

Parent Application for Child Support Services

Complete all requested information on the pages below. Information provided on this form (including any attachments) may only be shared with others for the purpose(s) of the administration of the child support program and other related programs [Wis. Statutes, § 49.83].

The provision of your social security number or ITTN is mandatory under Section 466(a)(42U.S.C.666(a)). Your social security number/ITTN will be used for identification purposes. If you do not provide your social security number/ITTN, your application will be denied.

Note: If you are the guardian, please fill out the *Guardian Application for Child Support Services* form.

Filling out this form:

- Please include as much information as possible.
- If you do not know or are uncertain of some of the information, you may leave that part blank.
- The more information your worker knows about your case, the better job he or she can do for you.
- If you have any questions about this form, please talk with your child support agency.
- If you have a copy of the child's birth certificate (or the document that established paternity), a copy of the court order, or a placement/visitation schedule, please attach those to this application.

| | |
|--|---------------|
| Date Stamp (for office use only) | |
| Fee Paid \$ _____ | Rept. # _____ |

LANGUAGE ASSISTANCE You have the right to an interpreter at no cost to you.

Yes No Do you need an interpreter?

Language required for interpreter

PRIVACY PROTECTION

Yes No Do you have any concerns for your safety or your family's safety by filling out this application for child support services?

- If Yes, please complete the remainder of the Privacy Protection section
- If No, Skip to the Services section

We understand that filling out an application for child support services can be difficult, especially if you have concerns about your safety. If you would like to continue with child support services, check one of the boxes below and you will be granted Privacy Protection. Privacy Protection prevents the CSA from releasing your address, phone number, employer, or other location information that would put you or your children at risk of harm.

A protective order has been filed or entered against / in

Name

County

I believe that the release of identifying information may result in physical or emotional harm to my child(ren) or me.

Name of person I need protection against

I am participating in the Safe at Home/Address Confidentiality Program in the State of

State

SERVICES

Yes No Are you applying for services for an unborn child? If yes, provide the due date.

Due Date

Services Requested (check one)

Full Services

Child Support Services

Check this box if you would like full **case management services**, which include locating an absent parent, establishing court orders, establishing paternity, and enforcement of child support orders. For more information, please see <https://dcf.wisconsin.gov/cs/overview>. While a custody and placement order may be established as a part of your case, that service is not directly provided by the child support agency. Child support services also do not include enforcement of maintenance-only (alimony) orders.

Limited Services

Paternity Only (legal fatherhood)

Check this box if you would only like services to locate a potential father (if applicable), establish paternity and update the child's WI birth record with the legal father's name. This type of case will be closed upon establishment of paternity. **Paternity-only services do not include custody and placement.** If you decide you would like additional services at a later date (e.g. establishment and enforcement of an order), you will need to submit a new application at that time. If you or the other parent are receiving public assistance, the child support agency (CSA) may still open a full-service case involving custody, placement, child support, and/or other orders as appropriate. Additionally, if the other parent requests full services, the case will automatically receive full services.

Only Locate (a parent) – **\$25 fee due**

Check this box if you only want help locating the other parent, and don't want other case management services. Location is not guaranteed. See Applications for Parent Locate-Only Services at <https://dcf.wisconsin.gov/cs/apply> for more information.

SECTION 1 – Information about YOU, the parent applying for services

1. Name of parent applying for services (last, first, middle, suffix, e.g., Jr.)

Maiden name or alias (if any)

Relationship to child(ren)

Yes No Are both parents' names on the child's birth certificate?

Date of birth

Social Security Number/ITIN

Male

Female

2. Place of birth

City

State

County

Country

3. Check services you are receiving or have received in the past

Yes No Child Support Services

Yes No Kinship Care

Yes No W-2, including child care

Yes No Other (please list)

State(s) providing these services

Dates services received

4. Contact information. Check a box to indicate your preferred contact number

Home phone number

Cell phone number

Work phone number

Work hours

Yes No Can you accept text messages?

