(R. 8/19)

921 KAR 1:380

Cabinet for Health and Family Services Department for Income Support Child Support Enforcement

FOR OFFICE USE ONLY

APPLICATION FOR CHILD SUPPORT SERVICES

Check this space if you are the custodial parent. Custodial parent

	includes the ph	ysical custodian.		, 1. 5.1.					
()	•	•	tative (alleged) father or			quested			
()	noncustodial pa		tative (aneged) father of	tile	Date Pro	ovided	:		
					Date Ret	turned	:		
					:				
()	I wish to receive I wish to receive No other service	e only location servi e only location servi e will be provided by	ed to you unless you check ces. Location Only Case- ces. Parental Kidnapping y child support staff when P) INFORMATION	State Pare Case – SP	ent Locato LS	or Section (SPLS)			
		iddle Name, Last Nam		Soc	ial Security	y Number:			
	,				•	,			
Nor	ncustodial Parent's	Maiden Name, if appl	icable (First Name, Middle N	lame, Last l	Name)				
Alia	as(es) (First Name,	Middle Name, Last N	(ame)	Nickname	Nickname(s) (First Name, Middle Name, Last Name)				
Ema	ail Address								
	rent Residential Ac			Previous Address					
	et Number & Nam	ie		Street Number & Name					
Apt City	/Suite Number			Apt/Suite Number City State					
Stat				Country Zip Code					
	intry			Country		Zip couc			
	Code			Date last	at that add	ress:			
		ess (Enter if the Noncu	stodial Parent has a						
	erent Mailing Addr								
	et Number & Nam	ie							
Apt City	/Suite Number								
Stat									
	intry								
	Code								
_	ne Telephone Num	ber	Work Telephone Number			Cell Phone Number			
() -		() -			() -			
Sex	: MF	Date of Birth	Country of Birth	State o	f Birth	County of Birth	City of Birth		
Rac		ve American or Alaska ve Hawaiian or Other			Black or A Unknown	African American	() Hispanic () Other		
Web	site: http://chfs.ky	.gov/dis/cse.htm	7)			Opportunity Employer	M/F/D		
			Vontuc	1011	Page 1 of	7			

Hair Color	Eye Co	lor	Weight	Heigh	t (Other Identifying Features
What is the lega	l relationsh	nip status of	`Noncustodia	l Parent to c	child(ren	n)? (ex. Legal Father, Alleged Putative Father etc.) .
What is employ	mant status	of the New	austadial Dar	eant? () Eul	1 Time (() Part Time () Unemployed () Unknown () Seasonal
		of the Non	custodiai Par	ent? () Fui	i iime (
Current Employ	er Name					Previous Employer Name
Address						Address
Street Number &						Street Number & Name
Apt/Suite Numb	er					Apt/Suite Number
City						City
State						State
Country						Country
Zip Code						Zip Code
Start Date						Start Date End Date
Salary			Per			Ending Pay Per
How often is the	NCP naid	9				
	7 TVC1 paid	<u> </u>				
Occupation Union Name						Military Dranah
						Military Branch:
Union Number						
Address, if know						
Apt/Suite Numb	er					
City						Dates:
State						(From) (To)
Country						
Zip Code						
Arrest/Prison Re	ecord					Incarceration Date
In which state d	id this occu	ır?				
In which county	did this oc	cur?				Release Date
Which facility?						
What is the curr	ent marital	status of th	e NCP?			-
()Divorced		() Marrie		() Ne	ver Marı	rried () Separated () Widowed
Name of Noncu	stodial Pare	ent's curren	t spouse: (Fir			ame, Last Name)
Is the NCP curre	ently receiv	ing benefit:	s? If so, selec	t all that app	ply and l	list the state when applicable.
() Medical Ass	istance	State:		() RSDI/S	SD	() SSI
() Food Stamps	s (SNAP)	State:		() Black L	ung	() Veterans Assistance
() TANF (AFD		State:		() Other :	:	
() Child Care A		State:		() None:		
			C4- 1	h an a C t a h a a		and in the most? If an aslest all that apply and list the atota when
applicable.	t currently	receiving o	enemis, nave	benefits bee	en recerv	ved in the past? If so, select all that apply and list the state when
1 1	:-4	Ctata		() DCDI/C	CD	() CCI
() Medical Ass		State:		() RSDI/S		() SSI
() Food Stamps		State:		() Black L		() Veterans Assistance
() TANF (AFD	*	State:				
() Child Care A	ssistance	State:		() None:		
Does the Noncu	stodial Par	ent own a c	ar?() Yes() No	Make	Model Year
NCP's Father's						NCP's Mother's name (First Name, Middle Initial, Last Name)
	`	ŕ	ŕ	,		
						NCP's Mother's Maiden Name
Is NCP's father	living?	() Yes	() No () Unknown	l	Is NCP's mother living? () Yes () No () Unknown
Father's Address		$\overline{}$				Mother's Address (if known)?
Street Number &	`	,				Street Number & Name
Apt/Suite Numb						Apt/Suite Number
City						City
State						State
Country						Country
Zin Code						Zin Code

