

PARENT'S APPLICATION FOR CHILD SUPPORT SERVICES

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For civil rights questions call (608) 264-9820 or (866) 275-1165 TTY (Toll Free).

Information provided on this form (including any attachments) may be shared with others only for the purpose(s) of administration of the child support program and other related programs [Wis. statutes, s. 49.83].

Filling out this Form

- ◆ Please fill out this form the best you can.
- ◆ If you do not know or are not sure of some of the information, you may leave that part blank.
- ◆ The more information your worker knows about your case, the better job she/he can do for you.
- ◆ If you have any questions about this form, please talk with your child support agency.

Applicant Name

Relationship to Child Mother Father

Note: If you are the guardian and not the child's parent, please fill out the *Guardian's Application for Child Support Services* form.

Does the child live with you? Yes No

Do you have legal custody of the child? Yes No

Do you have a disability? Yes No If yes, describe _____

Services Requested (informational only)

Federal regulations require child support agencies to provide all services that are proper for a case. In most cases, your selections are for information only. However, you may choose only "Locate Parent" services. If you only receive Medicaid, you may choose only "Medical Support" services.

- | | |
|---|---|
| <input type="checkbox"/> Locate Parent | <input type="checkbox"/> Collect Support |
| <input type="checkbox"/> Establish Child Support Order | <input type="checkbox"/> Withhold Income |
| <input type="checkbox"/> Establish Paternity (Legal Fatherhood) | <input type="checkbox"/> Review Child Support Order |
| <input type="checkbox"/> No Support Services Wanted | <input type="checkbox"/> Medical Support |

Please attach copies of any court orders, judgments, decrees, or stipulations involving child support. Any changes in this information should be sent, in writing, to the child support agency where you applied for services.

For office use:

Notes

Date of Request ____/____/____

Fees Due \$ _____

Order \$ _____

Case type: IV-D NADC Food Stamp Locate Only
 Non-IV-D AFDC/W-2 Medicaid

Important

If a child was conceived or born during a marriage, the law presumes that the husband is the legal father. If you believe someone other than the husband may be the father, provide the information about that person here. The information given on the rest of this form should be information about the husband and wife of the marriage, not the person listed here.

Name	Social Security Number	
Date of Birth	Street Address	
City	State	Zip Code

Section 1 -- Custodial Parent Information The parent with **both** legal custody (joint or sole) and primary physical placement (the parent the children live with most of the time).

Custodial Parent's Name (last, first, middle, suffix, e.g., Jr., Sr.)		Maiden Name/Alias	
Social Security Number	Age	Sex	Date of Birth
Birth City	Birth County	Birth State	Birth Country
Home Phone ()	Work Phone ()	Work Hours From To	
Street Address 1 (Residence)			
City	State	Zip Code	
Street Address 2 (Mailing address, if different from above)			
City	State	Zip Code	

Current marital status:

Never Married Married Separated Divorced

Current relationship to noncustodial parent:

<input type="checkbox"/> Married	Date	State	County	City
<input type="checkbox"/> Separated	Date	State	County	City
<input type="checkbox"/> Divorced	Date	State	County	City
<input type="checkbox"/> Annulled	Date	State	County	City

Never Married Was a *Wisconsin Voluntary Paternity Acknowledgment* form signed after the child was born? Yes No

Were other actions taken to establish paternity (legal fatherhood)? Yes No

If yes, what actions were taken (when, where, and by whom) _____

Section 1 -- Custodial Parent Information (continued)

Has the custodial parent ever received:		
Child Support Services <input type="checkbox"/> Yes <input type="checkbox"/> No	State(s) received from	Dates received
AFDC <input type="checkbox"/> Yes <input type="checkbox"/> No	State(s) received from	Dates received
W-2 Services <input type="checkbox"/> Yes <input type="checkbox"/> No	State(s) received from	Dates received
Medicaid <input type="checkbox"/> Yes <input type="checkbox"/> No	State(s) received from	Dates received

Section 2 -- Custodial Parent's Income/Employment

Income	
Type (wages, disability)	Hours/Week
Amount	Frequency
Start Date	End Date
End Reason	Source (Employer, Social Security)
Job Title	Professional License Number

Employer	
Name	Federal Identification Number
Street Address 1	City/State/Zip Code
Street Address 2	City/State/Zip Code
Phone ()	Health Insurance Available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance Premium \$ per	Are Dependents Covered? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3 -- Noncustodial Parent This parent may have joint custody, but the other parent has primary physical placement (the child lives with the other parent most of the time).

Noncustodial Parent's Name (last, first, middle, suffix, e.g., Jr., Sr.)		Maiden Name/Alias			
Social Security Number	Age	Sex	Date of Birth		
Birth City	Birth County	Birth State	Birth Country		
Home Phone ()	Work Phone ()	Work Hours From		To	
Street Address 1 (Current or last known residence)		Dates From			
		To			
City	State	Zip Code	Country	Int'l Zip Code	
Street Address 2 (Current or last known mailing address)		Dates From			
		To			
City	State	Zip Code	Country	Int'l Zip Code	
Distinguishing Marks (tattoos/scars/birth marks)	Height	Weight	Eyes	Hair	Race
Current Marital Status <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Married					
If married, name of spouse					
Mother's Maiden Name (last, first, middle)			Father's Name (last, first, middle)		
Member of Armed Forces <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Active <input type="checkbox"/> Retired					
Branch		Dates of Service From			
		To			
Eligible for Veteran's Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has the Noncustodial Parent Ever Been Arrested or Convicted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date and Place of Arrest/Conviction		Name of Noncustodial Parent's Parole/Probation Officer	

Please provide any other information you believe may help find this person and collect support payments. Include all addresses where relatives may live and type of income and assets the noncustodial parent may have. Attach any additional information on separate sheets of paper.

