

Parent Application for Child Support Services

Name of Parent Applying for Services (last, first, middle, suffix, e.g., Jr.) _____
Relationship to child or children <input type="checkbox"/> Mother <input type="checkbox"/> Father

DATE STAMP <i>(for office use only)</i> Fee Paid \$ _____ Rept # _____

Please Note:

- If you are the guardian and not the child's parent, please fill out the *Guardian's Application for Child Support Services* form.
- 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, s. 49.83].
- Filling out this form:
 - ◆ Please fill out this form the best you can.
 - ◆ If you do not know or are not sure 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.

Services Requested: Federal regulations require child support agencies to provide all services that are proper for a case. If you receive Medicaid, you may choose "Only Medical Support." You may also choose "Only Locate Parent Services."

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|--|---|
| <input type="checkbox"/> Child Support Services | <input type="checkbox"/> Paternity (legal fatherhood) |
| <input type="checkbox"/> Only Locate Parent Services | <input type="checkbox"/> Only Medical Support |

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

If you have a Child Support Order for the child or children listed in this form, please list the information below and attach copies of any court orders, judgments, decrees or stipulations involving child support. (If you have a different order for each child, list the information on page 6.)

County/State of Order _____ Monthly Amount Ordered \$ _____

IMPORTANT

If a child is conceived or born during a marriage, the husband is the legal father. If you believe someone other than the husband may be the biological father, provide the information about that person* below.

Name _____ Date of Birth _____

Social Security Number _____ Street Address _____

City _____ State/Zip Code _____

*** The information given on the rest of this form should be information about the husband and wife of the marriage, not this person.**

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

Maiden Name or Alias (if any)	Date of Birth	Social Security Number	<input type="checkbox"/> Male <input type="checkbox"/> Female
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1. Place of Birth	City	County
	State	Country

2. Race/ethnicity/disability (This information is for federal reporting purposes only. You may choose not to answer. Not answering will **not** affect the services provided to you).

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

Do you have a disability? Yes No If yes, describe:

3. Your Current Relationship to the Other Parent
 Married Separated Divorced Annulled Never Married Other (specify)

Date	State	County
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4. Please Check Services You Are Receiving or Have Received

Child Support Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	W-2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Food Stamps	<input type="checkbox"/> Yes <input type="checkbox"/> No	AFDC	<input type="checkbox"/> Yes <input type="checkbox"/> No

State(s) These Services Were Received From:

5. Home Phone Number ()	6. Cell Phone Number ()	7. Work Phone Number ()	8. Work Hours
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9. Mailing Address

City	State/Zip Code
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10. Residence (Home) Address (if different from above)

City	State/Zip Code
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11. Job Information

Employer Name

Telephone Number ()	Fax Number ()
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Address

City	State/Zip Code
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Is Health Insurance Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are the Children Covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Premium \$	Per
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How Often Are You Paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly	Gross Income \$	Job Title
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Start Date	Occupational/Professional License <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, type
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12. Member of Armed forces Yes No If yes, Active Retired Branch

From	To	Veterans Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
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13. Your Other Children (not listed in Section III, Page 4)

Names		Dates of Birth	

SECTION II – Information about the OTHER PARENT Mother Father**(Please see the note marked “Important” on the bottom of page 1.)****Other Parent’s Name (last, first middle, suffix, e.g., Jr.)**

Maiden Name or Alias (if any)	Date of Birth	Social Security Number	<input type="checkbox"/> Male <input type="checkbox"/> Female
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14. Place of Birth	City	County
	State	Country

15. Home Phone Number () () ()	16. Cell Phone Number () () ()	17. Work Phone Number () () ()	18. Work Hours
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19. Mailing Address	
City	State/Zip Code

20. Residence (Home) Address (if different from above)	
City	State/Zip Code

21. Job Information			
Employer Name			
Telephone Number () () ()		Fax Number () ()	
Address			
City		State/Zip Code	

Is Health Insurance Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are the Children Covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Premium \$	Per
How Often is This Parent Paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly		Gross Income \$	Job Title
Start Date	Occupational/Professional License <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type:		
Member of Armed forces	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, <input type="checkbox"/> Active <input type="checkbox"/> Retired	Branch
From	To	Veterans Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No	

