APPLICATION FOR CHILD SUPPORT SERVICES

_____ , SSN _____, hereby contracts with the

NORTH CAROLINA Child Support Enforcement Agency to provide appropriate child support services.

This application constitutes the contract and its terms. I understand that the Child Support Agency determines which services are necessary for me. If any application fee is required, no services will begin until the fee is paid.

Applicant's Rights and Responsibilities

I understand and agree that:

* Any payments sent to me in error are my responsibility to repay.

* The agency will collect any payments sent to me in error. The agency collects 10% of current support payments due to me and ALL money paid toward arrears due to me, until it is paid.

* The agency may use an attorney to establish or enforce my child support order.
The attorney represents the interests of the agency and no attorney-client relationship exists between the attorney and me. The attorney cannot handle any other legal matter such as custody or visitation.

* I have the right to request that my support order be reviewed for a possible adjustment every three years or an earlier date if there is a significant change in circumstances.

Annual $25.00 Mandatory Fee for Services

Federal regulations at Section 454(6)(B)(ii) of the Deficit Reduction Act of 2005 and N.C.G.S 110-130.1 require that an **annual fee of $25.00** be assessed on each case of an individual who has never received public assistance funds and who receives $500.00 in child support payments during each Federal Fiscal Year (October 1 – September 30).

I understand that if this fee is assessed on my case, payment of the fee is automatically deducted from the next child support payment(s) that are owed to me.

Tax Refund Intercept

Federal law requires that the agency intercept tax refunds to pay off past due child support.
I understand and agree that:

* If the noncustodial parent owes past due support that meets the rules for tax intercept, the agency notifies the Internal Revenue Service and the N.C. Department of Revenue to withhold up to that amount from the noncustodial parent's tax refund.

* Past due support owed to the State may be paid before I receive any past due support.

* A processing fee may be charged. The fee is deducted from the tax refund.

* If the refund is intercepted from a joint return, the agency must determine if I can receive any of the money. This process may take up to six months.

* The IRS may adjust the amount of the refund for up to six years. This may require that I return a portion of the refund previously sent to me.

Use of Social Security Number

Federal regulations at 42 USC 666 (a)(13) require the mandatory disclosure of your SSN. The number will only be used for the purpose of establishing paternity and establishing, modifying, and enforcing the support obligation.

I have received Program information describing services, fees, rights and responsibilities, collection policies, and distribution procedures. I am returning all completed supplemental information sheets with this application.

_____ _____

Applicant Signature Date

For Office Use Only

_____**IVD Number** ☐**Locate Only** ☐**Child Support** ☐**Medical Support**

APPLICATION SUPPLEMENTAL DATA
CHILD SUPPORT ENFORCEMENT
PART ONE: APPLICANT

Please complete the following information about yourself, each noncustodial parent and child for whom you wish to receive our services. The more information that you can tell us, the better we will be able to serve you. If you need assistance in completing this information, please contact your local child support enforcement office. **Please notify us immediately if you have a change of address. We can only send support to you if we have a current mailing address.**

APPLICANT INFORMATION

Your Name

First_____Middle_____Last_____Suffix_____(e.g. Jr.)

Maiden Name(if appropriate)_____Other names used currently, or in the past:_____

Date of Birth_____**Race**_____Sex_____**Social Security Number**_____

Mailing Address:

Street_____

City_____County_____State_____Zip Code_____

Home Address (if different from mailing address):

Street_____

City_____County_____State_____Zip Code_____

Home Phone:_____**Work Phone**_____**May we contact you at work?** ☐ Yes ☐ No

Cell Phone:_____

APPLICANT INCOME INFORMATION

Employer's Name and address:

_____

_____

_____

Employer's Phone:_____

Income

List all sources in monthly gross amounts

Amount	**Source**
$_____	_____
_____	_____
_____	_____
_____	_____
$_____**Total**	

Federal Benefits? ☐Yes ☐No If yes, check all that apply:
☐Social Security ☐VA ☐RR Retirement ☐Civil Service
☐Postal ☐Military ☐Retirement ☐Other_____

Unemployment? ☐Yes ☐No
Other Income: Please list source and amount:

LIST THE NAME(S) OF THE NONCUSTODIAL PARENT(S) FROM WHOM YOU NEED SUPPORT.

1._____ 2._____

3._____ 4._____

I certify that all of the information supplied by me is true and correct to the best of my knowledge and belief.

_____
Applicant's Signature and Date

DSS-4688 (7/05)
CSE/ACTS

CHILD SUPPORT APPLICATION SUPPLEMENTAL DATA

PART TWO: CHILD(REN)

Complete the following information for each child.

CHILD(REN) INFORMATION

Child's Name **Child's Noncustodial Parent**_____

First_____Middle_____Last_____Suffix_____(e.g. Jr.)