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Home Telephone Number: () - Home Telephone Number: () -

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II. CUSTODIAL PARENT'S (CP) INFORMATION

Name (First Name, Middle Name, Last Name, Suffix) Social Security Number:											
Tvaine (1 list Tvaine, Wildlie Tvaine, East Tvaine, Surinx) Social Security Tvaineer.											
Custodial Parent's Maiden Name, if applicable (First Name, Midd						lle Name, Last Name)					
Alias(es) (First Name, Middle Name, Last Name)					Nicknan	ne(s) (First Name	e, Middle Name, Last	Name)			
Email Address											
Current Residential	Addres	S					(Enter if the CP has a	different mailing Address)			
Street Number & Na	ame					umber & Name					
Apt/Suite Number					-	te Number					
City					City						
State Country					State Country						
Zip Code					Zip Cod						
				W 1 7 1 1			C II N				
Home Telephone Nu () -				Work Telepho			Cell Phone Number () -				
Sex: MF	Date	of Birth	Count	ry of Birth	State o	f Birth	County of Birth	City of Birth			
Race: () Native American or Alaskan Native () Native Hawaiian or Other Pacific Islander				()A ()W		Black or African Amer Unknown	rican () Hispanic () Other				
	Eye olor	Weigh	t	Heigh	t	Other Identif	ying Features				
What is the legal rel	ationsh	ip status of	CP to c	child(ren)? (ex.	Mother, l	Father, Grandmo	ther, Grandfather etc.).				
What is employmen	t status	of the CP?	()	Full Time	() Part T	Cime () Uno	employed () Unk	nown () Seasonal			
Current Employer N	lame					Previous Emplo	oyer Name				
Address						Address					
Street Number & Na	ame					Street Number	& Name				
Apt/Suite Number						Apt/Suite Numl	ber				
City						City					
State						State					
Country Zip Code						Country Zip Code					
Start Date						Start Date	End Date				
Salary Per				Ending Pay	Per						
How often is the CF	paid?										
Occupation						1					
Union Name						Military Branc	ch:				
Union Number											
Address, if known Apt/Suite Number											
City		Stat	e			Dates:					
Country			Code			(From)	(To))			
J		1					`	,			
What is the current marital status of the CP?											
() Divorced () Married () Never Married () Separated () Widowed											
Name of CP's current spouse: (First Name, Middle Name, Last Name)											