22. Other Children of This Parent (not listed in Section III, Page 4)			
Name		Date of Birth	

23. If the Location of This Parent Is Not Known: Please provide the information below and any other information you believe may help find this person. Include all addresses where relatives may live and type of income and assets this parent may have. Include any additional information on page 6. **Please include a picture of this parent, if available.**

Height	Weight	Race	Hair Color	Eye Color
Has this parent ever been arrested or convicted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Arrest or Conviction		
City and State of Arrest or Conviction		Name of Parole/Probation Officer		
Name of This Parent’s Mother (last, first, middle, maiden)				
Name of This Parent’s Father (last, first, middle)				

SECTION III – Information About the Children You Are Requesting Services For (These children must have the **same father and mother**, and these parents must be the parents listed on this form in Sections I and II). If there are more than three (3) children, list additional children on page 6.

24. Name of First Child (last, first, middle, suffix, e.g., Jr.)

Social Security Number	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race (optional)	Date of Birth
Is the Name of the Father on the Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		City of Birth	
County of Birth	State of Birth	Country of Birth	
Does child receive Social Security Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Monthly Amount \$	
If this child is now in high school, expected date of graduation:		Month	Year
Name of School		Address	
City		State/Zip Code	
Which parent does this child live with most of the time? (Defined as number of overnight stays or equivalent.) <input type="checkbox"/> Both Parents the Same <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> With Another Person			
Which parent has legal custody of this child? <input type="checkbox"/> Both Parents (joint custody) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Not yet decided by the court			

25. Name of Second Child (last, first, middle, suffix, e.g., Jr.)

Social Security Number	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race (optional)	Date of Birth
Is the Name of the Father on the Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		City of Birth	
County of Birth	State of Birth	Country of Birth	
Does child receive Social Security Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Monthly Amount \$	
If this child is now in high school, expected date of graduation:		Month	Year
Name of School		Address	
City		State/Zip Code	
Which parent does this child live with most of the time? (Defined as number of overnight stays or equivalent.) <input type="checkbox"/> Both Parents the Same <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> With Another Person			
Which parent has legal custody of this child? <input type="checkbox"/> Both Parents (joint custody) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Not yet decided by the court			

26. Name of Third Child (last, first, middle, suffix, e.g., Jr.)

Social Security Number	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race (optional)	Date of Birth
Is the Name of the Father on the Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		City of Birth	
County of Birth	State of Birth	Country of Birth	
Does child receive Social Security Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Monthly Amount \$	
If this child is now in high school, expected date of graduation:		Month	Year
Name of School		Address	
City		State/Zip Code	
Which parent does this child live with most of the time? (Defined as number of overnight stays or equivalent.) <input type="checkbox"/> Both Parents the Same <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> With Another Person			
Which parent has legal custody of this child? <input type="checkbox"/> Both Parents (joint custody) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Not yet decided by the court			

Social Security Numbers: The provision of your Social Security number is mandatory under Section 466(a) (42U.S.C.666(a)). Your Social Security number will be used for identification purposes. If you do not provide your Social Security number, your application will be denied.

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 that is later recalled by the federal Internal Revenue Service (IRS) or the state Department of Revenue (DOR), I must immediately return the money. 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 the law does not permit percentage orders in child support agency cases.

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.

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) or to establish or enforce a support order. However, the **child support attorney does not represent either parent**, but rather represents the state’s interest in enforcing support.

I hereby request child support services under the Child Support Enforcement Program under Title IV-D of the Social Security Act. I understand that I must cooperate with the child support agency by providing information that affects my case and by keeping my appointments with the agency.

Signature	Date Signed
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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.

DWD is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format, or need it translated to another language, please contact (608) 266-9909 or (800) 947-3529 TTY (Toll Free).

