

APPENDIX D: Child Support Information

APPENDIX D: CHILD SUPPORT INFORMATION PLEASE PRINT IN INK.

Complete a form for each noncustodial parent. The information will be used to establish and/or enforce child support.

Your name: _____ Your SSN: _____
 Address: _____ City/State/Zip: _____
 Phone: _____ Email: _____ Driver's License: State and No. _____
 Your relationship to children: Father Mother Other (explain) _____
 Non-custodial parent's full legal name: _____ and their SSN: _____

Child's Full Name	Date of birth	Place of birth (city, county, state)	Child's SSN	Absent Parent Full name	Are both parents on birth certification?
					Yes No
					Yes No
					Yes No

Non-custodial parents: Date of birth: _____ Place of birth: _____
 Address: _____ City/State/Zip: _____
 Non-custodial parent's usual occupation, current employer and location: _____

Does the non-custodial parent have medical insurance for the children? Yes / No Union member? Yes / No
 Tribe or Native Corporation member? Yes / No Type/Policy: _____

Married: _____ Date: _____ Where: _____
 Married and Separated: _____ Date of separation: _____ Where: _____
 Divorce pending: _____ Date filed and what court: _____
 Divorced: _____ Date final: _____ Where: _____
 Never married: If the parents never married, has paternity been established by court or administrative order for each child listed?
 Yes No If no, please explain: _____
 Is there a custody order regarding the children? Yes No If yes, provide the following information about the order:
 State/County: _____ Court/Agency: _____ Date: _____
 Do you have a child support order? Yes No If yes, provide the following information about the order:
 State/County: _____ Court/Agency: _____ Date: _____

CHILD SUPPORT COOPERATION AND ASSIGNMENT OF SUPPORT

You are required by law to help get child support for a child receiving Temporary Assistance (ATAP/TANF) payments or medical support for a child receiving medical assistance (Medicaid). This means you must help locate a non-custodial parent or establish paternity for a child with no legal father. You must sign over to the State agency any child/spousal support or medical support owed to you for any month you receive assistance. If the non-custodial parent pays support payments to you while you are receiving Temporary Assistance, you must turn the payments over to Child Support Services Division (CSSD). You must do this even if no support order in effect.

If CSSD sends a payment to you in error, they will contact you for repayment of that money. If you want to repay gradually out of future child support payments, instead of immediately in a lump sum, check this box.

SUPPLYING INFORMATION TO CSSD - CONFIDENTIALITY AND SAFETY

If you believe that cooperating with CSSD to get child or medical support will bring harm to you or your children and you can provide support for your belief, you may claim good cause for not cooperating. You will be asked by a Public Assistance caseworker to complete "good cause" claim forms. It is up to the caseworker to decide if you have good cause for not cooperating. CSSD will continue to pursue child or medical support against the non-custodial parent, even if you DO NOT cooperate, unless the Division of Public Assistance approves good cause. Please check one of the boxes and sign below.

- I agree to cooperate with CSSD.
- I agree to cooperate with CSSD but I want my address kept confidential.
- I believe I have good cause to not cooperate with CSSD.

Signature _____ Date _____