

Cabinet for Health and Family Services
Department for Income Support
Child Support Enforcement

APPLICATION FOR CHILD SUPPORT SERVICES

- Check this space if you are the custodial parent. Custodial parent includes the physical custodian.
- Check this space if you are the putative (alleged) father or the noncustodial parent.

FOR OFFICE USE ONLY	
IV-D Number	_____
Date Requested	_____
Date Provided	_____
Date Returned	_____

Full child support services will be provided to you unless you check one of the two spaces shown below:

- I wish to receive only location services. Location Only Case - State Parent Locator Section (SPLS)
 - I wish to receive only location services. Parental Kidnapping Case – SPLS
- No other service will be provided by child support staff when you request only location services.

I. NONCUSTODIAL PARENT'S (NCP) INFORMATION

Name (First Name, Middle Name, Last Name, Suffix)		Social Security Number:	
Noncustodial Parent's Maiden Name, if applicable (First Name, Middle Name, Last Name)			
Alias(es) (First Name, Middle Name, Last Name)		Nickname(s) (First Name, Middle Name, Last Name)	
Email Address			
Current Residential Address Street Number & Name Apt/Suite Number City State Country Zip Code		Previous Address Street Number & Name Apt/Suite Number City State Country Zip Code Date last at that address:	
Current Mailing Address (Enter if the Noncustodial Parent has a different Mailing Address) Street Number & Name Apt/Suite Number City State Country Zip Code			
Home Telephone Number () -	Work Telephone Number () -	Cell Phone Number () -	



Sex: M _____ F _____	Date of Birth	Country of Birth	State of Birth	County of Birth	City of Birth
Race: () Native American or Alaskan Native () Asian () Black or African American () Hispanic () Native Hawaiian or Other Pacific Islander () White () Unknown () Other					

Web site: <http://chfs.ky.gov/dis/cse.htm>

An Equal Opportunity Employer M/F/D
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Hair Color	Eye Color	Weight	Height	Other Identifying Features
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What is the legal relationship status of Noncustodial Parent to child(ren)? (ex. Legal Father, Alleged Putative Father etc.) .

What is employment status of the Noncustodial Parent? () Full Time () Part Time () Unemployed () Unknown () Seasonal

Current Employer Name Address Street Number & Name Apt/Suite Number City State Country Zip Code Start Date Salary _____ Per _____	Previous Employer Name Address Street Number & Name Apt/Suite Number City State Country Zip Code Start Date Ending Pay _____ End Date _____ Per _____
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How often is the NCP paid? _____

Occupation

Union Name Union Number Address, if known Apt/Suite Number City State Country Zip Code	Military Branch: Dates: (From) _____ (To) _____
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Arrest/Prison Record In which state did this occur? In which county did this occur? Which facility?	Incarceration Date Release Date
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What is the current marital status of the NCP?
 () Divorced () Married () Never Married () Separated () Widowed

Name of Noncustodial Parent's current spouse: (First Name, Middle Name, Last Name)

<p>Is the NCP currently receiving benefits? If so, select all that apply and list the state when applicable.</p> <p>() Medical Assistance State: () RSDI/SSD () SSI</p> <p>() Food Stamps (SNAP) State: () Black Lung () Veterans Assistance</p> <p>() TANF (AFDC/KTAP) State: () Other : _____</p> <p>() Child Care Assistance State: () None : _____</p>				
<p>If the NCP is not currently receiving benefits, have benefits been received in the past? If so, select all that apply and list the state when applicable.</p> <p>() Medical Assistance State: () RSDI/SSD () SSI</p> <p>() Food Stamps (SNAP) State: () Black Lung () Veterans Assistance () TANF (AFDC/KTAP) State: () Other : _____</p> <p>() Child Care Assistance State: () None : _____</p>				
<p>Does the Noncustodial Parent own a car? () Yes () No</p>		<p>Make</p>	<p>Model</p>	<p>Year</p>
<p>NCP's Father's name (First Name, Middle Initial, Last Name)</p>		<p>NCP's Mother's name (First Name, Middle Initial, Last Name)</p>		<p>NCP's Mother's Maiden Name</p>
<p>Is NCP's father living? () Yes () No () Unknown</p>		<p>Is NCP's mother living? () Yes () No () Unknown</p>		
<p>Father's Address (if known)?</p> <p>Street Number & Name</p> <p>Apt/Suite Number</p> <p>City</p> <p>State</p> <p>Country</p> <p>Zip Code</p>		<p>Mother's Address (if known)?</p> <p>Street Number & Name</p> <p>Apt/Suite Number</p> <p>City</p> <p>State</p> <p>Country</p> <p>Zip Code</p>		
<p>Home Telephone Number: () -</p>		<p>Home Telephone Number: () -</p>		

Complete Name (First Name, Middle Name, Last Name, Suffix)		Social Security Number:	
Date of Birth		Sex: M _____ F _____	
Race: () Native American or Alaskan Native () Asian () Black or African American () Hispanic () Native Hawaiian or Other Pacific Islander () White () Unknown () Other			
State where child conceived		Place of Birth	
Country of Birth	State of Birth	County of Birth	City of Birth
Was the mother married when this child was conceived? (Yes/No)			
What is the name of the person to whom the mother was married?			
Was the child emancipated or married? (Yes/No)			
Is this child currently receiving benefits? If so, select all that apply and list the state when applicable.			
() Medical Assistance	State: _____	() RSDI/SSD	
() TANF	State: _____	() SSI	
() Food Stamps	State: _____	() Veterans Assistance	
() Child Care Assistance	State: _____	() Other : _____	
Has this child previously received any benefits? If so, select all that apply and list the state when applicable.			
() Medical Assistance	State: _____	() RSDI/SSD	
() TANF	State: _____	() SSI	
() Food Stamps	State: _____	() Veterans Assistance	
() Child Care Assistance	State: _____	() Other : _____	