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Is the CP currently receiving be			
	te () RSDI/S		() SSI
	te () Black I		() Veterans Assistance
() TANF (AFDC/KTAP) Star	te: () Other	<u> </u>	
() Child Care Assistance Sta	ite () None	<u>.</u>	
If the CP is not currently receinapplicable.	ving benefits,	have benefits been rece	ceived in the past? If so, select all that apply and list the state when
() Medical Assistance Sta	te:	() RSDI/SSD	() SSI
() Food Stamps (SNAP) Sta		() Black Lung	() Veterans Assistance
() TANF (AFDC/KTAP) Sta			() Veterans / issistance
() Child Care Assistance Sta	ite:		
		()	
III. CHILD(REN)'S INFOF			
Enter information about the cl			
Complete Name (First Name, M	1iddle Name, I	Last Name, Suffix)	Social Security Number:
D (CD) d			
Date of Birth			Sex: M F
	41 1	3 T (*)	A : () D1 1 AC: A : () II' :
Race: () Native Americ			Asian () Black or African American () Hispanic
() Native Hawai	ian or Other Pa	acific Islander () \	White () Unknown () Other
State where child conceived			M CD' d
			Place of Birth
Country of Birth	State of Bir		County of Birth City of Birth
Was the mother married when the			
What is the name of the person			
Was the child emancipated or m	<u> </u>		
Is this child currently receiving	benefits? If so	, select all that apply ar	nd list the state when applicable.
() Medical Assistance	State:		() RSDI/SSD
() TANF	State:		() SSI
() Food Stamps	State:		() Veterans Assistance
() Child Care Assistance	State:		() Other :
	ed any benefit		apply and list the state when applicable.
() Medical Assistance	State:		() RSDI/SSD
() TANF	State:		() SSI
() Food Stamps	State:		() Veterans Assistance
() Child Care Assistance	State:		() Other :
Enter information about the ch	nild(ren) for v	whom services are bei	eing requested.(Child – 2)
Complete Name (First Name, M			Social Security Number:
, , , , , , , , , , , , , , , , , , , ,			·
Date of Birth			Sex: M F
Race: () Native Americ			Asian () Black or African American () Hispanic
() Native Hawai	ian or Other Pa	acific Islander () V	White () Unknown () Other
State where child conceived			Place of Birth
Country of Birth	State of Bir	rth	County of Birth City of Birth
Was the mother married when the	his child was c	conceived? (Yes/No)	
What is the name of the person	to whom the n	nother was married?	
Was the child emancipated or m			
Is this child currently receiving	benefits? If so	, select all that apply ar	nd list the state when applicable.
() Medical Assistance	State:		() RSDI/SSD
() TANF	State:		() SSI
() Food Stamps	State:		() Veterans Assistance
() Child Care Assistance	State:		() Other :
	-	s? If so, select all that a	apply and list the state when applicable.
() Medical Assistance	State:		() RSDI/SSD
() TANF	State:		() SSI

