

INSTRUCTIONS

MARYLAND DEPARTMENT OF HUMAN SERVICES Child Support Administration

If you prefer you may complete this form online at <http://dhs.maryland.gov/child-support-services/>

Form No.: DHS/CSA 980/980A

Form Name: Application for Support Services

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

Instructions: Complete Sections I, II, III, IV and VI. Child Support personnel shall complete Sections VII and VIII.

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 - CHILDREN

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.

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: LEGAL REPRESENTATION

SECTION VI: PAYMENTS AND SIGNATURES

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

SECTION VII: SERVICES REQUIRED

To be completed by Child Support staff.

SECTION VIII: 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 "\$15.00 application fee paid" on one form only. Check "Fee previously paid" on all others.

ATTACHMENT: FINANCIAL STATEMENTS

Provide all information requested.

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

INFORMATION FOR SUPPORT SERVICES

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. Disclosure of your Social Security number, and the Social Security number(s) of your child(ren), is required by federal law (42 USC 666(a)(13)). The Child Support Administration will use these Social Security numbers only for the purpose of establishing and enforcing support for you and your family. If you do not understand any questions on this form, please call 1-800-332-6347.

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

Full legal name (First, Middle, Last)		Maiden Name	Alias Name
Address		Sex	Date of birth
City	State	Zip Code	Race
		Social Security number	Driver's license number
Home phone	Business phone	Pager/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 father will request genetic testing.**

SECTION II: SUPPORT – CHILDREN:

	Name	Social Security Number	Date of Birth	State and County Where Born	Sex	Race	Relationship to you	State Where Conception Occurred
1)	_____	_____	_____	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____	_____	_____	_____
4)	_____	_____	_____	_____	_____	_____	_____	_____
5)	_____	_____	_____	_____	_____	_____	_____	_____

1. If you are the biological 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 your relationship to the noncustodial parent?
 Never married Currently married Separated Divorced Other _____
3. Date married: _____ State where married: _____ Date/place divorced/separated: _____
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 an Affidavit of Parentage signed? 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 the noncustodial parent's last contact with applicant or child: _____

SECTION III – NONCUSTODIAL PARENT (Parent from whom you want support)

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

 Date of birth Race Sex Social Security number Pager/cell phone number

 Address or last known address City State Zip Code Date

 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. Noncustodial parent's place of birth: _____

4. Is noncustodial parent a member of a Union/Local? Yes No If yes, please specify: _____

5. Name of nearest noncustodial relative: _____ Relationship _____

 Address City State Zip Code

6. Name of noncustodial parent's mother: _____ Maiden name: _____

 Address City State Zip Code Phone number

7. Name of noncustodial parent's father: _____

 Address City State Zip Code Phone number

8. Noncustodial parent's current or last known employer: _____

Employer's address: _____

Phone number: _____ Employment History – Dates: From _____ to _____

9. 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: _____

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 yes, 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 have health insurance? Yes No Unknown
2. Insurance provided by Mother Father Other (State, Stepparent, Grandparent, etc)
Name/relationship of Other provider _____
3. Name, address, and phone number of health insurance company covering child(ren). _____

- Policy number: _____ Group number: _____ Effective date: _____
- Policy expiration date: _____
4. Name and address of employer providing the health insurance. _____

5. Name of child(ren) covered by the health insurance. _____

6. Type of coverage provided: (Check appropriate coverage)
- HMO PPO/PPN POS Pharmacy Dental Vision Hospital services
 Physician services Other _____

SECTION V: LEGAL REPRESENTATION

An attorney working in the Child Support program represents the Child Support 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.

SECTION VI: PAYMENTS AND SIGNATURES

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).

Fee Disclosure: I understand I may be required to pay a nonrefundable \$15 application fee even if the agency does not succeed in getting support for the child(ren). A \$15 annual user fee may be deducted from my support payment if collections exceed \$3,500.

Maryland’s Child Support Administration (CSA) disburses child support payments via Direct Deposit into your checking account. You will be asked to complete a Direct Deposit application form once your Child Support accounts are open. If you do not submit a Direct Deposit application when your accounts are opened, a Bank of America debit card will be issued to you.

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

I agree to recoupment from future payments.

I am applying for support services on behalf of the child(ren) listed in this application. I personally have provided all information in this document. I further agree to notify my local MDCSA office immediately of any change in my residential or mailing address, telephone number, income, expenses or employment. I have either read this application and all of the information contained in it, or have had it read to me. I have received a copy of the Customer Rights and Responsibilities and I agree to meet all obligations imposed upon me by submitting and signing this application.