Enter information about the child(ren) for whom services are being requested (Child – 2)

Complete Name (First Name, Middle Name, Last Name, Suffix)		Social Security Number:	
Date of Birth		Sex: M _____ F _____	
Race: () Native American or Alaskan Native () Asian () Black or African American () Hispanic () Native Hawaiian or Other Pacific Islander () White () Unknown () Other () Food Stamps State: _____ () Veterans Assistance () Child Care Assistance State: _____ () Other : _____			
State where child conceived		Place of Birth	

Enter information about the child(ren) for whom services are being requested (Child – 3)

Country of Birth	State of Birth	County of Birth	City of Birth
Complete Name (First Name, Middle Name, Last Name, Suffix)		Social Security Number:	
Was the mother married when this child was conceived? (Yes/No)			
What is the name of the person to whom the mother was married?			
Date of Birth		Sex: M _____ F _____	
Was the child emancipated or married? (Yes/No)			
Is this child currently receiving benefits? If so, select all that apply and list the state when applicable.			
Race: () Native American or Alaskan Native () Asian () Black or African American () Hispanic () Native Hawaiian or Other Pacific Islander () White () Unknown () Other () Medical Assistance State: _____ () RSDI/SSD () TANF State: _____ () SSI () Food Stamps State: _____ () Veterans Assistance () Child Care Assistance State: _____ () Other : _____			
State where child conceived		Place of Birth	
Country of Birth	State of Birth	County of Birth	City of Birth
Has this child previously received any benefits? If so, select all that apply and list the state when applicable.			
() Medical Assistance State: _____ () RSDI/SSD () TANF State: _____ () SSI () Food Stamps State: _____ () Veterans Assistance () Child Care Assistance State: _____ () Other : _____			
Has this child previously received any benefits? If so, select all that apply and list the state when applicable.			
() Medical Assistance State: _____ () RSDI/SSD () TANF State: _____ () SSI () Food Stamps State: _____ () Veterans Assistance () Child Care Assistance State: _____ () Other : _____			

Enter information about the child(ren) for whom services are being requested (Child – 4)

Complete Name (First Name, Middle Name, Last name, Suffix)		Social Security Number:	
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Date of Birth

Sex: M ___ F ___

Race: () Native American or Alaskan Native () Asian () Black or African American () Hispanic
() Native Hawaiian or Other Pacific Islander () White () Unknown () Other

State where child conceived

Place of Birth

Country of Birth

State of Birth

County of Birth

City of Birth

Was the mother married when this child was conceived? (Yes/No) What is the name of the person to whom the mother was married?

Was the child emancipated or married? (Yes/No)

Is this child currently receiving benefits? If so, select all that apply and list the state when applicable.

() Medical Assistance State: () RSDI/SSD
() TANF State: () SSI
() Food Stamps State: () Veterans Assistance
() Child Care Assistance State: () Other : _____

Has this child previously received any benefits? If so, select all that apply and list the state when applicable.

() Medical Assistance State: () RSDI/SSD
() TANF State: () SSI
() Food Stamps State: () Veterans Assistance

IV. BACKGROUND INFORMATION

Answer whether you are the putative father, noncustodial parent, or the custodial parent.

Why is the NCP absent? () Desertion () Divorce () Separation () Parents Not Married If the children's parents were married, on what date were they married? Date: When were last together? Date: If the children's parents are divorced, when and where were they divorced? Date Country State County City
If the parents were not married has paternity been established? () Yes () No If yes, when and where? Date Country State County City
Have you previously requested (or) received Child Support Services for this child(REN)? () Yes () No If yes, when and where? Date Country State County City
Has the noncustodial parent paid any medical expenses for the child(ren)? () Yes () No () Unknown
Has the noncustodial parent shared in the child(ren)'s support? () Yes () No () Unknown

V. COURT ORDER INFORMATION (Attach copy of any and all orders and/or affidavit of paternity)

Is there currently a child or medical support order for the child(ren)? () Yes () No If yes, enter Information from most recent order Date of Order Country State County City
Child Support order amount \$ per
Medical support ordered? () Yes () No
Are there any prior child support orders? () Yes () No

VI. MEDICAL SUPPORT INFORMATION

- Enforcement of child/medical support orders.
- Collection and disbursement of current and/or past-due child/medical support obligations.
- Enforcement and collection of spousal support when there is an existing spousal support order, the spouse or ex-spouse is living with the child, and CHFS is collecting support for the child.
- Review for possible modification of child/medical support obligations.
- Case closure if we are unable to contact you for 60 days.
- Termination of support order.

Rights:

- All parties to the child support cases have equal status.
- Any party to the case can ask questions, raise issues, and request a review with or without assistance from an attorney.
- All parties have a right to have the support order reviewed every 36 months or sooner if there are on-going changes that cause a 15% increase or decrease in the support obligation amount.

Responsibilities:

- The applicant must provide complete and accurate information regarding yourself, the other parent, and the child(ren).
- You must notify us when your address changes.

State Fees:

- An annual fee of \$35.00 is collected from the applicant after \$550.00 has been collected within the Federal fiscal year.

Distribution Policy:

- CSE requires custodial parents to receive their child support payments by electronic deposit to a checking or savings account or prepaid debit card.
- CSE is required to distribute payments received within two (2) working days of receipt of the payment.

*****KEEP THIS PAGE FOR YOUR RECORDS*****