

State of Louisiana  
Department of Children and Family Services  
Child Support Enforcement

APPLICATION OR  
DOCUMENTATION FOR  
CHILD SUPPORT SERVICES



LOCAL OFFICE BLOCK	
LASES NO.	_____
Date:	_____
Appl Requested	_____
Appl/Flyer 1 Provided	_____
Appl/Rec/Fee Paid	_____
	Full Service - \$25
	Parent Locate Only
	SSN - \$10 / No SSN - \$14
Adding a Child	<input type="checkbox"/>

What services are you applying for?  Child and Medical Support  Medical Support  Locate

**Note:** The State will pursue child and medical support for Medicaid recipients unless the applicant indicates that child support services are not wanted. Once an order is established for Medicaid recipients, the choice of service provided no longer exists. Child Support Enforcement will continue to provide support services as long as Medicaid benefits are being provided.

**SECTION A. APPLICANT INFORMATION**

\_\_\_\_\_  
Name-First, Middle, Last, Suffix

\_\_\_\_\_  
Maiden Name

\_\_\_\_\_  
Other Names Used

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Race

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Mailing Address

( ) \_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
City, State, & Zip

\_\_\_\_\_  
City, State, & Zip

( ) \_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Parish/County of Residence

\_\_\_\_\_  
Email address

( ) \_\_\_\_\_  
Work Phone Number

Do you or any of the children listed receive:  MEDICAID  FITAP  KINSHIP CARE?

Your relationship to child(ren):  Mother  Father  Other (specify) \_\_\_\_\_

Does the child(ren) live with you?  Yes  No If no, where is the child(ren) living and with whom:

Name of Custodial Party: \_\_\_\_\_ Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone Number: ( ) \_\_\_\_\_

Cell Phone Number: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

IS THERE FAMILY VIOLENCE WITH ANYONE APPEARING ON THE APPLICATION?  YES  NO

**NONDISCLOSURE OF INFORMATION:** When the Department has reasonable evidence of family violence, either domestic violence or child abuse, the case record will include an indicator of family violence for any person who is a party to the case. The indicator will prohibit release of information except to a court or agent of a court that has authority to issue an order for support or to make or enforce custody or visitation determination.

**SECTION B. MOTHER OF CHILD(REN) INFORMATION:**

_____ Name-First, Middle, Last, Suffix	_____ Maiden Name	_____ Other Names Used
_____ Date of Birth	_____ Place of Birth (City, State)	_____ Social Security Number
_____ Street Address	_____ City, State, Zip	( ) _____ Home Phone Number
_____ Mailing Address	_____ City, State, Zip	( ) _____ Cell Phone Number
Email address: _____		( ) _____ Work Phone Number

Is the address listed above a current address?  Yes  No  Unknown

**SECTION C. FATHER OF CHILD(REN) INFORMATION:**

_____ Name-First, Middle, Last, Suffix	_____ Other Names Used	
_____ Date of Birth	_____ Place of Birth (City, State)	_____ Social Security Number
_____ Street Address	_____ City, State, Zip	( ) _____ Home Phone Number
_____ Mailing Address	_____ City, State, Zip	( ) _____ Cell Phone Number
Email address: _____		( ) _____ Work Phone Number

Is the address listed above a current address?  Yes  No  Unknown

**SECTION D.- CHILD 1 INFORMATION**

_____ Name-First, Middle, Last, Suffix	_____ Date of Birth	_____ Place of Birth (City & State)
_____ Social Security Number	_____ Race/Sex	
_____ Current State of Residence	_____ State of Residence Last Six Months	_____
Were the father and mother of this child legally married to each other? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Date of marriage	_____ City:	_____ State:
MM DD YY		
Date of divorce	_____ City:	_____ State: _____ Parish/County _____
MM DD YY		

Is the father's name on the Birth Certificate?  Yes  No  Unknown If yes, provide a copy.  
If no, has the biological father signed an Acknowledgment of Paternity?  Yes  No  Unknown  
If yes, provide a copy.

