

MARYLAND DEPARTMENT OF HUMAN RESOURCES  
Child Support Enforcement Administration  
**APPLICATION FOR SUPPORT ENFORCEMENT SERVICES**

**INSTRUCTIONS**

**Form No.:** DHR/CSEA 980/980A

**Form Name:** Application for Support Enforcement Services

**Purpose:** The purpose of this form is to gather information from the individual applying for child support enforcement services.

**Detailed Instructions:** Complete Sections I, II, III, IV and V. Child support staff person shall complete Sections VI and VII.

**Section I: Custodial Parent**

Provide all information requested. If “Family Violence” is checked, provide corroborating evidence (e.g. police reports) or reason to believe that the disclosure of such data might result in physical or emotional harm to a custodial parent, noncustodial parent or a child in a case.  
NOTE: Corroborating evidence is not required. Indicating family violence will impact the quality of service provided by restricting the amount of information that can be shared with and obtained from the federal government and other secure resources.

**Section II: Support**

Provide all information requested.

**Section III: Noncustodial Parent**

Provide most recent information. The DATE after LAST KNOWN ADDRESS refers to the latest date in which the information was known to be correct. If “Family Violence” is checked, provide corroborating evidence (e.g. police reports) or reason to believe that the disclosure of such data might result in physical or emotional harm to a custodial parent, noncustodial parent or a child in a case.  
NOTE: Corroborating evidence is not required. Indicating family violence will impact the quality of service provided by restricting the amount of information that can be shared with and obtained from the federal government and other secure resources.

**Section IV: Health Insurance**

If either parent has individual health insurance coverage or health insurance coverage for the child(ren), check the appropriate box and enter information about the insurance company, if known.

**Section V: Signature**

After completing the required information, the form must be signed by the applicant.

**Section VI: Services Required**

The child support staff person shall check the appropriate box for the type of service required.

**Section VII: Validation**

The child support staff person shall check the appropriate box, sign the form, enter his/her title and the date of the validation  
**Note:** Some applicants will complete more than one application. In those instances, check “\$25.00 application fee paid” on one form only. Check “Fee previously paid” on all others.

**Distribution:** Application for Support Enforcement Services, must be retained and copies distributed. The instructions for retention and distribution of form 980-980A are provided below.

Original – Case folder      1 copy to applicant      1 copy to fiscal, if accompanied by fee      1 copy to prosecutor, if necessary.

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MARYLAND DEPARTMENT OF HUMAN RESOURCES  
 Child Support Enforcement Administration

**APPLICATION FOR SUPPORT ENFORCEMENT SERVICES**

Support enforcement services include:

- Searching for the other parent
- Legally establishing paternity
- Establishing a court order for child support and health insurance coverage
- Collecting support payments
- Enforcing the court order
- Reviewing and modifying a court order, periodically

*Please complete this form carefully and provide as much detailed information as possible. Legibly print the answers on this form. If you are the custodial parent, complete a separate form for each noncustodial parent from whom you want support. The accuracy of the information you provide may affect how your case is handled. If you do not understand any questions on this form, please call 1-800-332-6347.*

**SECTION I: CUSTODIAL PARTY – (PARTY OR RELATIVE WITH WHOM THE CHILDREN RESIDE)**

Full legal name (First, Middle, Last) \_\_\_\_\_ Maiden Name \_\_\_\_\_ Alias Name \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ Sex \_\_\_\_\_ Date of birth \_\_\_\_\_ Race \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Social Security number \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_ E-mail/web address \_\_\_\_\_

Employer's name \_\_\_\_\_ Employer's address \_\_\_\_\_

Name of nearest relative \_\_\_\_\_ Relationship \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Family Violence: I believe that disclosure of my address or other identifying information might result in physical or emotional harm to me or my child. (Please see instructions on page 1)

I believe the other party (parent) will cooperate with this office to establish, modify, and enforce a support order.

