

Please use ink, print clearly and legibly in completing application.



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
DIVISION OF CHILD SUPPORT ENFORCEMENT (DCSE)
800-468-8894

DCSE USE ONLY

Date Application Requested _____
Date Application Mailed _____
Date Application Received _____
DCSE Case # _____
TANF CAP CHILD Y N

CHILD SUPPORT ENFORCEMENT SERVICES APPLICATION

Applicant: _____
Last First Middle/Maiden Never Married

Address: _____
Street & Number City State Zip

Does the child (children) reside with you? Yes (You are the "Custodial Parent" even if you are not the child(ren)'s biological parent)
 No ("Noncustodial Parent")

Have you applied for or do you currently receive support enforcement services from Virginia, another state, or a private company for any of the children included on this application? Yes No

If yes, name of organization: _____

Your name as it appears on file with that organization: _____

FEES

The following fees may apply to you:

- An **annual fee of \$25** for each case in which you have never received Temporary Assistance for Needy Families (TANF) and the Division has collected and disbursed at least \$500 of child support. (This fee will be deducted from future collections; no payment by you is required.)
- A fee of **\$25 for reopening a case within 6 months** from the date your case is closed. (This fee must be paid by cashier's check or money order payable to the Treasurer of Virginia and attached to this application.)

PAYMENTS

If the noncustodial parent's earnings are insufficient to cover both the child support amount and the cost of health care coverage, the child support amount will be collected first. The cost of health care coverage may not be paid.

The Division disburses child support payments by direct deposit into a checking or savings account or by debit card issued by the Commonwealth of Virginia. Please select a payment option:

- Direct Deposit (You must complete the Direct Deposit application.)
- Virginia Debit Card

You are personally liable to repay any child support you receive that is paid in error. Erroneous payments may be repaid from future child support payments. Indicate your permission for the Division to recoup a portion of future payments should this occur.

I authorize the Division to recoup from future payments any child support paid to me in error after notice of such error has been provided to me.

Signature

CUSTODIAL PARENT (CP) - The child(ren) live(s) with this party

Name: _____ Maiden or Never Married: _____ Relationship to child(ren): _____

Physical Address: _____
Street & Number City State Zip

Mailing Address: _____
Street & Number or P.O. Box City State Zip

Email address: _____
County/City of residence Social Security Number: _____

Place of Birth: _____ Driver's license number: _____ State of Issue: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ Sex: _____ Race: _____ Marital Status: _____

Occupation: _____ Employer: _____

Employer's Address: _____
Street & Number City State Zip Phone _____

NONCUSTODIAL PARENT (NCP) - The Child(ren) does (do) NOT live with this party

Name: _____ Maiden or Never Married: _____ Relationship to child(ren): _____

Physical Address: _____
Street & Number City State Zip

Mailing Address: _____
Street & Number or P.O. Box City State Zip

Email address: _____
County/City of residence Social Security Number: _____

Place of Birth: _____ Driver's license number: _____ State of Issue: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ Sex: _____ Race: _____ Marital Status: _____

Occupation: _____ Employer: _____

Employer's Address: _____
Street & Number City State Zip Phone _____

Does the noncustodial parent have a business or professional license? Yes No Type: _____

Is the noncustodial parent a student? Yes No Don't Know If yes, where? _____

Identifying Marks: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Type of Car: _____ Year: _____ License Plate Number: _____ State: _____

Bank Name: _____ Type of Account: Checking Savings Other

Is the noncustodial parent currently serving in the military?
 Yes No Don't Know

Branch: _____

Is the noncustodial parent currently incarcerated?
 Yes No Don't Know

Location: _____

Did the noncustodial parent ever serve in the military?
 Yes No Don't Know

From _____ To _____

Has the noncustodial parent ever been incarcerated?
 Yes No Don't Know

From _____ To _____

Noncustodial Parent's Father

Name: _____

Address: _____

Phone: _____

Noncustodial Parent's Mother

Name: _____

Address: _____

Phone: _____

CHILD(REN) FOR WHOM SUPPORT IS DUE

1. _____
 Last First Middle Race Sex

 Social Security Number Date of Birth Place of Birth – City & State

Were parents married to each other at time of child's birth? Yes No

Date of Marriage: _____ Place: _____

Are the parents still married? Yes No If no, date of divorce: _____

If not married, was paternity established? Yes No

How was paternity established? Court Genetic Test Other _____

Is there an existing support order for this child? Yes No
If yes, complete and attach a Statement of Payments Received for this order.