SECTION 1 – Information about YOU, the parent applying for services (Continued)

| | |
|--------------------------|-------------------------|
| 5. Primary email address | Secondary email address |
|--------------------------|-------------------------|

6. Mailing address (Street or PO Box, City, State, Zip Code)

7. Home address (if different from above)

8 Job Information

| | |
|---------------|------------------|
| Employer name | Telephone number |
| Address | Fax number |
| Job title | Start date |

| | |
|--|--------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Do you hold an occupational / professional license? | If Yes, what type? |
|--|--------------------|

| | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Is health insurance available? | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, are the children covered? |
|---|--|

If Yes, what is your out-of-pocket cost per week month?
\$

| | |
|--|---|
| How often are you paid? <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly | What is your gross income per payday? \$ |
|--|---|

9. Yes No Are you, or have you been, a member of the Armed Forces?

| | |
|--|----------------------|
| If Yes, what is your status? <input type="checkbox"/> Active <input type="checkbox"/> Retired | If Yes, what branch? |
|--|----------------------|

| | | |
|------------------|----------------|---|
| Start of service | End of service | <input type="checkbox"/> Yes <input type="checkbox"/> No Are you receiving Veterans Benefits? |
|------------------|----------------|---|

10. Race / ethnicity. This information is for federal reporting purposes only and is voluntary

| | |
|--|--|
| <u>Race</u> <input type="checkbox"/> Asian <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Other (Please list all others) | <u>Ethnicity</u> <input type="checkbox"/> Hispanic/Latino |
|--|--|

11 Yes No Are you, the other parent, or the child an enrolled member of a Wisconsin tribe?
If Yes, which tribe?

12. Yes No Do you have a disability?
If Yes, describe

Yes No Does the other parent have a disability?
If Yes, describe

13. **IMPORTANT** If a child is conceived or born during a marriage, **your spouse is the legal parent.** If you believe someone other than your spouse may be the natural parent, please provide the information about that person below.

Name

| | |
|---------------|-----------------------------|
| Date of birth | Social Security Number/ITIN |
|---------------|-----------------------------|

Street address, city, state, zip code

SECTION 2 – Information about the Other Parent

Information in this Section must be about the spouse of the marriage, legal parent, or potential father, not the person above.

14. Other parent’s name (last, first, middle, suffix, e.g., Jr.)

Maiden name or alias (if any)

| | | |
|---------------|-----------------------------|--|
| Date of birth | Social Security Number/ITIN | <input type="checkbox"/> Male <input type="checkbox"/> Female |
|---------------|-----------------------------|--|

15. Place of birth

| | |
|--------|---------|
| City | State |
| County | Country |

| | | | |
|-----------------------|-------------------|-------------------|------------|
| 16. Home phone number | Cell phone number | Work phone number | Work hours |
|-----------------------|-------------------|-------------------|------------|

| | |
|---------------------------|-------------------------|
| 17. Primary email address | Secondary email address |
|---------------------------|-------------------------|

18. Mailing address (Street or PO Box, City, State, Zip Code)

19. Home address (if different from above)

20. Yes No Has the other parent ever lived in Wisconsin?

21. Job Information (add a comment if the parent is retired)

| | |
|---------------|------------------|
| Employer name | Telephone number |
| Address | Fax number |
| Job title | Start date |

| | |
|---|--------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Does the other parent hold an occupational/professional license? | If Yes, what type? |
|---|--------------------|

| | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Is health insurance available? | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, are the children covered? |
|---|--|

What is the out-of-pocket cost per week month?
\$

| | |
|--|---|
| How often is the other parent paid? <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly | What is the other parent’s gross income per payday? \$ |
|--|---|

22. Yes No Is the other parent, or has the other parent been, a member of the Armed Forces?

| | |
|---|----------------------|
| If Yes, what is their status? <input type="checkbox"/> Active <input type="checkbox"/> Retired | If Yes, what branch? |
|---|----------------------|

| | |
|------------------|----------------|
| Start of service | End of service |
|------------------|----------------|

| | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Are they receiving Veterans Benefits? | <input type="checkbox"/> Yes <input type="checkbox"/> No Are they receiving Social Security? |
|--|--|

SECTION 3 – Information about the Children (Continued)

| | | | |
|--|--|---|------------------|
| 25. Name of second child (last, first, middle, suffix, e.g., Jr.) | | Date of birth | |
| Social Security Number/ITIN | <input type="checkbox"/> Male <input type="checkbox"/> Female | Race (optional) | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know Are both parents' names on the birth certificate? | | | |
| City of birth | County of birth | State of birth | Country of birth |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Does the child receive Social Security Benefits? | | If yes, what is the monthly amount? \$ | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Is this child now in high school? | | If yes, when are they scheduled to graduate? Month: Year: | |
| Name of school | | | |
| Address of school (street, city, state, zip code) | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Does this child live with you? If no, provide name and relationship of the person the child lives with. | | | |
| Name | | Relationship to the child | |
| Who has legal custody of this child? | | | |
| <input type="checkbox"/> Me (sole custody) | | <input type="checkbox"/> Other Parent (sole custody) | |
| <input type="checkbox"/> Both Parents (joint custody) | | <input type="checkbox"/> Not yet decided by the court | |
| <input type="checkbox"/> Other Person (provide name and relationship): | | | |
| Name | | Relationship to the child | |

