

Parent Application for Child Support Services

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, §. 49.83].

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 (for office use only)
Fee Paid \$ _____ Rept. # _____

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:

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.
- Filling out this form:
 - Please complete this form as 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:

Child Support Services Paternity (legal fatherhood) Only Locate (a parent) Services
\$25 fee due

Social Security Numbers or Individual Taxpayer Identification Number (ITIN): 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. If you do not have a social security number, you must provide your Individual Taxpayer Identification Number (ITIN).

Notice of Language Assistance

You have a right to an interpreter at no cost to you. Do you need an interpreter? Yes No

If yes, in what language? _____

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, please provide the information about that person.

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

Information on the rest of this form must be about the husband or wife of the marriage, not the person above.

SECTION 1 – Information about YOU, the parent applying for services

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

City	County
State	Country

2. Please Check Services You Are Receiving or Have Received

Child Support Services Yes No
 W-2, including child care Yes No

State(s) These Services Were Received From:

3. Home Phone Number ()	4. Cell Phone Number ()	5. Work Phone Number ()	6. Work Hours
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7. Mailing Address

City	State/Zip Code
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8. Residence (home) Address, if different from above

City	State/Zip Code
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9. 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?

Yes No

Are the Children Covered?

Yes No

Premium

\$

Per

Week

Month

How Often Are You Paid?

Weekly Bi-Weekly Monthly

Gross Income Per Payday

\$

Job Title

Start Date

Occupational/Professional License

Yes No

If yes, type:

10. Member of the Armed Forces

Yes No

If yes,

Active Retired

Branch

From

To

Veterans Benefits

Yes No

SECTION 2 – Information about the OTHER PARENT

11. Other Parent's Name (last, first, middle, suffix, e.g., Jr.)

Maiden Name or Alias (if any)	Date of Birth	Social Security Number/ITIN	<input type="checkbox"/> Male <input type="checkbox"/> Female
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12. Place of Birth

City	County
State	Country

13. Home Phone Number ()	14. Cell Phone Number ()	15. Work Phone Number ()	16. Work Hours
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17. Mailing Address

City	State/Zip Code
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18. Residence (home) Address, if different from above

City	State/Zip Code
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19. 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 \$ <input type="checkbox"/> Week <input type="checkbox"/> Month
How Often Is the Other Parent Paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	Gross Income Per Payday \$	Job Title
Start Date	Occupational/Professional License <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, type:
20. Member of the 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	

21. **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 separate pages and attached. **Please include a picture of this parent, if available.**

Distinguishing Marks (tattoos/scars/birth marks):

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	

SECTION 2 (continued) - Information about the OTHER PARENT

Name of the Other Parent's Mother (last, first, middle, maiden)

Name of the Other Parent's Father (last, first, middle)

SECTION 3 – Information about the Children (These children must have the **same father and mother** – the parents must be the parents listed on this form in Section 1 and 2.) If there are more than three (3) children, please provide the information about the children on pages 7 - 8. If there are children with other partners, please complete the information in Section 5 on page 5.

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

Social Security Number/ITIN	<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"/> Do Not Know			City of Birth
County of Birth	State of Birth	Country of Birth	
Does the 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			

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

Social Security Number/ITIN	<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"/> Do Not Know			City of Birth
County of Birth	State of Birth	Country of Birth	
Does the 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			

SECTION 3 (continued) – Information about the Children

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

Social Security Number/ITIN	<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"/> Do Not Know			City of Birth
County of Birth	State of Birth		Country of Birth
Does the child receive Social Security Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is 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? <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			

Are you applying for services for an unborn child? Yes No

If yes, due date: _____

SECTION 4 - Current Legal Status (Attach copies of any court orders, judgments, decrees, or stipulations)

25. The **current** relationship between you and the other parent (in Section 2)

Married Separated Divorced Annulled Never Married

Date and place (city, county, state) of marriage, legal separation, divorce and/or annulment: _____

26. If you have a Child Support Order for the child or children listed in Section 3, please provide the information below.

County/State of Order: _____

Monthly Amount Ordered: \$ _____

SECTION 5 – Information about Other Children.

List any other child you or the other parent (in Section 2) have with another partner. If there are more than five (5) other children, please include the information about the other children on pages 7 - 8.

27. Name of Child	Child's Parent	Child's Date of Birth
	<input type="checkbox"/> You <input type="checkbox"/> Parent in Section 2	
	<input type="checkbox"/> You <input type="checkbox"/> Parent in Section 2	
	<input type="checkbox"/> You <input type="checkbox"/> Parent in Section 2	
	<input type="checkbox"/> You <input type="checkbox"/> Parent in Section 2	
	<input type="checkbox"/> You <input type="checkbox"/> Parent in Section 2	

Please read, sign, and date this page.

Fee: If you have **never** received a cash benefit from W-2, AFDC, SSI Caretaker Supplement, or Kinship Care, you will be charged a \$25 fee each year you receive \$500 or more in support. The fee will be taken out of the support payment. This fee is charged on all cases whether or not you apply for services.

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 for the period before the date that this application is accepted.

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

Overpayment: I understand that if I receive an overpayment (more support than I am due), the state may withhold part of future support payments, at a reasonable amount, until the overpaid amount is returned to the state. Yes No

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

Please attach copies of any letters of guardianship, and 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.

The Department of Children and Families 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 WTRS (Toll Free.)