Amount \$ _____ Per: _____ Payable to: _____

Court Where Entered: _____

Is the child severely and permanently mentally or physically disabled? Yes No
 If yes, complete supplemental child information section.

2. _____
 Last First Middle Race Sex

 Social Security Number Date of Birth Place of Birth – City & State

Were parents married to each other at time of child's birth? Yes No

Date of Marriage: _____ Place: _____

Are the parents still married? Yes No If no, date of divorce: _____

If not married, was paternity established? Yes No

How was paternity established? Court Genetic Test Other _____

Is there an existing support order for this child? Yes No
If yes, complete and attach a Statement of Payments Received for this order.

Amount \$ _____ Per: _____ Payable to: _____

Court Where Entered: _____

Is the child severely and permanently mentally or physically disabled? Yes No
 If yes, complete supplemental child information section.

3. _____
 Last First Middle Race Sex

 Social Security Number Date of Birth Place of Birth – City & State

Were parents married to each other at time of child's birth? Yes No

Date of Marriage: _____ Place: _____

Are the parents still married? Yes No If no, date of divorce: _____

If not married, was paternity established? Yes No

How was paternity established? Court Genetic Test Other _____

Is there an existing support order for this child? Yes No
If yes, complete and attach a Statement of Payments Received for this order.

Amount \$ _____ Per: _____ Payable to: _____

Court Where Entered: _____

Is the child severely and permanently mentally or physically disabled? Yes No
 If yes, complete supplemental child information section.

SUPPLEMENTAL CHILD INFORMATION

Did such disability exist prior to child reaching age of 18 (or age of 19 if child was a full-time high school student, not self-supporting and living in the home of the custodial parent)? Yes No

If yes, is the child unable to live independently and support him/herself? Yes No

If yes, is the child living in the home of the custodial parent? Yes No

If you answered yes to all of the above, please provide supporting documentation.

TO BE COMPLETED BY THE MOTHER

Please provide the information below about any man or men you have ever been married to, not just the father of this child.

The Division has the authority to obtain any information necessary from a parent or putative father in the establishment of paternity.

Current Marital Status: Single Married Divorced

Name(s) of Spouse(s) _____

Date(s) of Marriage(s) _____

City/State(s) of Marriage(s) _____

Date(s) of Divorce(s) _____

RELEASE OF PERSONAL INFORMATION

The Division will use your personal information to seek child support. Complete this section if there is a reason your information is not to be released to the other party on the case:

Yes No Has a protective order been entered preventing the release of your address? If so, attach a copy of the order.

Yes No Do you feel that you and/or the child(ren) is/are at risk of physical or emotional harm if your address or other identifying information is released?

DOCUMENTS

Verification of certain information is required. If you have the following documents, please provide them in order to prevent a delay in processing your case. If orders exist, they must be provided, along with a statement of payments, before your case can be fully processed.

N/A	Attached	Will Provide
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Birth certificate for each child included on this application
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Acknowledgment of Paternity for each child included on this application
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Support orders (Including divorce decrees and custody orders even if support has not been ordered)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Photograph of non-applicant parent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Completed Statement of Payments Received
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Protective order preventing the release of personal information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Copies of your 3 most recent pay stubs or last year's W-2 form(s)

SPECIAL ASSISTANCE

Please indicate below any special assistance the Division may need to provide to a party.

