

**STATE OF WEST VIRGINIA
BUREAU FOR CHILD SUPPORT ENFORCEMENT
STANDARD APPLICATION FORM**

CARETAKER

NONCUSTODIAL PARENT

Name: _____ Name: _____
 Address: _____ Address: _____
 City: _____ County: _____ City: _____ County: _____
 State: _____ Zip: _____ State: _____ Zip: _____
 SSN: _____ DOB: _____ SSN: _____ DOB: _____
 Phone: (Home) _____ (Cell): _____ Phone: (Home) _____ (Cell): _____
 (Work): _____ Driver's License #: _____ (Work): _____ Driver's License #: _____
 Sex: M / F Relationship to Children: _____ Sex: M / F Relationship to Children: _____
 Contact Preference E-mail Text Phone Contact Preference E-mail Text Phone
 Contact me by E-mail: _____ Contact me by E-mail: _____

If the above address is your residential address but your mailing address is different, please write your mailing address on the back of this form.

CHILDREN OF NONCUSTODIAL PARENT IN THIS CARETAKER'S CARE:

CHILD'S LEGAL NAME	BIRTHDATE	CITY, STATE OF BIRTH	M / F	SSN	List parent(s) named on the birth certificate.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Has either parent ever been married? YES / NO (use the back of this form if necessary)

Date: _____ County: _____ State: _____ Spouse's Name: _____

NONCUSTODIAL PARENT'S EMPLOYER/SOURCE OF INCOME:

Employer's Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____

Does the child have health insurance? Yes / No If yes, please provide copy of the card.

Is the Noncustodial parent incarcerated? Yes / No Unemployed? Yes / No

- Check here if you are receiving WV Works (TANF), Medicaid or SNAP (Food Stamps).
- Check here if there is a support order now in effect. Please provide a copy of your order.
Civil Action No.: _____ County: _____ State: _____
- Check here if there is a court hearing pending on this case.
- Check here if you have safety concerns for you or your child(ren) and need extra security for your address information.
- Check here if you wish to have your case reviewed for closure due to serious safety concerns for you or your child(ren).

PLEASE CHECK ONE BOX:

- I am applying for **FULL** services from the Bureau for Child Support Enforcement (BCSE). I understand that full services from the BCSE include, but are not limited to, the following:
- Establishment of paternity
 - Establishment and enforcement of child support orders, which may include Income Withholding, Federal and State Tax offsets, Unemployment compensation intercept, and Workers' compensation intercept.
 - Collection and distribution of support payments
 - Location of parents and Interstate services
- I am applying for Income Withholding services only. The BCSE will only collect payments by Income Withholding and disburse to the Obligee. Obligee must provide employer information to the BCSE at all times. No other services are provided by the BCSE.
- I am applying for Collection and Distribution services only. The BCSE will only disburse payments to the Obligee which are directly paid to the BCSE by the Obligor. No other services are provided by the BCSE

YOUR RIGHTS AND RESPONSIBILITIES

A. All Applicants

1. It is my responsibility to provide accurate up-to-date information regarding the other people involved in this case and respond to any request made by the Bureau for Child Support Enforcement (BCSE).
2. It is my responsibility to update the BCSE when there is a change in my address, telephone number or e-mail address.
3. Any information I provide or fail to provide may affect the present actions and future outcome of my case.
4. Any information I provide to the BCSE in administering my case will be confidential. However, the information may be required to be disclosed under certain circumstances to other persons, the court or other agencies.
5. I agree to cooperate with the BCSE in their efforts to establish paternity, establish and enforce child support, and medical support obligations, and collection of child and spousal support, which may require appearing as a witness in court or other proceedings initiated by the BCSE against the obligor.
6. I am free to pursue enforcement actions through private counsel; however, I must advise the BCSE if I do this.
7. I am obligated to direct **all** child and spousal support payments received directly by me to the Bureau for Child Support Enforcement at PO Box 247, Charleston WV 25321.
8. I must repay **all** child and spousal support monies I have retained in violation of the assignment of support rights or monies that I received in error.
9. I have the right to inspect certain information in my file that is not protected by law and/or policy.
10. Pursuant to the Privacy Act [5 U.S.C. 522a], the Bureau for Child Support Enforcement (BCSE) is required to inform you of the following: (a) that the request for your social security number is a mandatory requirement pursuant to the Social Security Act [42 U.S.C. 466 (a)(131)]; and (b) the BCSE will use this information only in connection with the State's child support enforcement program for purposes of establishing paternity and establishing, modifying and enforcing support obligation.

