

Department of Social Services
Office of Family Support
Support Enforcement Services

LOCAL OFFICE BLOCK	
LASES NO.	_____
Date:	_____
Appl Requested	_____
Appl/Flyer 1 Provided	_____
Appl/Rec/Fee Paid	_____
ÿ	Full Service - \$25
ÿ	Parent Locate Only
	SSN - \$10 / No SSN - \$14
ÿ	CP ÿ NCP
DOCUMENTATION	
Date Received:	_____
Medicaid Referral	_____
FITAP Referral	_____
KCSP Referral	_____



**APPLICATION OR
DOCUMENTATION FOR
CHILD SUPPORT SERVICES**

SECTION A

_____	_____	_____
Name of Applicant	Date of Birth	Social Security Number
_____	_____	(_____) _____
Mailing Address	Street Address	Telephone Number
_____	_____	(_____) _____
City, State & Zip	City, State & Zip	Other
Race _____	Sex _____	

Your relationship to child(ren): _____Mother _____Father _____Other (specify) _____

Does the child(ren) live with you? ___Yes ___No

Names of Medicaid Recipients: _____.

Note: Medicaid recipients receive child support unless the recipient indicates in writing that child support services are not wanted.

Victim of Domestic Violence/Child Abuse? ___Yes ___No

NONDISCLOSURE OF INFORMATION: When the Department has reasonable evidence of family violence, either domestic violence or child abuse, the case record will include an indicator of family violence for any person who is a party to the case. The indicator will prohibit release of information except to a court or agent of a court that has authority to issue an order for support or to make or enforce custody or visitation determination.

SECTION B. MOTHER INFORMATION

Name _____ Maiden Name _____ Other Names Used _____

Date of Birth _____ Place of Birth (City, State) _____ Social Security Number _____

Mailing Address _____ City, State, Zip _____ Telephone Number _____

Street Address _____ City, State, Zip _____ Other _____

Is the address listed above a current address? Yes No Unknown

Physical description of mother (attach photo if available)

Race _____	Sex _____	Height _____	Weight _____	Hair color _____	Eye color _____	Driver's License # _____
Identifying marks (scars, tattoos, missing limbs) _____						

Present marital status Married _____ Date of Marriage: _____ Spouse's name: _____
 Single Separated Divorced Date of Divorce _____

Highest Level of Education Completed _____

Name, address, and phone number of mother's parents:

Father _____ Deceased? Yes No
Address: _____ Telephone: (_____) _____
Mother _____ Maiden Name _____ Deceased? Yes No
Address: _____ Telephone: (_____) _____

Is mother in the military or has she ever been? Yes No If yes, complete the following:

Branch _____ Service Number _____

If the mother is incarcerated or on probation, complete the following:

Institution _____ Address _____
Officer _____ Telephone: (_____) _____

What is the mother's occupation? _____ Is the mother self-employed? Yes No

Company Name _____ Address _____

AND/OR

Primary Employer _____ Telephone: (_____) _____

Employer Address _____

Is the mother a student? Yes No Where? _____

Job Title _____ Salary \$ _____ per Wk. Mo.

Begin Date _____ Is the mother currently employed with Primary Employer? Yes No

Does the mother have a professional license? Yes No If yes, please specify _____

Does mother belong to a Union? Yes No If yes, please specify _____

Child Care Expenses paid by mother \$ _____ Per _____ Other Income: FITAP/KCSP \$ _____

Unemployment \$ _____ SSI \$ _____ Social Security \$ _____

Veterans Benefits \$ _____ Food Stamps \$ _____

Secondary Employer _____

Is health insurance available? Yes No If yes, Insurance Company name _____

Policy number _____

Are any of the children listed in Section D covered? Yes No (If yes, please provide a copy of Insurance Card, if available)

SECTION C. FATHER INFORMATION

Name _____ Other Names Used _____ Social Security Number _____

Date of Birth _____ Place of Birth (City, State) _____ Other Social Security Numbers Used _____

Mailing Address _____ City, State, Zip _____ Telephone Number _____

Street Address _____ City, State, Zip _____ Other _____

Is the address listed above a current address? Yes No Unknown

Physical description of father (attach photo if available)

Race _____ Sex _____ Height _____ Weight _____ Hair color _____ Eye color _____ Driver's License # _____
Identifying marks (tattoos, scars, missing limbs) _____

Present marital status Married Date of Marriage: _____ Spouse's name: _____
 Separated Divorced Single Unknown

Highest Level of Education Completed _____

Name, address, and phone number of father's parents:

Father _____ Deceased? Yes No
Address: _____ Telephone: (_____) _____

Mother _____ Maiden Name _____ Deceased? Yes No
Address: _____ Telephone: (_____) _____

Is father in the military or has he ever been? Yes No

If yes, complete the following: _____
Branch _____ Service Number _____

If the father is incarcerated or on probation, complete the following:

Institution _____ Address _____
Date of Incarceration _____ Release date: _____
Probation Officer: _____ Telephone: (_____) _____

What is the father's occupation? _____ Is father self-employed? Yes No

Company Name _____ Is this a self-employed company name? Yes No

Address _____

AND/OR

Primary Employer _____ Telephone: (_____) _____

Employer Address _____

Is the father a student? Yes No Where: _____

Job Title _____ Salary \$ _____ per Wk. Mo.