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() Food Stamps	State:	() Veterans Assistance
() Child Care Assistance	State:	() Other :
Enter information about the child	• •	
Complete Name (First Name, Mic	idle Name, Last Name, Suffix)	Social Security Number:
Date of Birth		Sex: M F
Race: () Native American () Native Hawaiian		Asian () Black or African American () Hispanic White () Unknown () Other
State where child conceived		Place of Birth
Country of Birth	State of Birth	County of Birth City of Birth
Was the mother married when this	, ,	
What is the name of the person to		
Was the child emancipated or mar	· /	11' 44' 44 4 1 1' 11
	enefits? If so, select all that apply ar	**
() Medical Assistance		() RSDI/SSD
() TANF () Food Stamps	State: State:	() SSI () Veterans Assistance
() Child Care Assistance	State:	() Other :
		apply and list the state when applicable.
() Medical Assistance		() RSDI/SSD
() TANF	State:	() SSI
() Food Stamps	State:	() Veterans Assistance
() Child Care Assistance	State:	() Other :
Enter information about the child	d(ren) for whom services are be-	ing requested.(Child – 4)
Complete Name (First Name, Mic	ldle Name, Last name, Suffix)	Social Security Number:
Date of Birth		Sex: M F
Race: () Native American () Native Hawaiian		Asian () Black or African American () Hispanic White () Unknown () Other
State where child conceived		Place of Birth
Country of Birth		
o o manage of the contract of	State of Birth	County of Birth City of Birth
Was the mother married when this	State of Birth child was conceived? (Yes/No)	County of Birth City of Birth
Was the mother married when this What is the name of the person to	s child was conceived? (Yes/No)	County of Birth City of Birth
	child was conceived? (Yes/No) whom the mother was married?	County of Birth City of Birth
What is the name of the person to Was the child emancipated or mar	child was conceived? (Yes/No) whom the mother was married?	
What is the name of the person to Was the child emancipated or mar	s child was conceived? (Yes/No) whom the mother was married? ried? (Yes/No) enefits? If so, select all that apply ar	
What is the name of the person to Was the child emancipated or mar Is this child currently receiving be () Medical Assistance () TANF	s child was conceived? (Yes/No) whom the mother was married? ried? (Yes/No) enefits? If so, select all that apply ar	nd list the state when applicable. () RSDI/SSD () SSI
What is the name of the person to Was the child emancipated or mar Is this child currently receiving be () Medical Assistance () TANF () Food Stamps	schild was conceived? (Yes/No) whom the mother was married? ried? (Yes/No) enefits? If so, select all that apply ar State: State: State:	nd list the state when applicable. () RSDI/SSD () SSI () Veterans Assistance
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What is the name of the person to Was the child emancipated or mar Is this child currently receiving be () Medical Assistance () TANF () Food Stamps () Child Care Assistance Has this child previously received () Medical Assistance () TANF	schild was conceived? (Yes/No) whom the mother was married? ried? (Yes/No) mefits? If so, select all that apply ar State: State: State: State: any benefits? If so, select all that a State: State:	nd list the state when applicable. () RSDI/SSD () SSI () Veterans Assistance () Other : pply and list the state when applicable. () RSDI/SSD () SSI
What is the name of the person to Was the child emancipated or mar Is this child currently receiving be () Medical Assistance () TANF () Food Stamps () Child Care Assistance Has this child previously received () Medical Assistance () TANF () Food Stamps	schild was conceived? (Yes/No) whom the mother was married? ried? (Yes/No) enefits? If so, select all that apply ar State: State: State: State: any benefits? If so, select all that a State:	nd list the state when applicable. () RSDI/SSD () SSI () Veterans Assistance () Other : pply and list the state when applicable. () RSDI/SSD
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What is the name of the person to Was the child emancipated or mar Is this child currently receiving be () Medical Assistance () TANF () Food Stamps () Child Care Assistance Has this child previously received () Medical Assistance () TANF () Food Stamps () Child Care Assistance *Add page for additional child IV. BACKGROUND INFORM	schild was conceived? (Yes/No) whom the mother was married? ried? (Yes/No) mefits? If so, select all that apply ar State: State: State: any benefits? If so, select all that a State:	nd list the state when applicable. () RSDI/SSD () SSI () Veterans Assistance () Other : apply and list the state when applicable. () RSDI/SSD () SSI () Veterans Assistance () Other :
What is the name of the person to Was the child emancipated or mar Is this child currently receiving be () Medical Assistance () TANF () Food Stamps () Child Care Assistance Has this child previously received () Medical Assistance () TANF () Food Stamps () Child Care Assistance *Add page for additional child IV. BACKGROUND INFORM Answer whether you are the puts	schild was conceived? (Yes/No) whom the mother was married? ried? (Yes/No) mefits? If so, select all that apply ar State: State: State: any benefits? If so, select all that a State: State: State: State: State: State: State: State: Artion	nd list the state when applicable. () RSDI/SSD () SSI () Veterans Assistance () Other : pply and list the state when applicable. () RSDI/SSD () SSI () Veterans Assistance () Other :
What is the name of the person to Was the child emancipated or mar Is this child currently receiving be () Medical Assistance () TANF () Food Stamps () Child Care Assistance Has this child previously received () Medical Assistance () TANF () Food Stamps () Child Care Assistance *Add page for additional child IV. BACKGROUND INFORM Answer whether you are the putation of the	schild was conceived? (Yes/No) whom the mother was married? ried? (Yes/No) mefits? If so, select all that apply ar State: State: State: any benefits? If so, select all that a State:	nd list the state when applicable. () RSDI/SSD () SSI () Veterans Assistance () Other : apply and list the state when applicable. () RSDI/SSD () SSI () Veterans Assistance () Other : , or the custodial parent. () Separation () Parents Not Married
What is the name of the person to Was the child emancipated or mar Is this child currently receiving be () Medical Assistance () TANF () Food Stamps () Child Care Assistance Has this child previously received () Medical Assistance () TANF () Food Stamps () Child Care Assistance *Add page for additional child IV. BACKGROUND INFORM Answer whether you are the putation of the	schild was conceived? (Yes/No) whom the mother was married? ried? (Yes/No) enefits? If so, select all that apply ar State: State: State: any benefits? If so, select all that a State: State: State: State: State: State: State: State: State: Oren. IATION ative father, noncustodial parent Desertion () Divorce ried, on what date were they marrie	nd list the state when applicable. () RSDI/SSD () SSI () Veterans Assistance () Other : apply and list the state when applicable. () RSDI/SSD () SSI () Veterans Assistance () Other : , or the custodial parent. () Separation () Parents Not Married

