SUPPORT SERVICES

- Check this space if you are the custodial parent. Custodial parent includes the physical custodian.**
- Check this space if you are the putative (alleged) father or the noncustodial parent.**

| | |
|---------------------|-------|
| FOR OFFICE USE ONLY | |
| IV-D Number | _____ |
| Date Requested | _____ |
| Date Provided | _____ |
| Date Returned | _____ |

Full child support services will be provided to you unless you check one of the two spaces shown below:
 I wish to receive only location services. Location Only Case - State Parent Locator Section (SPLS)
 I wish to receive only location services. Parental Kidnapping Case – SPLS
 No other service will be provided by child support staff when you request only location services.

I. NONCUSTODIAL PARENT'S (NCP) INFORMATION

| | | | | | |
|--|---------------|--------------------------------|--|----------------------------|---------------|
| Name (First Name, Middle Name, Last Name, Suffix) | | Social Security Number: | | | |
| Noncustodial Parent's Maiden Name, if applicable (First Name, Middle Name, Last Name) | | | | | |
| Alias(es) (First Name, Middle Name, Last Name) | | | Nickname(s) (First Name, Middle Name, Last Name) | | |
| Email Address | | | | | |
| Current Residential Address Street Number & Name Apt/Suite Number City State Country Zip Code | | | Previous Address Street Number & Name Apt/Suite Number City State Country Zip Code | | |
| Current Mailing Address (Enter if the Noncustodial Parent has a different Mailing Address) Street Number & Name Apt/Suite Number City State Country Zip Code | | | Date last at that address: | | |
| Home Telephone Number () - | | Work Telephone Number () - | | Cell Phone Number () - | |
| Sex: M ___ F ___ | Date of Birth | Country of Birth | State of Birth | County of Birth | City of Birth |
| Race: () American Indian/Alaskan () Asian () Black () Caucasian () Hispanic () Oriental () Unknown () Other | | | | | |
| Hair Color | Eye Color | Weight | Height | Other Identifying Features | |



| | | | |
|---|--|---|-------|
| What is the legal relationship status of Noncustodial Parent to child(ren)? (ex. Legal Father, Alleged Putative Father etc.) . _____ | | | |
| What is employment status of the Noncustodial Parent? () Full Time () Part Time () Unemployed () Unknown () Seasonal | | | |
| Current Employer Name Address Street Number & Name Apt/Suite Number City State Country Zip Code Start Date Salary _____ Per | | Previous Employer Name Address Street Number & Name Apt/Suite Number City State Country Zip Code Start Date Ending Pay _____ End Date Per | |
| How often is the NCP paid? _____ | | | |
| Occupation | | | |
| Union Name Union Number Address, if known Apt/Suite Number City State Country Zip Code | | Military Branch: Dates: (From) _____ (To) _____ | |
| Arrest/Prison Record In which state did this occur? In which county did this occur? Which facility? | | Incarceration Date Release Date | |
| What is the current marital status of the NCP? () Divorced () Married () Never Married () Separated () Widowed | | | |
| Name of Noncustodial Parent's current spouse: (First Name, Middle Name, Last Name) | | | |
| Is the NCP currently receiving benefits? If so, select all that apply and list the state when applicable. () Medical Assistance State: _____ () RSDI/SSD () SSI () Food Stamps (SNAP) State: _____ () Black Lung () Veterans Assistance () TANF (AFDC/KTAP) State: _____ () Other : _____ () Child Care Assistance State: _____ () None : _____ | | | |
| If the NCP is not currently receiving benefits, have benefits been received in the past? If so, select all that apply and list the state when applicable. () Medical Assistance State: _____ () RSDI/SSD () SSI () Food Stamps (SNAP) State: _____ () Black Lung () Veterans Assistance () TANF (AFDC/KTAP) State: _____ () Other : _____ () Child Care Assistance State: _____ () None : _____ | | | |
| Does the Noncustodial Parent own a car? () Yes () No | | Make | Model |
| NCP's Father's name (First Name, Middle Initial, Last Name) | | NCP's Mother's name (First Name, Middle Initial, Last Name) | |
| | | NCP's Mother's Maiden Name | |
| Is NCP's father living? () Yes () No () Unknown | | Is NCP's mother living? () Yes () No () Unknown | |
| Father's Address (if known)? Street Number & Name Apt/Suite Number City State Country Zip Code Home Telephone Number: () - | | Mother's Address (if known)? Street Number & Name Apt/Suite Number City State Country Zip Code Home Telephone Number: () - | |

