

## PARENT'S APPLICATION FOR CHILD SUPPORT SERVICES

The Division of Economic Support is an equal opportunity service provider. If you need help to access services or materials in an alternate format, please contact your local service provider or the DES Equal Opportunity Office at (608) 267-0927 (Voice and TDD).

Information provided on this form (including any attachments) may be shared with others only for the purpose(s) of administration of the child support program and other related programs [Wis. statutes, s. 49.83].

**Applicant name**

**Relationship to child**     Mother     Father

**Note:** If you are the guardian and not the child's parent, please fill out the *Guardian's Application for Child Support Services* form.

Does the child live with you?     Yes     No

Do you have legal custody of the child?     Yes     No

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

**Services Requested (informational only)**

Federal regulations require child support agencies to provide all services that are proper for a case. In most cases, your selections are for information only. However, you may choose only "Locate Parent" services. If you only receive Medicaid, you may choose only "Medical Support" services.

- |  |   |
|--|---|
| <input type="checkbox"/> Locate Parent   | <input type="checkbox"/> Collect Support            |
| <input type="checkbox"/> Establish Child Support Order                             | <input type="checkbox"/> Withhold Income            |
| <input type="checkbox"/> Establish Paternity (Legal Fatherhood)                    | <input type="checkbox"/> Review Child Support Order |
| <input type="checkbox"/> Reconcile Percentage Expressed Order To Establish Arrears | <input type="checkbox"/> Medical Support            |
| <input type="checkbox"/> No Support Services Wanted                                |   |

**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 county child support agency where you applied for services.**

**For office use:**

**Notes**

Date of Request \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Fees Due \$ \_\_\_\_\_

Order \$ \_\_\_\_\_

- Case type:     IV-D     NADC     Food Stamp     Locate Only  
                   Non-IV-D     AFDC/W-2     Medicaid

**Important**

**If a child was conceived or born during a marriage**, the law presumes that the husband is the legal father. If you believe someone other than the husband may be the father, provide the information about that person here. The information given on the rest of this form should be information about the husband and wife of the marriage, not the person listed here.

Name		Social Security Number	
Date of Birth		Street Address	
City	State	Zip Code	

**Section 1 -- Custodial Parent Information** The parent with **both** legal custody (joint or sole) and primary physical placement (the parent the children live with most of the time).

Custodial Parent's Name (last, first, middle, suffix, e.g., Jr., Sr.)		Maiden Name/Alias	
Social Security Number	Age	Sex	Date of Birth
Birth City	Birth County	Birth State	Birth Country
Home Phone (       )	Work Phone (       )	Work Hours From	To
Street Address 1 (Residence)			
City	State	Zip Code	
Street Address 2 (Mailing address, if different from above)			
City	State	Zip Code	

**Current marital status:**

Never Married                       Married                       Separated                     

**Current relationship to noncustodial parent:**

<input type="checkbox"/> Married	Date	State	County	City
<input type="checkbox"/> Separated	Date	State	County	City
<input type="checkbox"/> Annulled	Date	State	County	City

Never Married Was a *Wisconsin Voluntary Paternity Acknowledgment* form signed after the child was born?  Yes  No

Were other actions taken to establish paternity (legal fatherhood)?  Yes  No

If yes, what actions were taken (when, where, and by whom)

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## Section 1 -- Custodial Parent Information (continued)

Has the custodial parent ever received:		
Child Support Services <input type="checkbox"/> Yes <input type="checkbox"/> No	State(s) received from	Dates received
AFDC <input type="checkbox"/> Yes <input type="checkbox"/> No	State(s) received from	Dates received
W-2 Services <input type="checkbox"/> Yes <input type="checkbox"/> No	State(s) received from	Dates received
Medicaid <input type="checkbox"/> Yes <input type="checkbox"/> No	State(s) received from	Dates received

## Section 2 -- Custodial Parent's Income/Employment

Income	
Type (wages, disability)	Hours/Week
Amount	Frequency
Start Date	End Date
End Reason	Source (Employer, Social Security)
Job Title	Professional License Number

Employer	
Name	Federal Identification Number
Street Address 1	City/State/Zip Code
Street Address 2	City/State/Zip Code
Phone (        )	Health Insurance Available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Premium \$            per	Are Dependents Covered? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 3 -- Noncustodial Parent** This parent may have joint custody, but the other parent has primary physical placement (the child lives with the other parent most of the time).

Noncustodial Parent's Name (last, first, middle, suffix, e.g., Jr., Sr.)		Maiden Name/Alias			
Social Security Number	Age	Sex	Date of Birth		
Birth City	Birth County	Birth State	Birth Country		
Home Phone ( )	Work Phone ( )	Work Hours From	To		
Street Address 1 (Current or last known residence)		Dates From	To		
City	State	Zip Code	Country	Int'l Zip Code	
Street Address 2 (Current or last known mailing address)		Dates From	To		
City	State	Zip Code	Country	Int'l Zip Code	
Distinguishing Marks (tattoos/scars/birth marks)	Height	Weight	Eyes	Hair	Race
Current Marital Status <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Married					
If married, name of spouse					
Mother's Maiden Name (last, first, middle)			Father's Name (last, first, middle)		
Member of Armed Forces <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Active <input type="checkbox"/> Retired					
Branch		Dates of Service From			
To					
Eligible for Veteran's Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has the Noncustodial Parent Ever Been Arrested or Convicted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date and Place of Arrest/Conviction			Name of Noncustodial Parent's Parole/Probation Officer	

Please provide any other information you believe may help find this person and collect support payments. Include all addresses where relatives may live and type of income and assets the noncustodial parent may have. Attach any additional information on separate sheets of paper.

