

SHORT FORM PARENT'S APPLICATION FOR CHILD SUPPORT SERVICES

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For civil rights questions call (608) 264-9820 or (866) 275-1165 TTY (Toll Free).

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].

**Use This Short Form To:
Update Existing Child Support Case Information and Apply for Child Support Services**

Filling out this Form

- ◆ Please fill out this form the 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 she/he can do for you.
- ◆ If you have any questions about this form, please talk with your child support agency.

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 below.

Services Requested

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 "Locate Parent Only" services.

Locate Parent Services Only Medical Support Child Support Services

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 child support agency where you applied for services.

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		Female <input type="checkbox"/> Male <input type="checkbox"/>	Race <input type="checkbox"/> Date of Birth <input type="checkbox"/>
Home Phone ()		Work Phone ()	
Street Address			
City		State	Zip Code

Section 2 -- 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		Female <input type="checkbox"/> Male <input type="checkbox"/>	Date of Birth <input type="checkbox"/>
Home Phone ()		Work Phone ()	
Street Address (current or last known residence)			
City		State	Zip Code
Distinguishing Marks (tattoos/scars/birth marks)	Height	Weight	Eyes Hair Race
Employer			
Name			
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 <input type="checkbox"/> Week <input type="checkbox"/> 2 Weeks <input type="checkbox"/> Month <input type="checkbox"/> Year		Are Dependents Covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Income			
Amount \$		Per: <input type="checkbox"/> Week <input type="checkbox"/> 2 Weeks <input type="checkbox"/> Month <input type="checkbox"/> Year	Start Date
Job Title		Occupational/Professional License <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type	

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.)

List all the children:

	Child's Name (First and Last)	Date of Birth	Social Security Number	Does this child live with you?	If no, who does the child live with?
1				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5				<input type="checkbox"/> Yes <input type="checkbox"/> No	

List information for additional children on the back of this page.

Are you applying for services for an unborn child? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, due date is _____

Social Security Numbers: 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.

Tax Intercept Information: I understand that the child support agency will submit any certifiable past due child support debts owed 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), I must immediately return the money to the Bureau of Child Support. If I cannot repay all the money at once, I will contact the child support agency to arrange a payment plan until the amount is repaid in full.

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-expressed orders in child support agency cases. I understand I cannot request a percentage-expressed order. If I now have a percentage expressed order, I will cooperate with the child support agency to change the order to a fixed dollar amount order.

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-expressed court order, I understand that the child support agency is not responsible for reconciling the order.

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.

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.

Applicant Signature _____ Date Signed _____

For office use:

Notes

Date of Request ____/____/____

Fees Due \$ _____

Order \$ _____