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Date		Country		Stat	e	County		City
If the parer	nts were not m	arried has i	paternity be	en establish	ed? () Yes	() No		
_	n and where?	1				()		
Date		Country		Stat	e	County		City
Have you r	previously rea	uested (or)	received Cl			nis child(REN)?	() Yes	() No
	n and where?	(01)	10001700	ma support		•(12311).	() 103	() 1.0
Date		Country		Stat	e	County		City
Has the no	ncustodial par	ent paid an	y medical e	xpenses for	the child(ren)?	() Yes	() No	() Unknown
Has the no	ncustodial par	ent shared	in the child(ren)'s suppo	ort?	() Yes	() No	() Unknown
v. cour	Γ ORDER I	NFORMA	TION (A	ttach copy	of any and a	all orders and/or	affidavit of pa	ternity)
	rently a child					() Yes () No	•	• /
	r Information			r				
Date of Or		Countr	y	Stat	e	County		City
	ort order amo				per			
Medical su	pport ordered	?	() Yes	() No			
Are there a	ny prior child	support or	ders? () Yes	() No			
Is the child	(ren) covered is providing	by medical	insurance?		() Yes	()	No Commonwealtl	a of Ventucky
` ´	NT		() NCF				•
	Name:						SN:	
	edical insuranc	ce available	?		() Yes	() N	0	
	e Company:							
Address Apt/Suite I City State Zip Code Policy Nur								
Policy Nur Policy Effe								
Types of C								
()	()	()	() Vision	() Drugg	()	()	Danafita	() Other
Hospital Attach a co	Medical ppy of Medica	Dental 1 Insurance	Vision Card (Fron	Drugs t + Back)	Cancer Onl	VA Health E	Denemis	(Accident/Casualty)
1 maon a CC	, py or ivicuica	1 111501 01100	Cara (1 1011	· · Duck)				
Mail the co	ompleted for	rm to:						
				Office A	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 \$35.00 for child support services when \$550.00 has been disbursed during the federal fiscal year.

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SIGNATURE	 DATE	

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

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 \$35.00 is collected from the applicant after \$550.00 has been collected within

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the Federal fiscal year.

Distribution Policy:

- CSE requires custodial parents to receive their child support payments by electronic deposit to a checking or savings account or prepaid debit card.
- CSE is required to distribute payments received within two (2) working days of receipt of the payment.

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

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