	Custodial Parent	Noncustodial Parent
Hearing impaired	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Visually impaired	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Limited English (enter first language)	_____	_____
Other (explain)	_____	_____

FINANCIAL INFORMATION

APPLICANT'S INCOME INFORMATION - Complete this section only if you are a legal parent of the child(ren)

Gross income (before any deductions) Per Pay Period \$ _____

How often are you paid? Weekly Every 2 Weeks Twice Monthly Monthly Other _____

Total income if not regularly employed \$ _____ Per _____ From (Source) _____

I currently pay spousal support to: _____ Amount \$ _____ Per _____

I currently receive spousal support from: _____ Amount \$ _____ Per _____

SUPPORT FOR OTHER CHILD(REN) - Complete this section only if you are a legal parent of the child(ren)

In addition to the child(ren) included on this application, I also am legally responsible for financial support of the following children:

1. _____ Lives with You? Yes No ** Relationship _____ DOB _____

Child's Name

2. _____ Lives with You? Yes No ** Relationship _____ DOB _____

Child's Name

3. _____ Lives with You? Yes No ** Relationship _____ DOB _____

Child's Name

4. _____ Lives with You? Yes No ** Relationship _____ DOB _____

Child's Name

** For any child listed above who does not live with you, if you are legally responsible for support under a written agreement or an order, YOU MUST provide a copy of the written agreement or order AND provide proof of payment under that written agreement or order.

DEPENDENT CARE EXPENSE

Do you currently pay work-related child care expenses for the child(ren) included on this application? Yes No

While the child (ren) is (are) in school, the amount is \$ _____ per _____

Child care provider: _____ Phone Number: _____

Address: _____

While the child(ren) is(are) not in school, the amount is \$ _____ per _____

Child care provider: _____ Phone Number: _____

Address: _____

Current insurance information for child(ren) included on this application

MEDICAL SUPPORT

HEALTH INSURANCE

DENTAL INSURANCE

VISION INSURANCE

Covered by Medicaid?

Yes No

Parent Only (monthly amount)

Parent Plus One (monthly amount)

Family Coverage (monthly amount)

Number of children covered

Are you covered?

Yes No

Yes No

Yes No

Current spouse covered?

Yes No N/A

Yes No N/A

Yes No N/A

Insurance Company

Policy ID

Group Number

Effective Date

Policyholder

Employer

RIGHTS AND RESPONSIBILITIES

Upon application for child support enforcement services, the Division will provide the following services as appropriate:

- Locating noncustodial parents.
- Establishing paternity.
- Establishing and modifying orders for support and health insurance coverage.
- Enforcing orders.
- Collecting and distributing child support (and spousal support if it is part of a child support order).
- Collecting and distributing medical support payments for a specific dollar amount ordered by a court.

The Division will determine the action(s) to take in each case based on the best interests of the child(ren) and without regard to which party has applied for services.

Legal assistance may be provided to the Division in establishing or enforcing a child support obligation. The Division's legal counsel provides assistance to the Division and not to you personally. At its sole discretion, the Division will make final decisions governing any legal action which may be taken in your case. The Division will advise you of actions it has decided to take. You have the right to secure the services of an attorney to represent you or you may proceed on your own.

You must notify the Division immediately:

- If you choose to retain the services of a private attorney or proceed on your own.
- Of a change in your address.
- Of a change in the custody of your child(ren).

By signing the application, you authorize the Division to:

1. Explore, pursue and utilize all sources of information available in support of its investigation. Your case will be prioritized on the information you provide (including, but not limited to, the noncustodial parent's social security number, addresses, and employer information). The Division cannot guarantee the success of its efforts.
2. Seek, enforce and collect current support or arrears from any party who has a legal duty to pay support. Enforcement tools include, but may not be limited to, income withholdings, liens on assets, orders to withhold and deliver, seizures and sales of assets, federal and state income tax refund intercepts, credit bureau notifications, and suspension of professional licenses, driver's licenses, and/or recreational licenses.
3. Endorse and cash checks, money orders, and other forms of payment which are payable to the applicant for support.

CERTIFICATION:

I hereby certify under penalty of perjury that I personally have provided all information in this document and it is true and correct to the best of my knowledge and belief. I further agree to notify the Division immediately of any change in my residential or mailing address, telephone number(s), email, income, expenses or employment. I have either read or have had read to me this application and all information contained in it. I have received a copy of the Rights and Responsibilities above, and I agree to meet all obligations and duties imposed upon me by submitting and signing this application.

SIGNATURE: _____ DATE: _____



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3. Endorse and cash checks, money orders, and other forms of payment which are payable to the applicant for support payments.

District Office locations and additional child support information can be found on our website at: www.dss.virginia.gov/family/dcse/

If you have any questions, please contact the Division's Customer Call Center at 1-800-468-8894.