II. CUSTODIAL PARENT'S (CP) INFORMATION

| | | | | | |
|--|---------------|--------------------------------|---|----------------------------|---------------|
| Name (First Name, Middle Name, Last Name, Suffix) | | Social Security Number: | | | |
| Custodial Parent's Maiden Name, if applicable (First Name, Middle Name, Last Name) | | | | | |
| Alias(es) (First Name, Middle Name, Last Name) | | | Nickname(s) (First Name, Middle Name, Last Name) | | |
| Email Address | | | | | |
| Current Residential Address Street Number & Name Apt/Suite Number City State Country Zip Code | | | Current Mailing Address(Enter if the CP has a different mailing Address) Street Number & Name Apt/Suite Number City State Country Zip Code | | |
| Home Telephone Number () - | | Work Telephone Number () - | | Cell Phone Number () - | |
| Sex: M____F____ | Date of Birth | Country of Birth | State of Birth | County of Birth | City of Birth |
| Race: () American Indian/Alaskan () Asian () Black () Caucasian () Hispanic () Oriental () Unknown () Other | | | | | |
| Hair Color | Eye Color | Weight | Height | Other Identifying Features | |
| What is the legal relationship status of CP to child(ren)? (ex. Mother, Father, Grandmother, Grandfather etc.). _____ | | | | | |
| What is employment status of the CP? () Full Time () Part Time () Unemployed () Unknown () Seasonal | | | | | |
| Current Employer Name Address Street Number & Name Apt/Suite Number City State Country Zip Code Start Date Salary | | | Previous Employer Name Address Street Number & Name Apt/Suite Number City State Country Zip Code Start Date End Date Ending Pay Per | | |
| How often is the CP paid? _____ | | | | | |
| Occupation | | | | | |
| Union Name Union Number Address, if known Apt/Suite Number City State Country Zip Code | | | Military Branch: Dates: (From) (To) | | |
| What is the current marital status of the CP? () Divorced () Married () Never Married () Separated () Widowed | | | | | |
| Name of CP's current spouse: (First Name, Middle Name, Last Name) | | | | | |

| | | | |
|--|---|--|--|
| Is the CP currently receiving benefits? If so, select all that apply and list the state when applicable. | | | |
| <input type="checkbox"/> Medical Assistance | State: <input type="checkbox"/> RSDI/SSD | <input type="checkbox"/> SSI | |
| <input type="checkbox"/> Food Stamps (SNAP) | State: <input type="checkbox"/> Black Lung | <input type="checkbox"/> Veterans Assistance | |
| <input type="checkbox"/> TANF (AFDC/KTAP) | State: <input type="checkbox"/> Other : _____ | | |
| <input type="checkbox"/> Child Care Assistance | State: <input type="checkbox"/> None : _____ | | |
| If the CP is not currently receiving benefits, have benefits been received in the past? If so, select all that apply and list the state when applicable. | | | |
| <input type="checkbox"/> Medical Assistance | State: <input type="checkbox"/> RSDI/SSD | <input type="checkbox"/> SSI | |
| <input type="checkbox"/> Food Stamps (SNAP) | State: <input type="checkbox"/> Black Lung | <input type="checkbox"/> Veterans Assistance | |
| <input type="checkbox"/> TANF (AFDC/KTAP) | State: <input type="checkbox"/> Other : _____ | | |
| <input type="checkbox"/> Child Care Assistance | State: <input type="checkbox"/> None : _____ | | |

III. CHILD(REN)'S INFORMATION

Enter information about the child(ren) for whom services are being requested.(Child – 1)

| | | | |
|---|---|-------------------------|---------------|
| Complete Name (First Name, Middle Name, Last Name, Suffix) | | Social Security Number: | |
| Date of Birth | | Sex: M____ F____ | |
| Race: <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Oriental <input type="checkbox"/> Unknown <input type="checkbox"/> Other | | | |
| State where child conceived | | Place of Birth | |
| Country of Birth | State of Birth | County of Birth | City of Birth |
| Was the mother married when this child was conceived? (Yes/No) | | | |
| What is the name of the person to whom the mother was married? | | | |
| Was the child emancipated or married? (Yes/No) | | | |
| Is this child currently receiving benefits? If so, select all that apply and list the state when applicable. | | | |
| <input type="checkbox"/> Medical Assistance | State: <input type="checkbox"/> RSDI/SSD | | |
| <input type="checkbox"/> TANF | State: <input type="checkbox"/> SSI | | |
| <input type="checkbox"/> Food Stamps | State: <input type="checkbox"/> Veterans Assistance | | |
| <input type="checkbox"/> Child Care Assistance | State: <input type="checkbox"/> Other : _____ | | |
| Has this child previously received any benefits? If so, select all that apply and list the state when applicable. | | | |
| <input type="checkbox"/> Medical Assistance | State: <input type="checkbox"/> RSDI/SSD | | |
| <input type="checkbox"/> TANF | State: <input type="checkbox"/> SSI | | |
| <input type="checkbox"/> Food Stamps | State: <input type="checkbox"/> Veterans Assistance | | |
| <input type="checkbox"/> Child Care Assistance | State: <input type="checkbox"/> Other : _____ | | |