| | | | |
|---|--|---|------------------|
| 26. Name of third child (last, first, middle, suffix, e.g., Jr.) | | Date of birth | |
| Social Security Number/ITIN | <input type="checkbox"/> Male <input type="checkbox"/> Female | Race (optional) | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know Are both parents' names on the birth certificate? | | | |
| City of birth | County of birth | State of birth | Country of birth |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Does the child receive Social Security Benefits? | | If yes, what is the monthly amount? \$ | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Is this child now in high school? | | If yes, when are they scheduled to graduate? Month: Year: | |
| Name of school | | | |
| Address of school (street, city, state, zip code) | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Does this child live with you? If no, provide the name and relationship of the person with whom the child lives. | | | |
| Name | | Relationship to the child | |
| Who has legal custody of this child? | | | |
| <input type="checkbox"/> Me (sole custody) | | <input type="checkbox"/> Other Parent (sole custody) | |
| <input type="checkbox"/> Both Parents (joint custody) | | <input type="checkbox"/> Not yet decided by the court | |
| <input type="checkbox"/> Other Person (provide name and relationship): | | | |
| Name | | Relationship to the child | |

SECTION 4 - Current Legal Status—Attach copies of any Letters of Guardianship, Court Orders, Judgments, Decrees, or Stipulations

27. What is the **current** relationship between you and the other parent (in Section 2)?

- Married
 Divorced
 Never Married
 Separated
 Annulled

Provide date and city, county, state of marriage, legal separation, divorce and/or annulment and court case number

| | | |
|------|---------------------|-----------------------------------|
| Date | City, County, State | Court Case Number (if applicable) |
|------|---------------------|-----------------------------------|

28. If you have a Child Support Order for the child or children listed in Section 3, please provide the information below, including the court case number

| County/State of Order and Court Case Number | Monthly Amount Ordered |
|---|------------------------|
| | \$ |
| | \$ |
| | \$ |

SECTION 5 – Information about Other Children

28. List any other child you or the other parent (in Section 2) have with another partner. If there are more than five (5) other children, please include the information about the other children on attached pages.

| Name of child | Child's parent | Child's date of birth |
|---------------|----------------|-----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Please read, sign, and date this page

Fee: If you have **never** received a cash benefit from W-2, AFDC, SSI Caretaker Supplement, or Kinship Care, you will be charged a \$35 fee each year you receive \$550 or more in support. The fee will be taken out of the support payment. This fee is charged on all cases whether or not you apply for services.

More information on fees associated with the child support program can be found here:
<https://dcf.wisconsin.gov/cs/fees>.

Tax Intercept Information: I understand that the Wisconsin Child Support Program will submit any certifiable past-due child support debts to the tax/lottery intercept programs.

I understand that if I receive the other parent's intercepted tax refund money, which is later recalled by the federal Internal Revenue Service (IRS) or the state Department of Revenue (DOR), I must immediately return the money. Tax returns may be recalled for various reasons, including payor error on the tax return or fraudulent filers using a payor's identification in an attempt to collect a refund. If I cannot repay all the money at once, I will follow a payment plan until the amount is repaid in full. (If the tax refund money is recalled, you will receive a letter with information about how to return the money and how to set up a payment plan.)

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 a child support order where support is ordered as a percentage of the payor's income rather than a dollar amount cannot be enforced by the local child support agency.

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 order, I understand that the child support agency is not responsible for reconciling the order for the period before the date that this application is accepted.

The child support agency is required to change the percentage order into a dollar amount order. By submitting this application, I am agreeing to cooperate with the agency in changing the order.

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

Information about rights and responsibilities of parents who receive child support services may be found at:
<https://dcf.wisconsin.gov/cs/parent-rights>.

Overpayment: I understand that if I receive an overpayment (more support than I am due), the state may withhold part of future support payments, at a reasonable amount, until the overpaid amount is returned to the state.

More information about how child support payments are distributed can be found here:
<https://dcf.wisconsin.gov/cs/ncp/pay/hierarchy>

I hereby request child support services under Title IV-D of the Social Security Act. I understand that I must cooperate with the child support agency by providing all requested information and by keeping my appointments with the agency or required by the court.

Signature

Date

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.

The Department of Children and Families is an equal opportunity employer and service provider. If you have a disability and need to access services, receive information in an alternate format, or need information translated to another language, please call the Child Support Program at 608-422-6250. Individuals who are **deaf, hard of hearing, deaf-blind or speech disabled** can use the free Wisconsin Relay Service (WRS) – 711 to contact the department.

<https://dcf.wisconsin.gov/cs/home>