Please include a picture of the noncustodial parent, if available.

Section 4 -- Noncustodial Parent's Income/Employment

Income	
Type (wages, disability)	Hours/Week
Amount	Frequency
Start Date	End Date
End Reason	Source (Employer, Social Security)
Job Title	Professional License Number

Employer	
Name	Federal Identification Number
Street Address 1	City/State/Zip Code
Street Address 2	City/State/Zip Code
Phone ()	Health Insurance Available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance Premium \$ per	Are Dependents Covered? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5 -- Information About the Children You Are Requesting Services For (These children must have the same father and the same mother, and these parents must be the custodial and noncustodial parents on this form.)

Are you applying for services for an unborn child? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, due date is
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First Child's Name (last, first, middle, suffix, e.g., Jr.)		Nickname	
Does Child Receive Social Security Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, check one <input type="checkbox"/> SSI <input type="checkbox"/> SSDI Amount \$ per month	
Social Security Number	Age	Sex	Race
Date of Birth	Birth City	Birth County	Birth State Birth Country
Anticipated High School Graduation Date		School Name	
School Address (street, city, state, zip code)			
Do you have legal custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check one: <input type="checkbox"/> Sole custody <input type="checkbox"/> Joint custody		Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list name of the adult the child lives with and address	
Name		Street Address	
City	State	Zip Code	

Section 5 -- Information About the Children (continued)

Second Child's Name (last, first, middle, suffix, e.g., Jr.)				Nickname	
Does Child Receive Social Security Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, check one <input type="checkbox"/> SSI <input type="checkbox"/> SSDI	
Social Security Number		Age		Amount \$ per month	
				Sex	
				Race	
Date of Birth	Birth City	Birth County	Birth State	Birth Country	
Anticipated High School Graduation Date			School Name		
School Address (street, city, state, zip code)					
Do you have legal custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check one: <input type="checkbox"/> Sole custody <input type="checkbox"/> Joint custody				Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list name of the adult the child lives with and address	
Name			Street Address		
City			State		Zip Code

Third Child's Name (last, first, middle, suffix, e.g., Jr.)				Nickname	
Does Child Receive Social Security Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, check one <input type="checkbox"/> SSI <input type="checkbox"/> SSDI	
Social Security Number		Age		Amount \$ per month	
				Sex	
				Race	
Date of Birth	Birth City	Birth County	Birth State	Birth Country	
Anticipated High School Graduation Date			School Name		
School Address (street, city, state, zip code)					
Do you have legal custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check one: <input type="checkbox"/> Sole custody <input type="checkbox"/> Joint custody				Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list name of the adult the child lives with and address	
Name			Street Address		
City			State		Zip Code

List information for additional children on a separate sheet of paper.

Section 6 -- Existing Child Support Orders (for children in this application. If you have different court orders for each child listed, list the information on a separate sheet of paper.)

Court Orders			
Court Order #		State Ordered	County Ordered
Date Order Began		Amount Ordered \$	Frequency
Date Last Payment Received		Amount Received \$	Amount of arrears (Past Due Payments) \$
Custodial Parent's Attorney		Street Address	
City	State	Zip Code	Telephone Number ()
Noncustodial Parent's Attorney		Street Address	
City	State	Zip Code	Telephone Number ()

Section 7 -- Other Dependents of Noncustodial Parent (Children not included in this request for services.)

Child's Name		Date of Birth	Lives with Noncustodial Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, is there a court order for child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, Court Order Number		State	
Name of Child's Other Parent			

Child's Name		Date of Birth	Lives with Noncustodial Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, is there a court order for child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, Court Order Number		State	
Name of Child's Other Parent			

Child's Name		Date of Birth	Lives with Noncustodial Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, is there a court order for child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, Court Order Number		State	
Name of Child's Other Parent			

List information for additional children on a separate sheet of paper.

Social Security Numbers: The provision of your Social Security number is mandatory under Section 466(a) (42U.S.C.666(a)). Your Social Security number will be used for identification purposes. If you do not provide your Social Security number, your application will be denied.

Tax Intercept Information: I understand that the child support agency will submit any certifiable past due child support debts owed to the tax/lottery intercept programs.

If intercepted money is later recalled by the federal Internal Revenue Service (IRS) or the state Department of Revenue (DOR), I must immediately return the money to the Bureau of Child Support. If I cannot repay all the money at once, I will contact the child support agency to arrange a payment plan until the amount is repaid in full.

If a tax intercept collection is at least \$10, I understand that a fee of 10%, up to \$25, will be deducted from the tax intercept collection.

Child Support Orders: I understand that the law does not permit percentage-expressed orders in child support agency cases. I understand I cannot request a percentage-expressed order. If I now have a percentage expressed order, I will cooperate with the child support agency to change the order to a fixed dollar amount order.

If I am opening a new child support case or reopening a closed child support case with the child support agency and have a percentage-expressed court order, I understand that the child support agency is not responsible for reconciling the order.

Disclaimer: The State of Wisconsin will bring any necessary administrative or court action to establish paternity (legal fatherhood) or establish or enforce a support order. However, the **child support attorney does not represent either parent**, but rather represents the state's interest in enforcing support.

I hereby request child support services under the Child Support Enforcement Program under Title IV-D of the Social Security Act. I understand that I must cooperate with the child support agency by providing information that affects the enforcement of my case.

Applicant Signature _____ Date Signed _____