Is there a court order establishing paternity?  Yes  No  Unknown If yes, provide a copy.  
If yes, what state and parish/county established the order? State \_\_\_\_\_ Parish/County \_\_\_\_\_

Is there a court order for child and/or medical support for the child?  Yes  No  Unknown If yes, provide a copy.  
If yes, what state and parish/county established the order? State \_\_\_\_\_ Parish/County \_\_\_\_\_  
If yes, is past due support owed?  Yes  No

Is there a custody order?  Yes  No  Unknown If yes, provide a copy.

**SECTION D.- CHILD 2 INFORMATION**

Name-First, Middle, Last, Suffix \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth (City & State) \_\_\_\_\_  
Current State of Residence \_\_\_\_\_ State of Residence Last Six Months \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Race/Sex \_\_\_\_\_  
Were the father and mother of this child legally married to each other?  Yes  No  Unknown  
Date of marriage \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_  
MM DD YY  
Date of divorce \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Parish/County \_\_\_\_\_  
MM DD YY

Is the father's name on the Birth Certificate?  Yes  No  Unknown If yes, provide a copy.  
If no, has the biological father signed an Acknowledgment of Paternity?  Yes  No  Unknown If yes, provide a copy.  
Is there a court order establishing paternity?  Yes  No  Unknown If yes, provide a copy.  
If yes, what state and parish/county established the order? State \_\_\_\_\_ Parish/County \_\_\_\_\_  
Is there a court order for child and/or medical support for the child?  Yes  No  Unknown If yes, provide a copy.  
If yes, what state and parish/county established the order? State \_\_\_\_\_ Parish/County \_\_\_\_\_  
If yes, is past due support owed?  Yes  No  
Is there a custody order?  Yes  No  Unknown If yes, provide a copy.

**SECTION D.- CHILD 3 INFORMATION**

Name-First, Middle, Last, Suffix \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth (City & State) \_\_\_\_\_  
Current State of Residence \_\_\_\_\_ State of Residence Last Six Months \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Race/Sex \_\_\_\_\_  
Were the father and mother of this child legally married to each other?  Yes  No  Unknown  
Date of marriage \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
MM DD YY  
Date of divorce \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Parish/County \_\_\_\_\_  
MM DD YY

Is the father's name on the Birth Certificate?  Yes  No  Unknown If yes, provide a copy.  
If no, has the biological father signed an Acknowledgment of Paternity?  Yes  No  Unknown If yes, provide a copy.  
Is there a court order establishing paternity?  Yes  No  Unknown If yes, provide a copy.  
If yes, what state and parish/county established the order? State \_\_\_\_\_ Parish/County \_\_\_\_\_

Is there a court order for child and/or medical support for the child?  Yes  No  Unknown If yes, provide a copy.  
If yes, what state and parish/county established the order? State \_\_\_\_\_ Parish/County \_\_\_\_\_  
If yes, is past due support owed?  Yes  No  
Is there a custody order?  Yes  No  Unknown If yes, provide a copy.

**SECTION D.- CHILD 4 INFORMATION**

Name-First, Middle, Last, Suffix \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth (City & State) \_\_\_\_\_  
Current State of Residence \_\_\_\_\_ State of Residence Last Six Months \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Race/Sex \_\_\_\_\_  
Were the father and mother of this child legally married to each other?  Yes  No  Unknown  
Date of marriage \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
MM DD YY  
Date of divorce \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Parish/County \_\_\_\_\_  
MM DD YY

Is the father's name on the Birth Certificate?  Yes  No  Unknown If yes, provide a copy.  
If no, has the biological father signed an Acknowledgment of Paternity?  Yes  No  Unknown If yes, provide a copy.  
Is there a court order establishing paternity?  Yes  No  Unknown If yes, provide a copy.  
If yes, what state and parish/county established the order? State \_\_\_\_\_ Parish/County \_\_\_\_\_

Is there a court order for child and/or medical support for the child?  Yes  No  Unknown If yes, provide a copy.  
If yes, what state and parish/county established the order? State \_\_\_\_\_ Parish/County \_\_\_\_\_  
If yes, is past due support owed?  Yes  No  
Is there a custody order?  Yes  No  Unknown If yes, provide a copy.