Begin Date _____ Is the father currently employed with Primary Employer? Yes No

Does father have a professional license? Yes No If yes, please specify _____

Does father belong to a Union? Yes No If yes, please specify _____

Child Care Expenses paid by father \$ _____ Per _____ Other Income: FITAP/KCSP \$ _____

Unemployment \$ _____ SSI \$ _____ Social Security \$ _____

Veterans Benefits \$ _____ Food Stamps \$ _____

Secondary Employer _____

Is health insurance available? Yes No If yes, Insurance Co. name _____

Policy Number _____

Are any of the children listed in Section D covered? Yes No (If yes, please provide a copy of Insurance Card, if available)

SECTION D

1. CHILD INFORMATION

Child (First, Middle and Last Name) (Date of Birth) (Place of Birth – City & State)

(Social Security Number) (Race) (Sex)

Current State of Residence _____ State of Residence past six months _____

Were the mother and father of this child legally married to each other when the mother became pregnant or at the time of birth? Yes No

If yes, Date of Marriage _____ (provide copy of Marriage License) Date of Separation _____

Date of Divorce (provide copy of Divorce Decree) _____

If no, is father's name on the Birth Certificate? (provide copy) Yes No

If no, has the biological father signed an Acknowledgment of Paternity? (provide copy) Yes No

Act of Legitimation? (provide copy of Marriage License) Yes No If available, provide copy of acknowledgment.

Does paternity need to be established? Yes No **If yes, SES-101A (Affidavit In Support of Establishing Paternity) must be completed**

Explain any extraordinary medical expenses relating to the child. _____

Is there a court order for child and/or medical support for the child? (provide copy) Yes No

If yes, complete the following:

Date of Order _____ Amount \$ _____ Issuing Court _____

Have charges of nonsupport been filed? Yes No If yes, where? _____

When was the last time support was paid? _____

2. CHILD INFORMATION

Child (First, Middle and Last Name) (Date of Birth) (Place of Birth – City & State)

(Social Security Number) (Race) (Sex)

Current State of Residence _____ State of Residence past six months _____

Were the mother and father of this child legally married to each other when the mother became pregnant or at the time of birth? Yes No

If yes, Date of Marriage _____ (provide copy of marriage license) Date of Separation _____

Date of Divorce (provide copy of Divorce Decree) _____

If no, is father's name on the Birth Certificate? (provide copy) Yes No

If no, has the biological father signed an Acknowledgment of Paternity? (provide copy) Yes No

Act of Legitimation? (provide copy of Marriage License) Yes No Provide copy of acknowledgment, if available.

Does paternity need to be established? Yes No **If yes, SES-101A (Affidavit In Support of Establishing Paternity) must be completed**

Explain any extraordinary medical expenses relating to the child. _____

Is there a court order for child and/or medical support for the child? (provide copy) Yes No

If yes, complete the following:

Date of Order _____ Amount \$ _____ Issuing Court _____

Have charges of nonsupport been filed? Yes No If yes, where? _____

When was the last time support was paid? _____

3. CHILD INFORMATION

Child (First, Middle and Last Name) (Date of Birth) (Place of Birth - City & State)

(Social Security Number) (Race) (Sex)

Current State of Residence _____ State of Residence past six months _____

Were the mother and father of this child legally married to each other when the mother became pregnant or at the time of birth? Yes No

If yes, Date of Marriage _____ (provide copy of Marriage License) Date of Separation _____

Date of Divorce (provide copy of Divorce Decree) _____

If no, is father's name on the Birth Certificate? (provide copy) Yes No

If no, has the biological father signed an Acknowledgment of Paternity? (provide copy) Yes No

Act of Legitimation? (provide copy of Marriage License) Yes Provide copy of acknowledgment, if available.