Enter information about the child(ren) for whom services are being requested.(Child – 2)

| | | | |
|---|---|-------------------------|---------------|
| Complete Name (First Name, Middle Name, Last Name, Suffix) | | Social Security Number: | |
| Date of Birth | | Sex: M____ F____ | |
| Race: <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Oriental <input type="checkbox"/> Unknown <input type="checkbox"/> Other | | | |
| State where child conceived | | Place of Birth | |
| Country of Birth | State of Birth | County of Birth | City of Birth |
| Was the mother married when this child was conceived? (Yes/No) | | | |
| What is the name of the person to whom the mother was married? | | | |
| Was the child emancipated or married? (Yes/No) | | | |
| Is this child currently receiving benefits? If so, select all that apply and list the state when applicable. | | | |
| <input type="checkbox"/> Medical Assistance | State: <input type="checkbox"/> RSDI/SSD | | |
| <input type="checkbox"/> TANF | State: <input type="checkbox"/> SSI | | |
| <input type="checkbox"/> Food Stamps | State: <input type="checkbox"/> Veterans Assistance | | |
| <input type="checkbox"/> Child Care Assistance | State: <input type="checkbox"/> Other : _____ | | |
| Has this child previously received any benefits? If so, select all that apply and list the state when applicable. | | | |
| <input type="checkbox"/> Medical Assistance | State: <input type="checkbox"/> RSDI/SSD | | |
| <input type="checkbox"/> TANF | State: <input type="checkbox"/> SSI | | |
| <input type="checkbox"/> Food Stamps | State: <input type="checkbox"/> Veterans Assistance | | |
| <input type="checkbox"/> Child Care Assistance | State: <input type="checkbox"/> Other : _____ | | |

Enter information about the child(ren) for whom services are being requested.(Child – 3)

| | | | |
|---|----------------|-------------------------|---------------|
| Complete Name (First Name, Middle Name, Last Name, Suffix) | | Social Security Number: | |
| Date of Birth | | Sex: M _____ F _____ | |
| Race: () American Indian/Alaskan () Asian () Black () Caucasian () Hispanic () Oriental () Unknown () Other | | | |
| State where child conceived | | Place of Birth | |
| Country of Birth | State of Birth | County of Birth | City of Birth |
| Was the mother married when this child was conceived? (Yes/No) | | | |
| What is the name of the person to whom the mother was married? | | | |
| Was the child emancipated or married? (Yes/No) | | | |
| Is this child currently receiving benefits? If so, select all that apply and list the state when applicable. | | | |
| () Medical Assistance | State: | () RSDI/SSD | |
| () TANF | State: | () SSI | |
| () Food Stamps | State: | () Veterans Assistance | |
| () Child Care Assistance | State: | () Other : _____ | |
| Has this child previously received any benefits? If so, select all that apply and list the state when applicable. | | | |
| () Medical Assistance | State: | () RSDI/SSD | |
| () TANF | State: | () SSI | |
| () Food Stamps | State: | () Veterans Assistance | |
| () Child Care Assistance | State: | () Other : _____ | |

Enter information about the child(ren) for whom services are being requested.(Child – 4)

| | | | |
|---|----------------|-------------------------|---------------|
| Complete Name (First Name, Middle Name, Last name, Suffix) | | Social Security Number: | |
| Date of Birth | | Sex: M _____ F _____ | |
| Race: () American Indian/Alaskan () Asian () Black () Caucasian () Hispanic () Oriental () Unknown () Other | | | |
| State where child conceived | | Place of Birth | |
| Country of Birth | State of Birth | County of Birth | City of Birth |
| Was the mother married when this child was conceived? (Yes/No) | | | |
| What is the name of the person to whom the mother was married? | | | |
| Was the child emancipated or married? (Yes/No) | | | |
| Is this child currently receiving benefits? If so, select all that apply and list the state when applicable. | | | |
| () Medical Assistance | State: | () RSDI/SSD | |
| () TANF | State: | () SSI | |
| () Food Stamps | State: | () Veterans Assistance | |
| () Child Care Assistance | State: | () Other : _____ | |
| Has this child previously received any benefits? If so, select all that apply and list the state when applicable. | | | |
| () Medical Assistance | State: | () RSDI/SSD | |
| () TANF | State: | () SSI | |
| () Food Stamps | State: | () Veterans Assistance | |
| () Child Care Assistance | State: | () Other : _____ | |

***Add page for additional children.**

IV. BACKGROUND INFORMATION

Answer whether you are the putative father, noncustodial parent, or the custodial parent.