Date of Birth_____Race_____Sex_____Social Security Number_____

Relationship to you: ☐**Child** ☐**Other** (specify)_____

Birthplace:_____

City **County** **State**

Where was child conceived? City_____State_____Child born out of wedlock? ☐ Yes ☐ No

Father named on child's birth certificate:

First_____Middle_____Last_____

Is father named on birth certificate the biological father? ☐ Yes ☐ No

Has paternity been legally established? ☐ Yes ☐ No If yes, please state when , where and how below:

When?_____Where?_____

How? (Check one) ☐By marriage ☐In court ☐Voluntary Acknowledgment

Did father sign Affidavit of Parentage at birth? ☐ Yes ☐ No Have paternity/genetic tests been performed? ☐ Yes ☐ No

Has father verbally acknowledged paternity?☐ Yes ☐ No If yes, to whom? _____

Does this child receive SSI or SSA? ☐ Yes ☐ No

CHILD(REN) INFORMATION

Child's Name **Child's Noncustodial Parent**_____

First_____Middle_____Last_____Suffix_____(e.g. Jr.)

Date of Birth_____Race_____Sex_____Social Security Number_____

Relationship to you: ☐**Child** ☐**Other** (specify)_____

Birthplace:_____

City **County** **State**

Where was child conceived? City_____State_____Child born out of wedlock? ☐ Yes ☐ No

Father named on child's birth certificate:

First_____Middle_____Last_____

Is father named on birth certificate the biological father? ☐ Yes ☐ No

Has paternity been legally established? ☐ Yes ☐ No If yes, please state when , where and how below:

When?_____Where?_____

How? (Check one) ☐By marriage ☐In court ☐Voluntary Acknowledgment

Did father sign Affidavit of Parentage at birth? ☐ Yes ☐ No Have paternity/genetic tests been performed? ☐ Yes ☐ No

Has father verbally acknowledged paternity?☐ Yes ☐ No If yes, to whom? _____

Does this child receive SSI or SSA? ☐ Yes ☐ No

CHILD SUPPORT APPLICATION SUPPLEMENTAL DATA

PART THREE: NONCUSTODIAL PARENT

NONCUSTODIAL PARENT INFORMATION

Noncustodial Parent's Name

First_____Middle_____Last_____Suffix_____(e.g. Jr.)

Maiden Name(if appropriate)_____**Alias/nickname/other names used:**_____

Date of Birth_____Race_____Sex_____Social Security Number_____
(or age, if DOB is unknown)

Relationship to you: ☐Spouse ☐Former Spouse ☐None ☐Other (specify)_____

Marriage Date:_____ Separation/Divorce Date:_____

Mailing Address: Is this address ☐ Current or ☐ Last Known? (Check one) **Home Phone:**_____

Cell Phone:_____

Street_____

City_____County_____State_____Zip Code_____

Home Address (if different from mailing address): Is this address ☐ Current or ☐ Last Known? (Check one)

Street_____

City_____County_____State_____Zip Code_____

Birthplace: City_____County_____State_____

Height:_____Weight:_____**Hair Color:**_____**Eye Color:**_____**Identifying Marks:**_____

Driver License Number:_____ State: _____

Vehicle Make/Model/Year: _____**License Plate: Number and State:** _____

Usual Occupation: _____

Father's name:_____Address:_____

Mother's name: (including maiden name) _____Address:_____

Most Recent Spouse's Name (other than yourself): _____

Marriage Date:_____Separation/Divorce Date:_____

NONCUSTODIAL PARENT INCOME INFORMATION

Employer's name and address: ☐ Current or ☐ Last Known (Check one)

_____

_____

_____

Employer's Phone:_____

Income

List all sources in monthly gross amounts

Amount	**Source**
$_____	_____
_____	_____
_____	_____
_____	_____
$_____ **Total**	

Is noncustodial parent self employed? ☐Yes ☐No

Has noncustodial parent ever been employed by a Federal Government Agency? ☐Yes ☐No If yes, name of agency

_____

Federal Benefits? ☐Yes ☐No **If yes, check all that apply:**

☐Social Security ☐Postal ☐VA ☐RR Retirement ☐Civil Service ☐Military ☐Retirement ☐Other_____

Unemployment? ☐Yes ☐No

Other Income: Please list source and amount:_____

PART FOUR: NONCUSTODIAL PARENT (CONT.)

NONCUSTODIAL PARENT MILITARY AND ARREST RECORD

Military Service? ☐**Yes** ☐No If yes, what branch? _____**Rank**_____

☐Active Duty ☐Reserve ☐Retired ☐Separated ☐AWOL ☐Unknown

Last known duty station _____Service Start Date_____Service End Date_____

Currently in prison/jail? ☐Yes ☐No

Prison/Jail Name: _____

Prior Arrest Record: ☐Yes ☐No If yes, when and where? _____

Offense_____**Convicted?** ☐Yes ☐No Conviction Type ☐ Felony ☐ Misdemeanor Date_____

Is noncustodial parent currently on parole/probation? ☐Yes ☐No If yes, where?_____

Name of Parole/Probation Officer:_____

PART FIVE: SUPPORT ORDER INFORMATION

Do you get support? ☐Yes ☐No If yes, do you have a ☐Court Order or ☐Voluntary Agreement to support? (check one)

Please attach a copy of your court order or agreement to support.

Type(s) of Support ☐Child Support ☐Medical Support ☐Spousal/Alimony Support (check all that apply)

How is support paid? (Check one) ☐Centralized Collections ☐Direct to you ☐ To_____
(landlord, daycare center, etc.)

Court docket number_____**Order Effective Date**_____**County**_____**State**_____

Amount Ordered $_____per_____Amount of past due support $_____

Children included in the order agreement_____

Use this space to tell us any additional information that you think will help us get support for you.