

COMMONWEALTH OF KENTUCKY
 Cabinet for Health and Family Services
 Department for Income Support
 Child Support Enforcement

APPLICATION FOR CHILD SUPPORT SERVICES

FOR OFFICE USE ONLY	
IV-D Number	_____
Date Requested	_____
Date Provided	_____
Date Returned	_____

- Check this space if you are the custodial parent. Custodial parent includes the physical custodian.**
- Check this space if you are the putative (alleged) father or the noncustodial parent.**

Full child support services will be provided to you unless you check one of the two spaces shown below:

- I wish to receive only location services. Location Only Case - State Parent Locator Section (SPLS)
 - I wish to receive only location services. Parental Kidnapping Case – SPLS
- No other service will be provided by child support staff when you request only location services.

I. NONCUSTODIAL PARENT'S INFORMATION

Name		Social Security Number			
Current Address		Last known address			
		Date last there			
Home Telephone Number	Work Telephone Number	Alias(es)		Nickname(s)	
Date of Birth	City of Birth	County of Birth		State of Birth	
Age	Sex: M _____ F _____				
Race <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Oriental <input type="checkbox"/> Unknown <input type="checkbox"/> Other					
Noncustodial Parent's Maiden Name, if applicable			Employer's Name, Address and Telephone Number		
Current Employer Name & Address			Previous Employer Name and Address		
			Date Employment Ended		
Start Date	Salary	Frequency		Occupation	
Work Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Unknown <input type="checkbox"/> Seasonal					
Does the noncustodial parent belong to a labor union? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
If yes, union name and address, if known					
Hair Color	Eye Color	Weight	Height	Other Identifying Features	
Military Record: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Branch:		Dates:
Arrest/Prison Record <input type="checkbox"/> Yes <input type="checkbox"/> No			Where? Dates:		
Has the noncustodial parent married or remarried? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
Name of current spouse:					
Has the noncustodial parent ever received benefits (SSI, K-TAP, Food Stamps, Black Lung, etc.)?					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Types:		Dates:	
Does the noncustodial parent own a car? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				Make	
				Model	
Father's Name (even if deceased):			Mother's Present Name (even if deceased):		Mother's Maiden Name
Father's Address:			Mother's Address:		



I. NONCUSTODIAL PARENT'S INFORMATION (continued)

Home Telephone Number:	Home Telephone Number:
Work Telephone Number:	Work Telephone Number:
Is father living? ()Yes ()No () Unknown	Is mother living? ()Yes ()No ()Unknown

II. CUSTODIAL PARENT'S INFORMATION

Name		Social Security Number	
Current Address		Last known address	
		Date last there	
Home Telephone Number	Work Telephone Number	Alias(es)	Nickname(s)
Date of Birth	City of Birth	County of Birth	State of Birth
Other States lived in:			
Age	Sex: M _____ F _____		
Race () Native American () Asian () Black () Caucasian () Hispanic () Oriental () Unknown () Other			
Custodial Parent's Maiden Name, if applicable		Employer's Name, Address and Telephone Number	
Current Employer Name & Address		Previous Employer Name and Address	
		Date Employment Ended	
Start Date	Salary	Frequency	Occupation
Work Status: () Full Time () Part Time () Unemployed () Unknown () Seasonal			
Does the custodial parent belong to a labor union? () Yes () No () Unknown			
If yes, union name and address, if known			
Hair Color	Eye Color	Weight	Height
Other Identifying Features			
Military Record: () Yes () No () Unknown		Branch:	Dates:
Arrest/Prison Record () Yes () No		Dates:	
Where?			
Has the custodial parent married or remarried? () Yes () No () Unknown			
Name of current spouse:			
Has the custodial parent ever received benefits (SSI, K-TAP, Food Stamps, Black Lung, etc.)?			
() Yes () No () Unknown		Types:	Dates:
Does the custodial parent own a car? () Yes () No () Unknown		Make	Model
Father's Name (even if deceased):		Mother's Present Name (even if deceased):	
		Mother's Maiden Name	
Father's Address:		Mother's Address:	
Home Telephone Number:		Home Telephone Number:	
Work Telephone Number:		Work Telephone Number:	
Is father living? ()Yes ()No () Unknown		Is mother living? ()Yes ()No ()Unknown	

III. CHILD(REN)'S INFORMATION

Enter information about the child(ren) for whom services are being requested.

Complete Name	Social Security Number	State where child conceived	Date of Birth	Place of Birth City, County and State	Sex	Race*

*Use one of the race categories listed above.

IV. BACKGROUND INFORMATION

Answer whether you are the putative father, noncustodial parent, or the custodial parent.

Why is the parent absent? <input type="checkbox"/> Desertion <input type="checkbox"/> Divorce <input type="checkbox"/> Separation <input type="checkbox"/> Parents Not Married			
If the parents were married, on what date were they married?			
When were the parents last together?			
Was one parent married to another person when the child(ren) was conceived? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Which parent?		Name of person to whom the parent was married:	
Name the child(ren) conceived in Kentucky?			
Is the child(ren) receiving benefits (SSI, K-TAP, food stamps, etc) in Kentucky now?			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Types County	
Has the child(ren) received benefits in Kentucky before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Types		Dates	County
Has the child(ren) received benefits in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Types		Dates	State
Are you receiving benefits in Kentucky now? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Types		Dates	County
Have you received benefits in Kentucky before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Types		Dates	County
Have you previously requested non-K-TAP services in Kentucky or another state? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Dates		State	County
Has the noncustodial parent paid any medical expenses for the child(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Has the noncustodial parent shared in the child(ren)'s support? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

V. SUPPORT ORDER INFORMATION (Attach a certified copy of all orders.)

Check the appropriate spaces even if you are the putative (alleged) father or the noncustodial parent applying for child support (IV-D) services.