Does paternity need to be established? Yes No **If yes, SES -101A (Affidavit In Support of Establishing Paternity) must be completed**

Explain any extraordinary medical expenses relating to the child. _____

Is there a court order for child and/or medical support for the child? (provide copy) Yes No

If yes, complete the following:

Date of Order _____ Amount \$ _____ Issuing Court _____

Have charges of nonsupport been filed? Yes No If yes, where? _____

When was the last time support was paid? _____

4. CHILD INFORMATION

Child (First, Middle and Last Name) (Date of Birth) (Place of Birth - City & State)

(Social Security Number) (Race) (Sex)

Current State of Residence _____ State of Residence past six months _____

Were the mother and father of this child legally married to each other when the mother became pregnant or the time of birth Yes No

If yes, Date of marriage _____ (provide copy of Marriage License) Date of Separation _____

Date of Divorce (provide copy of Divorce Decree) _____

If no, is father's name on the Birth Certificate? (provide copy) Yes No

If no, has the biological father signed an Acknowledgment of Paternity? (provide copy) Yes No

Act of Legitimation? (provide copy of Marriage License) Yes No Provide copy of acknowledgment, if available.

Does paternity need to be established? Yes No **If yes, SES101A (Affidavit In Support of Establishing Paternity) must be completed**

Explain any extraordinary medical expenses relating to the child. _____

Is there a court order for child and/or medical support for the child? (provide copy) Yes No

If yes, complete the following:

Date of Order _____ Amount \$ _____ Issuing Court _____

Have charges of nonsupport been filed? Yes No If yes, where? _____

When was the last time support was paid? _____

YOUR RIGHTS AND RESPONSIBILITIES

I understand the following conditions:

1. Support Enforcement Services has the authority to take whatever action is necessary to establish paternity and enforce a support obligation. Support Enforcement Services does not guarantee that efforts on my behalf will be successful.
2. If I do not cooperate with Support Enforcement Services, my case may be closed after advance notice is provided. The information I provide may affect the relative priority assigned to my case and any change in priority will only result from additional information received by Support Enforcement Services.
3. A nonrefundable fee of \$25.00 is charged for full service, unless I receive FITAP, KCSP, or Medicaid benefits. No action will be taken on my case until this fee is paid. A nonrefundable fee of \$10.00 is charged for parent locate only cases. An additional fee of \$4.00 is charged if I do not provide the noncustodial parent's social security number.
4. The post office is not permitted to forward checks. I must notify Support Enforcement Services if my street/ mailing address should change; failure to do so could result in delayed payments.
5. I must notify Support Enforcement Services of any direct support payments received from the noncustodial parent. I must also report if the child(ren) receiving services are no longer residing with me.
6. The state staff attorney, District Attorney, and/or private contract attorney providing services pursuant to this application:
 - a. Does not represent me in any actions that may occur.
 - b. Represents only the State and the State's interest.
 - c. Cannot give me any legal advice. I must contact my own attorney or the local legal services for legal advice.
7. Any information provided, orally, in writing, or in other form, is not protected by the attorney-client privilege and could be used by the State in a civil or criminal action against me. Whenever the interests of the Louisiana Department of Social Services conflict or are adverse to me, I should retain independent counsel to advise me of my rights. Any monies paid by me herein are not attorney fees.
8. Either party to a child support order may request a review of the child support order every three years to determine if the amount of support is consistent with the Louisiana child support award guidelines.
9. In accordance with Section 466(a)(13) of the Social Security Act [42 U.S.C. 666(a)(13)], disclosure of social security numbers is required. The information may be used for purposes of establishing paternity, modifying, and enforcing support obligations. Social security numbers may also be released for reasons directly connected to programs within the Department of Social Services.
10. Support Enforcement Services has authority to deposit and distribute all monies collected pursuant to this authorization in accordance with LA R.S. 46:236.1, **1 through 236.1.10**.
11. Support Enforcement Services does not calculate interest on delinquent child support payments. However, if an individual obtains a judgment for interest owed and requests enforcement on the delinquency, the judgment may be enforced.
12. **Support Enforcement Services may withhold up to 10% from future child support payments from all of your child support cases to correct an overpayment.** Yes No **CP's Initials:** _____.
13. By applying for child support services, I understand that medical support services will be provided unless the child(ren) are covered under a medical insurance policy other than Medicaid.

Either party to a child support order may request a review of actions taken, or when there is evidence that an action should have been taken on a case. The purpose of the administrative review is to determine if the action or proposed action is appropriate and in compliance with all applicable federal and state laws and regulations. A request for an administrative review should be forwarded to the office that is handling the case.

If I believe that I have been discriminated against because of race, color, or national origin, it is my right to file a complaint either through my local Office of Family Support or directly to the State Office of Family Support, or to the federal government. If I wish to file such a complaint, I may secure the complaint form from my local Support Enforcement Services office.

I swear that I have read the above or that it has been read to me and certify that my answer to each question is true and correct. I understand that if I have given false information or answer to any material question herein, I may be subject to criminal prosecution for knowingly giving such false information or answer.

Witness

Signature of Applicant

Date

Witness

Notary

Date

COLLATERALS/WITNESSES : (Friends/ relatives to verify your relationship with the father).

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: () _____

Telephone: () _____

ANALYST'S COMMENTS

Section A

Section B

Section C

Section D

Analyst's Signature