I think the alleged father will request genetic testing.

<b>SECTION II: SUPPORT – CHILDREN:</b>							State Where
Name	Social Security Number	Date of Birth	Birthplace (City, State)	Sex	Race	Relationship to you	Conception Occurred

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

1. If you are the mother of the child(ren), were you married to a man **other than the noncustodial parent at the time** the child(ren) were conceived or born?  Yes  No

2. What is the relationship between the mother and father of the child(ren)?  
 Never married  Currently married  Legally Separated  Divorced  Other \_\_\_\_\_

3. Date married: \_\_\_\_\_ State where married: \_\_\_\_\_ Date/place divorced/separated: \_\_\_\_\_

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4. If separated, have divorce proceedings been started by a private attorney and/or is court action currently pending?  Yes  No

If yes, please list name, address, and phone number of the attorney and the County and State in which court action is pending: \_\_\_\_\_

\_\_\_\_\_

Is child support included in this action?  Yes  No

5. If the parents were not married: Has paternity been established for the child(ren)?  Yes  No

6. Was paternity established by Affidavit?  Yes  No If yes, which State? \_\_\_\_\_

7. Was paternity established by Court Order?  Yes  No If yes, which State? \_\_\_\_\_

8. If you answered YES to question #6 or 7, please list the children for whom paternity has been established or an Affidavit of Parentage signed:

\_\_\_\_\_

9. Do you have a court order for child support from this noncustodial parent?  Yes  No

10. If you answered yes to #4, 5, 6, 7, 8 or 9 above, show where paternity/support was ordered. Include a copy of the order with your application.

County	State	Court docket #	Date of order
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11. Does the noncustodial parent pay support?  Yes  No

12. If yes or sometimes, to whom does the noncustodial parent pay support?

To you  To a child support agency  Other \_\_\_\_\_

13. Name and address of the child support agency: \_\_\_\_\_

\_\_\_\_\_

14. Date support last paid: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

15. Is support paid by a military allotment?  Yes  No

16. Have you ever received Temporary Cash Assistance (TCA, formerly AFDC or "welfare"), Medical Assistance, or previously applied for Child Support Services?  Yes  No

If yes, list the County and State: \_\_\_\_\_ Date of last TCA check if applicable: \_\_\_\_\_

17. Date of NCP's last contact with applicant or child: \_\_\_\_\_

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**SECTION III – NONCUSTODIAL PARTY (PARTY WITH WHOM THE CHILDREN DO NOT RESIDE)**

Full legal name (First, Middle, Last) Maiden Name Alias/Nickname Home phone Business phone

Date of birth Race Sex Social Security number Cell phone number

Address (or Last known address) Apt # City State Zip Code Date"

If you are the Noncustodial Party, please check the appropriate box[es]:

Family Violence: I believe that disclosure of my address or other identifying information might result in physical or emotional harm to me or my child. (Please see instructions on page 1)

I believe the other party (parent) will cooperate with this office to establish, modify, and enforce a support order.

I would like genetic testing. (There may be a fee for genetic testing.)

E-mail/web address Eyes Hair Height Weight

Identification marks: \_\_\_\_\_

Driver's license number Automobile tag number Automobile make/model Year

1. Current or prior military service dates: From \_\_\_\_\_ to \_\_\_\_\_ What branch? \_\_\_\_\_

2. Has the noncustodial parent ever been in jail?  Yes  No Dates: From \_\_\_\_\_ to \_\_\_\_\_

Name of jail: \_\_\_\_\_ Address: \_\_\_\_\_

3. Name of noncustodial parent's father: \_\_\_\_\_

Address City State Zip Code Phone number

4. Name of noncustodial parent's mother: \_\_\_\_\_ Maiden name: \_\_\_\_\_

Address City State Zip Code Phone number

5. Name of nearest noncustodial relative: \_\_\_\_\_ Relationship \_\_\_\_\_

Address City State Zip Code Phone number

6. Noncustodial parent's place of birth: \_\_\_\_\_

7. Noncustodial parent's current or last known employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Employment History – Dates: From \_\_\_\_\_ to \_\_\_\_\_

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8. Does noncustodial parent receive a pension, disability benefits, social security, or have any other source of income?