11. I have the right to appeal actions or decisions taken by the DHHR (through the DHHR Fair Hearing process) regarding the obligations to accept the services of and to cooperate with the BCSE.
12. If the BCSE files a lien in my case, and the records of the BCSE later reflect that the lien should be released due to payment in full, erroneous filing, or other reasons, then I hereby grant the BCSE full authority to release the lien on my behalf.

B. Applicants for Public Assistance Only

1. If I receive services from the BCSE, I am required to cooperate with the Bureau in establishing paternity and establishing child and medical support for the child. I must also cooperate in the collection of child and spousal support.
2. When I apply for Public Assistance (WV Works), I understand that I automatically assign my rights to child and spousal support to DHHR. This means that any and all child support, medical support, and spousal support monies collected, up to the amount of Public Assistance I received, will be retained by the State to reimburse the Public Assistance paid. I may ask the Public Assistance or child support worker to explain how this works.
3. If I have a Medical Support order and also receive Medicaid, I understand that I automatically assign my rights to Medical Support to DHHR. This means that any and all Medical support monies collected, up to the amount of Medical Support received, will be retained by the State to reimburse the Bureau for Medical Services. I may ask the Public Assistance or child support worker to explain how this works.
4. I have the right at any time to request to claim good cause for not cooperating with the BCSE. I may ask the DHHR or child support worker to explain this to me.
5. If I fail to cooperate with BCSE by not responding to appointment letters, failing to redirect ALL child/spousal support payments, not attending court hearings, or willfully withholding any information relating to this case, my actions may be considered a refusal to cooperate. If this determination is made, I understand that my public assistance may be reduced or my BCSE case may be closed.

C. Information about Federal Offset and State Tax Offset Collections

1. Federal offsets, including Federal Tax intercept, passport denial, and Administrative offset, and the State tax Offset are very effective methods for collecting past-due child support and, in some cases, spousal support, by intercepting the obligor's Federal and/or State Tax refund, by intercepting other Federal money that may be due the obligor, or by denial of the obligor's passport by the U.S. Department of State.
2. To be eligible for referral to the Federal Offset programs and State Tax offset, I understand that I must receive full services from the BCSE.
3. If it is deemed appropriate by the BCSE, my case will automatically be referred for State and Federal Tax Offset. I understand that my case must meet certain eligibility requirements to be eligible for referral to tax and other offsets.
4. There must be a valid court order for support.
5. If the order for support was not entered in this State, a copy of the out-of-state order, any modifications and where possible, a copy of the support payment record is required.
6. The Obligor must have a child support arrearage of at least \$500.00 to be referred to the IRS for tax offset and at least a \$100.00 arrearage to be referred for State Tax offset. (If money is received, the source of payment may not be released to me due to confidentiality restrictions).

7. The Obligor's Social Security Number and address must have been verified.
8. An affidavit must be signed by me attesting to the amount of past-due support owed to me.
9. There is no guarantee that monies will be collected.
10. If monies are intercepted from the IRS or State Tax Offsets and I am receiving Public Assistance (WV Works), the monies may first be paid to the DHHR to satisfy the assigned support/arrears. If any monies remain after satisfying the assigned support/arrears and monies are owed to me, these monies will be sent to me by the BCSE as long as the arrearage owed to me was also submitted for intercept.
11. If monies are intercepted from the IRS or State Tax Offsets and I no longer receive Public Assistance (WV Works), the monies will first be paid to me before satisfying the assigned support/arrears.
12. I understand that I am personally liable for the repayment of any amounts received by me in error or which must be returned to the State Department of Revenue or to the IRS due to the filing of any amended return or injured spouse claim by the Obligor's spouse in a State or Federal Tax Offset intercept.
13. If the Obligor's tax refund is intercepted, I understand that the BCSE has the authority to hold the money (if it involves a joint return) for six (6) months before sending the collection to me.

By signing this application, I agree that:

- All statements on this form have been read by me or to me and that I understand these statements.
- I accept the responsibilities stated above.
- All information I have provided is true and accurate to the best of my knowledge.
- The BCSE Attorney represents the interest of the State of West Virginia. There is no attorney client relationship between the BCSE Attorney and me.

Your signature: _____ **Date:** _____

DOES EITHER PARTY HAVE AN ATTORNEY? YES / NO

CARETAKER ATTORNEY

NONCUSTODIAL PARENT ATTORNEY

Name: _____ Name: _____

Mailing Address: _____ Mailing Address: _____

City: _____ County: _____ City: _____ County: _____

State: _____ Zip: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Return this application to your local BCSE office.