| | | | | |
|---|---------|-------|--------|-------|
| Why is the NCP absent? () Desertion () Divorce () Separation () Parents Not Married | | | | |
| If the children’s parents were married, on what date were they married? | | | | Date: |
| When were the children’s parents last together? | | | | Date: |
| If the children’s parents are divorced, when and where were they divorced? | | | | |
| Date | Country | State | County | City |
| If the parents were not married has paternity been established? () Yes () No | | | | |
| If yes, when and where? | | | | |
| Date | Country | State | County | City |

| | | |
|---|------------------------------|----------------------------------|
| Have you previously requested (or) received Child Support Services for this child(REN)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, when and where? | | |
| Date | Country | State |
| | | County |
| | | City |
| Has the noncustodial parent paid any medical expenses for the child(ren)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Unknown |
| Has the noncustodial parent shared in the child(ren)'s support? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Unknown |

V. COURT ORDER INFORMATION (Attach copy of any and all orders and/or affidavit of paternity)

| | | |
|---|------------------------------|-----------------------------|
| Is there currently a child or medical support order for the child(ren)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, enter Information from most recent order | | |
| Date of Order | Country | State |
| | | County |
| | | City |
| Child Support order amount \$ | | per |
| Medical support ordered? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there any prior child support orders? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

VI. MEDICAL SUPPORT INFORMATION

| | | |
|--|--|---|
| Is the child(ren) covered by medical insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, who is providing coverage? | | |
| <input type="checkbox"/> CP | <input type="checkbox"/> NCP | <input type="checkbox"/> Commonwealth of Kentucky |
| <input type="checkbox"/> Other/ Name: _____ | SSN: _____ | |
| If no, is medical insurance available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Name of the Company: | | |
| Address | | |
| Apt/Suite Number, | | |
| City | | |
| State | | |
| Zip Code | | |
| Policy Number: | | |
| Policy Effective Date: | | |
| Types of Coverage | | |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Medical | <input type="checkbox"/> Dental |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Drugs | <input type="checkbox"/> Cancer Only |
| <input type="checkbox"/> VA Health Benefits | <input type="checkbox"/> Other (Accident/Casualty) | |
| Attach a copy of Medical Insurance Card (Front + Back) | | |

Mail the completed form to:

_____ Office Address

I certify under penalty of law that the information I have provided is true to the best of my knowledge and belief and that the services I have requested are for the sole purpose of establishing paternity, if needed; obtaining and enforcing a support obligation; or requesting a modification review according to the Kentucky Child Support Guidelines. I understand that child support services will be provided based on the best interest of the child(ren) listed on this application. I agree to inform the area child support office or the IV-D contracting official's office to which I am providing this application of any changes in the information submitted on this application. I also understand as explained to me in the Authorization and Acknowledgment of No Legal Representation (Form CS-11), which I have signed, the IV-D Contracting Officials employed by the Cabinet for Health and Family Services represent the state and not me, and that an attorney-client relationship does not exist between any of the IV-D Contracting Officials and me. I further understand that the Cabinet for Health and Family Services will assess a nonrefundable annual fee of \$25.00 for child support services when \$500.00 has been disbursed during the federal fiscal year.

SIGNATURE _____ DATE _____

Complete the entire form carefully and accurately. Incorrect information will delay the processing of your application.

INFORMATION ABOUT THE KENTUCKY CHILD SUPPORT PROGRAM

Available Services:

- Location of noncustodial parents.
- Establishment of paternity.
- Establishment of child/medical support orders.
- Enforcement of child/medical support orders.
- Collection and disbursement of current and/or past-due child/medical support obligations.
- Enforcement and collection of spousal support when there is an existing spousal support order, the spouse or ex-spouse is living with the child, and CHFS is collecting support for the child.
- Review for possible modification of child/medical support obligations.
- Case closure if we are unable to contact you for 60 days.
- Termination of support order.

Rights:

- All parties to the child support cases have equal status.
- Any party to the case can ask questions, raise issues, and request a review with or without assistance from an attorney.
- All parties have a right to have the support order reviewed every 36 months or sooner if there are on-going changes that cause a 15% increase or decrease in the support obligation amount.

Responsibilities:

- The applicant must provide complete and accurate information regarding yourself, the other parent, and the child(ren).
- You must notify us when your address changes.

State Fees:

- An annual fee of \$25.00 is collected from the applicant after \$500.00 has been collected within the Federal fiscal year.

Distribution Policy:

- CSE requires custodial parents to receive their child support payments by electronic deposit to a checking or savings account or prepaid debit card.
- CSE is required to distribute payments received within two (2) working days of receipt of the payment.

*****KEEP THIS PAGE FOR YOUR RECORDS*****