Has action to establish paternity been started or completed?
 Yes No Unknown TYPE: Judicial Administrative
 Has action to establish a child support obligation been started or completed?
 Yes No Unknown TYPE: Judicial Administrative

Judicial orders

Types:	<input type="checkbox"/> Paternity	<input type="checkbox"/> Child Support	<input type="checkbox"/> Medical Support	<input type="checkbox"/> Legal Separation	<input type="checkbox"/> Income Withholding	<input type="checkbox"/> Arrearage Judgment	<input type="checkbox"/> Divorce Decree	<input type="checkbox"/> Other	
Name and address of court(s) where action(s) was filed									
Date(s) Action(s) Filed				Civil Action Number(s)					
Date(s) of Order(s)									
Was the alleged father determined to be the biological father?				<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Not Applicable	
Comments									
Was child/spousal support ordered?				<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown	
If yes, provide amount of each.			Child Support \$ per			Spousal Support \$ per			
Child(ren) included in the order									
Was medical support ordered?		<input type="checkbox"/> Yes If yes, complete Section VI MEDICAL SUPPORT INFORMATION				<input type="checkbox"/> No		<input type="checkbox"/> Unknown	
Has the support obligation been modified?				<input type="checkbox"/> Yes If yes, answer below.			<input type="checkbox"/> No		<input type="checkbox"/> Unknown
Amount ordered \$ per				List the child(ren) included in the amended order					
List the name and address of the court and the civil action number if the court is different from the one listed previously.									

Administrative orders

Types	<input type="checkbox"/> Child Support	<input type="checkbox"/> Medical Support	<input type="checkbox"/> Income Withholding	<input type="checkbox"/> Other
Name and address of the agency that took the action(s)				
Date(s) Action Effective				
Was child support ordered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Amount Ordered \$ _____ per _____ for [name child(ren)]				
Was medical support ordered?	<input type="checkbox"/> Yes If yes, complete Section VI MEDICAL SUPPORT INFORMATION		<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Has the support obligation been modified	<input type="checkbox"/> Yes If yes, answer below.		<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Amount ordered \$ _____ per _____			List the child(ren) included in the modified order	
List the name and address of the agency if different from the agency listed previously.				

VI. MEDICAL SUPPORT INFORMATION

Has health insurance been ordered or provided for the child(ren)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown				
If yes, name the person obligated to provide health insurance							
Is the health insurance <input type="checkbox"/> voluntary or <input type="checkbox"/> ordered?							
Name and Address of the Insurance Company:							
Policy Number:							
Policy Effective Date:							
Policy Holder Name:							
Policy Holder Social Security Number:							
Types of Coverage (Check those that apply)							
<input type="checkbox"/> Hospital	<input type="checkbox"/> Medical	<input type="checkbox"/> Dental	<input type="checkbox"/> Vision	<input type="checkbox"/> Drugs	<input type="checkbox"/> Cancer Only	<input type="checkbox"/> VA Health Benefits	<input type="checkbox"/> Other (Accident/Casualty)
The amount of past-due medical support is \$ _____.							
This past-due medical support accumulated from _____ to _____							

Complete the entire form carefully and accurately. Incorrect information will delay the processing of your application. Mail the completed form to:

Office Address

I certify under penalty of law that the information I have provided is true to the best of my knowledge and belief and that the services I have requested are for the sole purpose of establishing paternity, if needed; obtaining and enforcing a support obligation; or requesting a modification review according to the Kentucky Child Support Guidelines. I understand that child support services will be provided based on the best interest of the child(ren) listed on this application. I agree to inform the area child support office or the IV-D contracting official's office to which I am providing this application of any changes in the information submitted on this application. I also understand as explained to me in the Authorization and Acknowledgment of No Legal Representation (Form CS-11), which I have signed, the IV-D Contracting Officials employed by the Cabinet for Health and Family Services represent the state and not me, and that an attorney-client relationship does not exist between any of the IV-D Contracting Officials and me. I further understand that the Cabinet for Health and Family Services will assess a nonrefundable annual fee of \$25.00 for child support services when \$500.00 has been disbursed during the federal fiscal year.

SIGNATURE _____ DATE _____

INFORMATION ABOUT THE KENTUCKY CHILD SUPPORT PROGRAM

Available Services:

- Location of noncustodial parents.
- Establishment of paternity.
- Establishment of child/medical support orders.
- Enforcement of child/medical support orders.
- Collection and disbursement of current and/or past-due child/medical support obligations.
- Enforcement and collection of spousal support when there is an existing spousal support order, the spouse or ex-spouse is living with the child, and CHFS is collecting support for the child.
- Review for possible modification of child/medical support obligations.
- Case closure if we are unable to contact you for 60 days.
- Termination of support order.

Rights:

- All parties to the child support cases have equal status.
- Any party to the case can ask questions, raise issues, and request a review with or without assistance from an attorney.
- All parties have a right to have the support order reviewed every 36 months or sooner if there are on-going changes that cause a 15% increase or decrease in the support obligation amount.

Responsibilities:

- The applicant must provide complete and accurate information regarding yourself, the other parent, and the child(ren).
- You must notify us when your address changes.

State Fees:

- An annual fee of \$25.00 is collected from the applicant after \$500.00 has been collected within the Federal fiscal year.

Distribution Policy:

- We are required to distribute payments received within two (2) working days of receipt of the payment.
- Applicants may choose to receive their child support payments by check, direct deposit, or on a debit card.

*****KEEP THIS PAGE FOR YOUR RECORDS*****