I solemnly affirm under the penalties of perjury that the statements given are true and correct to the best of my knowledge, information, and belief.

Applicant’s Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

SECTION VII: SERVICES REQUIRED

- | | |
|---|---|
| <input type="checkbox"/> All establishment/enforcement services | <input type="checkbox"/> Collection/enforcement |
| <input type="checkbox"/> Location of other parent | <input type="checkbox"/> Modification |
| <input type="checkbox"/> Establishment of paternity | <input type="checkbox"/> Establishment of court order |
| <input type="checkbox"/> Establishment/enforcement of health insurance only | |

SECTION VIII: VALIDATION

- | | |
|---|---|
| <input type="checkbox"/> \$15 application fee paid | <input type="checkbox"/> Medical Assistance client. Fee does not apply. |
| <input type="checkbox"/> Fee previously paid | <input type="checkbox"/> TCA applicant-fee deferred. |
| <input type="checkbox"/> No fee paid. Explanation _____ | |

Validator’s Signature (CSA Staff) _____ Date _____

Customer Rights and Responsibilities

As a Customer of the Child Support Administration (CSA) you have the following rights and responsibilities:

- The right to available services regardless of your race, color, creed, national origin, or as defined by ADA.
- The right to information regarding client rights including a copy of this document and/or an explanation of client rights in a language of your choice, to the extent possible, and access to an interpreter in order to understand exercise and protect your rights.
- The right to have your case record kept private as required by State and Federal laws.
- The right to make suggestions or complaints when you think your services have been delayed or you disagree with a decision.
- The right to get appropriate services that follow State, Federal, and local laws and regulations.
- The right to be treated with respect and courtesy.
- The right to be informed about any fee required in order to receive services.

As a Customer of this agency you have a responsibility to:

- Treat staff with respect and courtesy,
- Give correct and complete information about persons involved in your case,
- Inform CSA immediately about changes in legal custody, your address, employment, income and health insurance,
- Provide copies of all relevant court orders,
- Attend all scheduled appointments,
- Respond truthfully and timely to letters, notices or other inquiries from the Agency, and
- Notify your local Child Support office before filing any civil or criminal action concerning child support.

ATTACHMENT – FINANCIAL STATEMENT

I, _____, state that I am the mother/ father
 Name
 or _____ of the minor children listed below:
 State Relationship (aunt, guardian, grandmother, etc.)

Name	Date of Birth	Name	Date of Birth

The following is a list of my income and expenses.* *See definitions before completing.*

Total monthly income (before taxes) \$ _____

Child support I am paying for my other child(ren) each month \$ _____

Alimony I am paying each month to _____ \$ _____
 Name of Person

Alimony I am receiving each month from _____ \$ _____
 Name of Person

For the children listed above:

Monthly health insurance premium \$ _____

Work-related monthly childcare expenses \$ _____

Extraordinary monthly medical expenses \$ _____

School/transportation expenses \$ _____

*To figure the monthly amount of expenses, weekly expenses should be multiplied by 4.3, and yearly expenses should be divided by 12. If you do not pay the same amount each month for any of the categories listed, determine your average monthly expense.

Total Monthly Income: Include income from all sources including self-employment, rent, royalties, business income, salaries, wages, commissions, bonuses, dividends, pensions, interest, trusts, annuities, social security benefits, workers compensation, unemployment benefits, disability benefits, alimony or maintenance received, tips, income from side jobs, severance pay, capital gains, gifts, prizes, lottery winnings, etc. do not report benefits from means-tested public assistance programs such as food stamps or TCA.

Extraordinary Medical Expenses: Uninsured expenses over \$100 for a single illness or condition including orthodontia, dental treatment, asthma treatment, physical therapy, treatment for any chronic health problems, and professional counseling or psychiatric therapy for diagnosed mental disorders.

Child Care Expenses: Actual child care expenses incurred on behalf of a child due to employment or job search of either parent with amount to be determined by actual experience or the level required to provide quality care from a licensed source.

School and Transportation Expenses: Any expenses for attending a special or private elementary or secondary school to meet the particular needs of the child or expenses for transportation of the child between the homes of the parents.

I solemnly affirm under the penalties of perjury that the contents of the foregoing paper are true to the best of my knowledge, information and belief.

 Signature Date