

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: _____

CHILDSUPPORT 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 may be asked by a Public Assistance caseworker to provide documentation to support your good cause claim. 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 _____