**YOUR RIGHTS AND RESPONSIBILITIES**

I understand the following conditions:

1. Child Support Enforcement has the authority to take whatever action is necessary to establish paternity and to establish, modify and/or enforce an obligation for child and medical support. I have been advised that the court may order that I provide medical support for my child(ren). Child Support Enforcement does not guarantee that efforts on my behalf will be successful.
2. If I do not cooperate with Child Support Enforcement, my case may be closed after advance notice is provided. The information I provide may affect the relative priority assigned to my case and any change in priority will only result from additional information received by Child Support Enforcement. I must notify Child Support Enforcement if my street/mailling address should change; failure to do so could be considered as failure to cooperate and reason to close my case.
3. A nonrefundable fee of \$25.00 is charged for full service, unless I receive FITAP, KCSP, or Medicaid benefits. No action will be taken on my case until this fee is paid. A nonrefundable fee of \$10.00 is charged for parent locate only cases. An additional fee of \$4.00 is charged if I do not provide the noncustodial parent's social security number.
4. A \$25.00 annual fee will be imposed in each case where an individual has never received FITAP assistance and for whom the State has collected at least \$500.00 of support. CP's Initials: \_\_\_\_\_
5. I understand that it is mandatory that all recipients of child support payments receive payments via Direct Deposit or the Direct Payment Card. I acknowledge that I have been advised that fees will be associated with the Chase Direct Payment Card and I have been provided a [Direct Deposit Authorization Form](#).
6. I must notify Child Support Enforcement Services of any direct support payments received from the noncustodial parent. I must also report if the child(ren) receiving services are no longer residing with me.
7. The state staff attorney, District Attorney, and/or private contract attorney providing services pursuant to this application:
  - a. Does not represent me in any actions that may occur.
  - b. Represents only the State and the State's interest.
  - c. Cannot give me any legal advice. I must contact my own attorney or the local legal services for legal advice.
8. Any information provided, orally, in writing, or in other form, is not protected by the attorney-client privilege and could be used by the State in a civil or criminal action against me. Whenever the interests of the Louisiana Department of Children and Family Services conflict or are adverse to me, I should retain independent counsel to advise me of my rights. Any monies paid by me herein are not attorney fees.
9. Either party to a child support order may request a review of the child support order every three years to determine if the amount of support is consistent with the Louisiana child support award guidelines.
10. In accordance with Section 466(a)(13) of the Social Security Act [42 U.S.C. 666(a)(13)], disclosure of social security numbers is required. The information may be used for purposes of establishing paternity, modifying, and enforcing support obligations. Social security numbers may also be released for reasons directly connected to programs within the Department of Children and Family Services.
11. Child Support Enforcement has authority to deposit and distribute all monies collected pursuant to this authorization in accordance with LA R.S. 46:236.1.1 through 236.1.10.
12. Child Support Enforcement does not calculate interest on delinquent child support payments. However, if an individual obtains a judgment for interest owed and requests enforcement on the delinquency, the judgment may be enforced.
13. **Child Support Enforcement may withhold up to 10% from future child support payments from all of my child support cases to correct an overpayment.**  Yes  No CP's Initials: \_\_\_\_\_
14. By applying for child support services, I understand that medical support services will be provided and that the court may order me to obtain medical insurance and/or provide medical support for my child(ren).
15. Either party to a child support order may request a review of actions taken, or when there is evidence that an action should have been taken on a case. The purpose of the administrative review is to determine if the action or proposed action is appropriate and in compliance with all applicable federal and state laws and regulations. A request for an administrative review should be forwarded to the office that is handling the case.
16. If I believe that I have been discriminated against because of race, color, or national origin, it is my right to file a complaint either through my local Department of Children and Family Services or directly to the State Department of Children and Family Services, or to the federal government. If I wish to file such a complaint, I may secure the complaint form from my local Child Support Enforcement office.
17. I have read the above, or it has been read to me, and I certify that my answer to each question is true and correct. I understand that if I have given false information or answer to any material question herein, I may be subject to criminal and civil prosecution for knowingly giving such false information or answer.

