

**STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
 BUREAU OF CHILD SUPPORT ENFORCEMENT**

Key# _____
 Date _____

**APPLICATION FOR TITLE IV-D CHILD SUPPORT ENFORCEMENT SERVICES
 INFORMATION ABOUT THE CUSTODIAL PARTY**

Name	First	M.I.	Last	Maiden (if applicable)		
Address	Street and No.	Apt. No.	City/Town	State	Zip Code	
Vital information	Date of Birth	Social Security Number	Sex <input type="checkbox"/> M <input type="checkbox"/>	Race	Marital Status	Telephone Number (include area code) (/)
Employer	Full name		Dates of employment		Telephone Number (include area code) (/)	
Employer's address	Street and No.		City/Town	State	Zip Code	
If married, date and place:		To whom?		Date separated (if applicable):	Relationship to you:	
If divorced, when?		Where?		If not divorced, have proceedings begun?	Where?	
Ever received child support services?		Where?		When?	Case name:	
Ever received public assistance/Medicaid?		Where?		When?	Case #:	

INFORMATION ABOUT YOURSELF (NONCUSTODIAL PARENT)

Name	First	M.I.	Last Alias	Maiden (if applicable)		
Address	Street and No.	Apt. No.	City/Town	State	Zip Code	
Vital information	Social Security Number	Date of Birth	Birth city, state	Marital Status	Telephone Number (include area code) (/)	
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race	Height	Weight	Hair	Eyes	Scars/tattoos
Employer	<input type="checkbox"/> Current <input type="checkbox"/> Last known	Full name		Dates of employment	Telephone Number (include area code) (/)	
Employer's address	Street and No.		City/Town	State	Zip Code	
Property owned	(Describe nature and location)					
Vehicle information	Make	Model	Color	Year	License Plate No.	
Receiving benefits? <input type="checkbox"/> Unemployment <input type="checkbox"/> Workers' comp.		Date and place of any arrests	Date and place of any incarceration	Military branch and service dates		
Mother's maiden name,						
Father's name, address						

(continued on the next page)

INFORMATION ABOUT THE CHILDREN FOR WHOM SERVICES ARE REQUESTED

Name	Date of birth	Social security number	Issue of marriage? (Yes/No)	Paternity established? (Yes/No)	How (acknowledgment or adjudication) and where (city, state, hospital) was paternity established?	Living with custodial party? (Yes/No)

INFORMATION ABOUT YOUR CHILD SUPPORT ORDER(S)

Provide the following information about all child support orders, including any modifications, that have been issued against you for support of the above-named children, starting with the most recent order as order #1, the next most recent as order #2, and so forth. If there are no such orders, check here go on to the next section. If there are more than three such orders, provide the requested information about all additional orders on reverse.

Order #	Date of order	City, state where entered	Weekly current support	Case/docket number	Payee	Payment method
Order #1						
Order #2						
Order #3						

INFORMATION ABOUT MEDICAL INSURANCE

Your medical insurance	Type coverage	Policy #	Added cost for coverage of children \$ _____ per _____
Name of insurance company		Names of those covered	
Custodial party's medical insurance	Type coverage	Policy #	Added cost for coverage of children \$ _____ per _____
Name of insurance company		Names of those covered	

NOTICE REGARDING ENFORCEMENT PROCEDURES

Please be advised that by receiving IV-D services you will be subject to all applicable enforcement procedures including, but not limited to, the following:

- Income withholding
- Contempt proceedings for non-payment
- Real and personal property liens
- Reporting overdue support to consumer reporting agency
- Withholding of lottery winnings and federal and state income tax refunds and administrative payments
- License suspension
- Seizure of financial assets.

(continued on the next page)

INFORMATION ABOUT YOUR RIGHTS

Information concerning your whereabouts can be protected from disclosure to the custodial party if: (1) you provide evidence that there is a protective or restraining order in effect against such party, or (2) we determine, based on information provided by you, that release of such information may result in physical or emotional harm to you or your child.

If you believe that you have been treated unfairly because of race, color, religious creed, sex, sexual orientation, age, national origin, ancestry, mental retardation, learning disability or physical disability, you have the right to appeal to the Commissioner of Social Services, the Commission on Human Rights and Opportunities, or the U.S. Department of Health and Human Services.

AGREEMENT AND AUTHORIZATION FOR RECEIPT OF IV-D SERVICES

I hereby request Title IV-D child support services. I agree to cooperate with the Bureau of Child Support Enforcement, and any cooperating agencies or contractors, and authorize them to use all legal means necessary to provide requested services. I certify that all information provided by me in this application form is true and complete to the best of my knowledge and belief. I understand that if I begin receiving Title IV-D services, child support payments by way of income withholding will be directed through the state disbursement unit both while I receive such services and also when such services are terminated for any reason.

Applicant's Signature

Date