A list of offices may be found at:

www.dhhr.wv.gov/bcse

AFFIDAVIT OF DIRECT PAYMENTS

Only list the actual amount of payments received directly from the obligor.

YEAR		YEAR		YEAR	
MONTH	AMT PAID	MONTH	AMT PAID	MONTH	AMT PAID
JANUARY	_____	JANUARY	_____	JANUARY	_____
FEBRUARY	_____	FEBRUARY	_____	FEBRUARY	_____
MARCH	_____	MARCH	_____	MARCH	_____
APRIL	_____	APRIL	_____	APRIL	_____
MAY	_____	MAY	_____	MAY	_____
JUNE	_____	JUNE	_____	JUNE	_____
JULY	_____	JULY	_____	JULY	_____
AUGUST	_____	AUGUST	_____	AUGUST	_____
SEPTEMBER	_____	SEPTEMBER	_____	SEPTEMBER	_____
OCTOBER	_____	OCTOBER	_____	OCTOBER	_____
NOVEMBER	_____	NOVEMBER	_____	NOVEMBER	_____
DECEMBER	_____	DECEMBER	_____	DECEMBER	_____

I do hereby swear and affirm that to the best of my knowledge the above record is an accurate and true account payments received directly from _____ for payment of support.

Interest on any unpaid child support will be calculated by the BCSE.

Caretaker Signature

Date

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR CHILD SUPPORT ENFORCEMENT

DIRECT DEPOSIT INFORMATION AND AUTHORIZATION FORM

What is direct deposit?

Direct deposit, also known as electronic funds transfer, authorizes the Bureau for Child Support Enforcement (BCSE) to electronically deposit your support payments directly into your account.

Why should I sign up for Direct Deposit?

When your support payment is deposited directly into your account, you get your money faster because mailing is eliminated. You do not need to make extra trips to the bank or wait in long lines. Most importantly, your check cannot be lost or stolen.

How does it work?

When a payment is posted to your support case, BCSE electronically tells your bank to credit your account. In most instances, the payment will be received within 48 hours after BCSE applies the payment to your case.

How do I sign up for Direct Deposit?

Fill out the Authorization Form, attach a voided check or savings withdrawal/deposit form from your account and mail to
WV BCSE
Central Financial Unit
350 Capitol Street, Room 147
Charleston WV 25301

When will my Direct Deposit start?

Usually within 20 days after we receive your authorization form. BCSE will notify you when direct deposit starts.

How do I stop Direct Deposit?

You must notify us in writing. Send a letter at the address listed or you can fax a letter to 304-558-1503. Please be sure to include your social security number.

What if I change or close my bank account?

You must complete a new authorization form each time you change your banking information. If you want to close your bank account, you should first stop Direct Deposit to avoid delays in receiving your payment.

How do I know when I've received a Direct Deposit payment?

To learn if a payment has been credited to your bank account, you may contact your bank, call the BCSE automated voice response toll-free 24 hours a day, 7 days a week, at 1-800-249-3778, or the website at:
<https://apps.wv.gov/DHHR/SPI/login.aspx?ReturnUrl=%2fDHHR%2fSPI%2fdefault.aspx>

This authorization applies to all support cases for which you receive services of the BCSE.

All support will be direct deposited into ONE account only.

IMPORTANT: You must attach a voided check or savings withdrawal/deposit form to this form for verification of account information.

PLEASE KEEP A COPY FOR YOUR RECORDS.

Authorization Agreement For Direct Deposit for Support Payments

Name _____

SSN: _____

Phone #: _____

Work #: _____

Name of Bank: _____

Address: _____

Type of Account: Checking Savings

Bank Routing #:

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(Usually in far left bottom corner of your check. Call your bank if you have questions.)

Checking/Savings Account #: _____

(On the bottom of check between the routing number and the check number. Call your bank if questions.)

I hereby authorize the Bureau for Child Support Enforcement to make deposits to the account(s) listed above. If funds are mistakenly deposited into the account listed above, I authorize BCSE to debit the amount from my account or from future payments. This authorization shall remain in full force and effect until BCSE has received written notification from me to cancel the authorization. I understand that it is my responsibility to submit a Notification of Change form to BCSE if my banking information changes in any way.

Signature: _____

Date: _____

Check here if this is a CHANGE and verify old account number.

OTHER PAYMENT OPTION:

Debit Card – When payments are received, the payments will be loaded onto a debit card.

****Failure to select Direct Deposit or Debit Card payment option will automatically result in the issuance of a BCSE debit card.**