

**STATE OF CONNECTICUT  
 DEPARTMENT OF SOCIAL SERVICES  
 OFFICE OF CHILD SUPPORT SERVICES**

**APPLICATION FOR TITLE IV-D CHILD SUPPORT ENFORCEMENT SERVICES**

**INFORMATION ABOUT YOU**

<b>Name</b>	First	M.I.	Last	Maiden
<b>Address</b>	Street and No.	Apt. No.	City/Town	State Zip Code
<b>Vital Information</b>	Date of birth	* Soc. Sec. No.	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Race Marital Status
Home Phone ( )	Work Phone ( )	Cell Phone ( )	E-Mail	
<b>Employer</b>	Full name		Dates of employment	Telephone Number ( )
<b>Employer's Address</b>	Street and No.		City/Town	State Zip Code
If married, date and place	To whom?	Date separated (if applicable)	Relationship to obligor	
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 number	

**INFORMATION ABOUT THE CHILDREN OF THE NONCUSTODIAL PARENT**

*(Please include a copy of the birth certificate for each child.)*

Name	Date of birth	* Social security number	Issue of marriage? (Yes/No)	Parentage established? (Yes/No)	How (acknowledgment or adjudication) and where (city, state, hospital) was parentage established?	Living with You? (Yes/No)

\* Providing your social security number, and the social security numbers of your child(ren), is required under federal law (42 U.S.C. 405 (c)(2)(C) and 42 U.S.C. 666) to administer the Connecticut child support program under CGS §17b-179. These social security numbers will only be used to provide child support services to you and your family.

**INFORMATION ABOUT THE NONCUSTODIAL PARENT**

(Please complete a separate application for each noncustodial parent. You may photocopy this application or call us to request additional copies.)

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

**INFORMATION ABOUT YOUR CHILD SUPPORT ORDER(S)**

Provide the following information about all child support orders, including any modifications, that have been issued against the noncustodial parent, 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  and go on to the next section. If there are more than three such orders, provide the requested information about all additional orders on reverse. Be sure to complete an arrearage affidavit if there are any amounts owed to you under any of these orders.

<b>Order #1</b>	Date of order	City, state where entered	Weekly current support amount	Case/ docket number
<b>Order #2</b>	Date of order	City, state where entered	Weekly current support amount	Case/ docket number
<b>Order #3</b>	Date of order	City, state where entered	Weekly current support amount	Case/ docket number

I am requesting that an immediate wage withholding be placed against the earned income of the noncustodial parent.

**INFORMATION ABOUT MEDICAL INSURANCE**

(Please include copies of both sides of your medical cards.)

<b>Type of Coverage</b> <input type="checkbox"/> DOCTOR <input type="checkbox"/> HOSPITAL <input type="checkbox"/> VISION	<b>Policy Number:</b>  <b>Effective Date:</b>	<b>Insurance Company/ Address</b>	<b>Policy holder who pays premiums</b> <input type="checkbox"/> Me <input type="checkbox"/> Noncustodial parent <input type="checkbox"/> Other (Provide name and relationship to child, custodial party, or noncustodial parent.)
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Name(s) of insured dependent(s):

<b>Type of Coverage</b> <input type="checkbox"/> DENTAL	<b>Policy Number:</b>  <b>Effective Date:</b>	<b>Insurance Company/ Address</b>	<b>Policy holder who pays premiums</b> <input type="checkbox"/> Me <input type="checkbox"/> Noncustodial parent <input type="checkbox"/> Other (Provide name and relationship to child, custodial party, or noncustodial parent.)
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Name(s) of insured dependent(s):

<b>Type of Coverage</b> <input type="checkbox"/> PRESCRIPTION	<b>Policy Number:</b>  <b>Effective Date:</b>	<b>Insurance Company/ Address</b>	<b>Policy holder who pays premiums</b> <input type="checkbox"/> Me <input type="checkbox"/> Noncustodial parent <input type="checkbox"/> Other (Provide name and relationship to child, custodial party, or noncustodial parent.)
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Name(s) of insured dependent(s):

**INFORMATION ABOUT FEDERAL INCOME TAX REFUND & ADMINISTRATIVE OFFSET**

Following are the conditions for submittal of child support debts for collection by federal income tax and administrative offset:

- (1) There is a valid court or administrative order for child support.
- (2) The noncustodial parent has an arrearage of at least: (A) \$500 for federal income tax refund offset, or (B) \$25 for administrative offset.
- (3) The noncustodial parent's social security number has been verified.
- (4) A fee will be charged and deducted from any amounts payable to you for each IRS tax refund that is intercepted from the noncustodial parent. You do not have to pay this fee unless a collection is made on your behalf.
- (5) There is no guarantee that monies will be collected on your behalf.
- (6) If an income tax refund offset is made on your behalf, the State has the authority to hold the refund (if it involves a joint return) six months before sending the collection to you.
- (7) If the support order was not entered in this State, we must have a copy of the order and any modifications, and a copy of the support payment record or a signed affidavit from you, before the case can be submitted for offset.
- (8) If you have received public assistance in the past, any child support debt owed to the State may be satisfied before any debt owed to you.
- (9) You are personally liable for the return of any amounts you receive that are paid erroneously, including any amounts that must be returned due to the filing of an amended return by the noncustodial parent's spouse.

### **INFORMATION ABOUT YOUR RIGHTS**

Information concerning your whereabouts can be protected from disclosure to the noncustodial parent if: (1) you provide evidence that there is a protective or restraining order in effect against such parent, 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 Office of Child Support Services, and any cooperating agencies or contractors, and authorize them to use all legal means necessary to provide requested services. 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. I understand that if child support payments are received that are greater than the amount due to me in that month, and there are no amounts owed on any other obligations, only the amount that is due to me will be paid. Remaining payments will be paid to me when an amount becomes due. I understand that a fee of not more than \$35.00 will be deducted annually from my child support payments for this case. "Annually" means state fiscal year (July 1 through June 30). The fee will only be deducted from my payments after I have received \$550.00 in child support from the noncustodial parent, and the fee will not be charged to me if I ever received cash assistance. I also understand that any child support payments will be sent to me by electronic means, either by direct deposit into my bank account, or by a debit card issued to me by the Department of Social 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.

Please check one of the boxes at the end of this paragraph to indicate that you consent or do not consent to automatic withholding, without further notice, from any future support payments collected on your behalf of amounts paid to you (1) in error or (2) on the basis of a check received from the noncustodial parent and returned by a financial institution for insufficient funds. You can receive Title IV-D services even if you do not consent to such withholding. However, if you do not consent to such withholding, the Office of Child Support Services, and any cooperating agencies or contractors, will seek recovery of any amounts paid to you as described above using all legal remedies available to them. (If neither of the following boxes is checked, it will be presumed that you have provided your consent.)

I consent to such withholding.

I do not consent to such withholding.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date