**WITNESSES:**

	Signature of Applicant
Typed or Printed Name of Witness	Signature
Typed or Printed Name of Witness	Signature
Typed or Printed Name, Title, and Notary Identification Number	Signature



# Child Support Enforcement

Are you a parent (divorced, separated, or never married) with children to support or a person responsible for a child? Do you need help to establish paternity and/or a child support order? Do you have a support order and need help to collect payments?

Child support is an obligation of a parent to provide emotional, financial, and medical support for child or children. DCFS offers parent locator and paternity establishment services, as well as assistance to establish and enforce child support orders and collection and distribution of child support payments.

## **Child Support Enforcement helps:**

- Locate noncustodial parents
- Establish paternity
- Establish child support and medical support
- Enforce child support, medical support, and spousal support
- Collect and distribute payments

## **Who can get help?**

Any parent or person responsible for a child who needs our services.

Anyone who receives Family Independence Temporary Assistance Program (FITAP), Kinship Care Subsidy Program (KCSP), or Medicaid benefits automatically receives child support enforcement services. Anyone else may apply for Child Support Enforcement services and pay an application fee of \$25.

## **Do people who receive FITAP, KCSP, or Medicaid have to seek support from the noncustodial parent?**

To be eligible for FITAP or KCSP, a person must give information to help identify and locate the noncustodial parent. A parent included in the Medicaid case must also cooperate in securing medical support in order to receive benefits. However, in some cases the FITAP, KCSP, or Medicaid agency may determine there is good cause for not cooperating.

## **Is help available if the other parent lives in a different state?**

Yes. Child Support Enforcement works with all other states and some foreign countries to help provide child support services.

## **How does the program work?**

Child support enforcement services are administered from 12 District Offices which serve all 64 parishes. Offices of the District Attorney also provide child support services.

The fee for parent locate only is \$10 if the social security number is known or \$14 if the social security number is unknown. Social security numbers are released in connection with programs within the DCFS and as required by state and federal law.

If you have a complaint regarding the way your child support case is being handled, you may request an administrative review of the actions taken on your case. If you wish to request an administrative review, call or write to the office that handles your case within 30 days of the date of this notice. You will be notified of the time and place of your administrative review.

### **How are payments made**

Support payments are distributed in the following order:

1. Current monthly support is paid to the family.
2. Past due support is paid to the family.
3. Past due support that was assigned to the state.

The exception is made for past due support collected through intercept of federal tax refunds. This support must be applied to support that was assigned to the state.

A small fee is deducted from payments received from federal administrative offset, federal tax intercept, or state tax intercept. The fee for full service IRS collection is \$122.50.

### **Receiving Payments**

A check will be issued to you or the funds will be directly deposited into a checking, savings or Direct Payment Card account. To report a lost, stolen or damaged Direct Payment Card contact JP Morgan Chase and Company Customer Service at 1-866-795-5927. If you have signed up for Direct Deposit, any lost, stolen or damaged card must be reported to your financial institution.

Access you case information, such as payment information and case status, online at [www.dcfsl.a.gov/cse](http://www.dcfsl.a.gov/cse) or by calling 1-888-lahelp-u (1-888-524-3578) to receive automated information 24 hours a day, 7 days a week, as well as speak to a customer service representative if needed between the hours of 7:30 a.m. to 6 p.m. Monday through Friday.

To report a lost, stolen or damaged Direct Payment Card contact JP Morgan Chase and Company Customer Service at 1-866-795-5927.

**Visit us online at:  
[www.dcfsl.a.gov/cse](http://www.dcfsl.a.gov/cse)**