Yes  No  Unknown

Income amount: \$ \_\_\_\_\_ From what source: \_\_\_\_\_

9. Is noncustodial parent a member of a Union/Local?  Yes  No If yes, please specify: \_\_\_\_\_

10. Does noncustodial parent have a license, certificate, registration or permit that is necessary to practice or work in a particular business, occupation or profession?  Yes  No If yes, what type? \_\_\_\_\_

11. Does the noncustodial parent have other child support cases?  Yes  No  Unknown

If so, what state or states? \_\_\_\_\_

12. Do you have a photograph of the noncustodial parent?  Yes  No If yes, please attach photograph.

#### SECTION IV – HEALTH INSURANCE

1. Do the children currently have health insurance?  Yes  No  Unknown

2. Insurance provided by:

Father:

Mother:

Other (State, Step parent, Grandparent, etc.): Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Insurance company:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Policy number: \_\_\_\_\_

Group number: \_\_\_\_\_ Effective date: \_\_\_\_\_ Policy expiration date: \_\_\_\_\_

4. Is insurance available through an employer for

Father: Yes No

Mother: Yes No

5. Name and address of employer providing the health insurance. \_\_\_\_\_

6. Name of child(ren) covered by the health insurance. \_\_\_\_\_

7. Type of coverage provided: (Check appropriate coverage)

HMO  PPO/PPN  POS  Pharmacy  Dental  Vision  Hospital services  
 Physician services

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**SECTION V: LEGAL REPRESENTATION**

An attorney working in the child support enforcement program represents the Child Support Enforcement Administration of the State of Maryland. The attorney **does not** represent you or your personal interest and there is no attorney-client relationship between you and the attorney, between you and the child support office, or any employees thereof. Any information you provide may not be treated as confidential, except as provided by law. You may be required to appear as a witness in court. Your failure to appear for court pursuant to an order or subpoena could result in your arrest.

**I am applying for support enforcement services on behalf of the child(ren) listed above. I understand that I may have to pay a \$25.00 application fee which will not be refundable even if the agency does not succeed in getting support for the child(ren).**

**I understand that I may be required to return money sent to me in error and can agree to have it taken incrementally from future payments. Failure to agree to have it taken out of future payments will not affect my application for services.**

Agree to recoupment from future payments

**Payments are applied to current support first, then arrears.**

**If an obligor has more than one obligation, any payments collected by earnings withholding will be allocated among families in accordance with 45 CFR 303.100(a)(5).**

**I swear and affirm under the penalties of perjury that the statements given are true and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Fee Disclosure:** The following fees may apply to your case as authorized by the Code of Federal Regulations (CFR) and established by the Code of Maryland Regulations (COMAR) 07.07.02.02:  
\$25 Application Fee- 45 CFR 302.33  
\$25 Federal Tax Offset Fee- 45 CFR 303.72  
\$25 Annual Fee- 45 CFR 302.33  
\$10 State Tax Intercept Fee- 45 CFR 303.102

\_\_\_\_\_  
*DO NOT WRITE BELOW THIS LINE*

**SECTION VI: SERVICES REQUIRED**

- All establishment/enforcement services
- Location of other parent
- Establishment of paternity
- Establishment of court order
- Collection/enforcement
- Modification
- Establishment/enforcement of health insurance only

**SECTION VII: VALIDATION**

- \$25 application fee paid
- Fee previously paid
- No fee paid. Explanation: \_\_\_\_\_
- Medical Assistance client. Fee does not apply.
- TCA applicant-fee deferred.

\_\_\_\_\_  
Validator's Signature (Child Support Staff Person)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date