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**Please include a picture of the noncustodial parent, if available.**

### Section 4 -- Noncustodial Parent's Income/Employment

Income	
Type (wages, disability)	Hours/Week
Amount	Frequency
Start Date	End Date
End Reason	Source (Employer, Social Security)
Job Title	Professional License Number

Employer	
Name	Federal Identification Number
Street Address 1	City/State/Zip Code
Street Address 2	City/State/Zip Code
Phone (        )	Health Insurance Available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Premium \$            per	Are Dependents Covered? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Section 5 -- Information About the Children You Are Requesting Services For (These children must have the same father and the same mother, and these parents must be the custodial and noncustodial parents on this form.)

Are you applying for services for an unborn child? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, due date is
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First Child's Name (last, first, middle, suffix, e.g., Jr.)		Nickname		
Does Child Receive Social Security Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, check one <input type="checkbox"/> SSI <input type="checkbox"/> SSDI		
Social Security Number		Age	Amount \$                      per month	Race
Sex	Date of Birth	Birth City	Birth County	Birth State
Birth Country	Anticipated High School Graduation Date	School Name		
School Address (street, city, state, zip code)				
Do you have legal custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check one: <input type="checkbox"/> Sole custody <input type="checkbox"/> Joint custody		Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list name of the adult the child lives with and address		
Name		Street Address		
City		State	Zip Code	

## Section 5 -- Information About the Children (continued)

Second Child's Name (last, first, middle, suffix, e.g., Jr.)				Nickname	
Does Child Receive Social Security Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, check one <input type="checkbox"/> SSI <input type="checkbox"/> SSDI	
Social Security Number				Age	
Sex				Race	
Date of Birth	Birth City	Birth County	Birth State	Birth Country	
Anticipated High School Graduation Date			School Name		
School Address (street, city, state, zip code)					
Do you have legal custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check one: <input type="checkbox"/> Sole custody <input type="checkbox"/> Joint custody				Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list name of the adult the child lives with and address	
Name				Street Address	
City				State	Zip Code

Third Child's Name (last, first, middle, suffix, e.g., Jr.)				Nickname	
Does Child Receive Social Security Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, check one <input type="checkbox"/> SSI <input type="checkbox"/> SSDI	
Social Security Number				Age	
Sex				Race	
Date of Birth	Birth City	Birth County	Birth State	Birth Country	
Anticipated High School Graduation Date			School Name		
School Address (street, city, state, zip code)					
Do you have legal custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check one: <input type="checkbox"/> Sole custody <input type="checkbox"/> Joint custody				Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list name of the adult the child lives with and address	
Name				Street Address	
City				State	Zip Code

**Section 5 -- Information About the Children (continued)**

Fourth Child's Name (last, first, middle, suffix, e.g., Jr.)		Nickname		
Does Child Receive Social Security Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, check one <input type="checkbox"/> SSI <input type="checkbox"/> SSDI Amount \$ _____ per month		
Social Security Number	Age	Sex		Race
Date of Birth	Birth City	Birth County	Birth State	Birth Country
Anticipated High School Graduation Date		School Name		
School Address (street, city, state, zip code)				
Do you have legal custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check one: <input type="checkbox"/> Sole custody <input type="checkbox"/> Joint custody		Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list name of the adult the child lives with and address		
Name		Street Address		
City		State	Zip Code	

**List information for additional children on a separate sheet of paper.**

**Section 6 -- Existing Child Support Orders** (for children in this application. If you have different court orders for each child listed, list the information on a separate sheet of paper.)

<b>Court Orders</b>			
Court Order #	State Ordered	County Ordered	
Date Order Began	Amount Ordered \$	Frequency	
Date Last Payment Received	Amount Received \$	Amount of arrears (Past Due Payments) \$	
Custodial Parent's Attorney		Street Address	
City	State	Zip Code	Telephone Number (    )
Noncustodial Parent's Attorney		Street Address	
City	State	Zip Code	Telephone Number (    )

**Section 7 -- Other Dependents of Noncustodial Parent** (Children not included in this request for services.)

Child's Name	Date of Birth	Lives with Noncustodial Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, is there a court order for child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Court Order Number	State	
Name of Child's Other Parent		

Child's Name	Date of Birth	Lives with Noncustodial Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, is there a court order for child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Court Order Number	State	
Name of Child's Other Parent		

Child's Name	Date of Birth	Lives with Noncustodial Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, is there a court order for child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Court Order Number	State	
Name of Child's Other Parent		

**List information for additional children on a separate sheet of paper.**

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 the enforcement of my case. I understand that any certifiable past due child support debts owed **must** be submitted to the tax/lottery intercept programs. *(If intercepted money is later recalled by the federal Internal Revenue Service (IRS) or the state Department of Revenue (DOR), it must be immediately returned to BCS. If the money cannot be repaid all at once, arrangements can be made for a payment plan until the amount is repaid in full. If the money is not returned, the Bureau of Child Support (BCS) will try other ways to collect the money, such as using a collection agency.)*

I agree to pay all fees and charges, which may include, but are not limited to, an application fee, tax intercept fee, and court costs. I understand that the quality of the information I provide may affect the agency's ability to provide child support services.

Disclaimer: The State of Wisconsin will bring any necessary administrative or court action to establish paternity (legal fatherhood) or 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.

Applicant Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

