



APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES

State Form 34882 (R8 / 3-07) / CSB 425A
Approved by State Board of Accounts, 2006

Take or mail this completed form to
your county prosecutor's office.

PRIVACY STATEMENT

*The records in this series are confidential according to Indiana Department of Child Services 42 USC 653, 42 USC 654, and 42 USC 663. This agency is requesting disclosure of personal information that is necessary to accomplish the statutory purposes of the agency as are also required by these statutes. Disclosure of this information is mandatory. Failure to provide any information may prevent this form from being processed.

INSTRUCTIONS: 1. Complete one application for each non-custodial parent for whom application is made.

INSTRUCTIONS (please read)

The Indiana Child Support Bureau offers child support services to persons desiring to obtain child support from a responsible parent outside the home. These services are: Complete Service or Parent Locator Only Service. ALL FEES FOR SERVICES ARE NON-REFUNDABLE.

COMPLETE SERVICE: The applicant will be entitled to all services offered by the IV-D program as long as the case remains active. This service shall include the Parent Locator Service and the legal services of the local IV-D agency. These services include Establishing Paternity, Establishing and/or Enforcing a support obligation (including health insurance coverage). The complete service does NOT include handling a divorce case, enforcement of custody or visitation provisions, nor matters other than those associated with the support of dependent children. All support payments may be directed to the State for monitoring and disbursement. **ANY COSTS INCURRED IN EXCESS OF THE APPLICATION FEE, SUCH AS COURT COSTS, WITNESS FEES, BLOOD TEST COSTS, IRS INTERCEPT FEES AND ADMINISTRATIVE COSTS ASSOCIATED WITH THIS CASE MAY BE CHARGED AGAINST THE APPLICANT.**

In addition the Tax Refund Intercept Project may be used to collect child support arrearages. Application for complete service does not guarantee, however, that your case will be submitted for tax refund intercept nor that tax refund monies will be collected. In order to certify a case for intercept, there must be a valid child support order, the absent parent must be at least \$500 in arrears, and the applicant must have the non-custodial parent's Social Security number. If any children of the non-custodial parent have received TANF/AFDC in the past, any collection made from an intercept will first be applied by the State to any unreimbursed public assistance on any former TANF/AFDC case. If the IRS, for any reason, reclaims all or any portion of an intercepted refund that has already been paid to you, you are obligated to repay the State of Indiana the amount reclaimed by the IRS. You authorize that any such repayment may be deducted from support collected on your behalf if other arrangements have not been made and fulfilled.

PARENT LOCATOR SERVICE: The applicant will be entitled to all resources offered by the State and Federal Parent Locator Service until a verified address is provided or all sources for location are exhausted. The payment of the application fee does not guarantee a successful location. The success will greatly depend on the applicant's own knowledge about the absent parent. If all sources of information are exhausted without a successful location, the applicant will be notified. Upon notification, the applicant will have six months to provide additional information. If no additional information is provided within the six month period, the case will be closed and the applicant notified.

TERMINATION OF SERVICES: The applicant may terminate services, only if any charges due or overpayments owing are paid, by notifying the Child Support Bureau in writing that services are no longer desired. The State may terminate services only in accordance with 45 C.F.R. 303.11. Services in respect to this application will also terminate if the applicant receives TANF/AFDC.

APPLICANT'S OBLIGATIONS: The applicant is expected to fully cooperate with the local IV-D agency in the legal and non-legal preparation of the case, including, but not limited to notifying the local IV-D agency of change of address, supplemental information regarding the non-custodial parent, reuniting with the non-custodial parent, and other information pertinent to the case. **THE APPLICANT MUST ALSO NOTIFY THE CHILD SUPPORT BUREAU AT THE ABOVE ADDRESS OF ANY CHANGE OF ADDRESS.**

APPLICANT'S STATEMENT

I affirm that the information in this application is true and correct and that false information could result in perjury charges against me. I understand that I am to cooperate with the local IV-D agency in order for my case to be processed, and non-cooperation can result in termination of my case. I further understand that payment of the application fee does not guarantee successful action on the case but rather all reasonable attempts will be made in my behalf to obtain successful results for the service requested. I have read and understand the above **NOTICE**.

I hereby request the following service under the terms outlined above.

Complete Service Parent Locator Service Only

Signature of applicant		Date signed (month, day, year)
Application taken by:	Fee paid \$	Case number

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To be completed by County Office:
Case number

PART II: APPLICANT DATA

1. Full name of applicant (<i>last, first and middle initial</i>)		Maiden	
2. Date of birth (<i>month, day, year</i>)	Sex	Race	Social Security number *
3. Address of applicant (<i>number and street or rural route number, apt. or room number, city, state, and ZIP code</i>)			
4. My mailing address is:			
<input type="checkbox"/> Same as above <input type="checkbox"/> Different (<i>if different, print below</i>)			
Mailing address of applicant (<i>number and street or rural route number, apt. or room number, city, state, and ZIP code</i>)			
5. Telephone number (<i>home</i>)		Telephone number (<i>work</i>)	
()		()	
6. Address of other person who will always know my whereabouts:			
Name		Telephone number	
		()	
Address (<i>number and street, city, state, and ZIP code</i>)		Relationship	
7. Have you ever received an AFDC Welfare check in Indiana?		If "Yes" give the month and year of the last check	The county your case was in?
<input type="checkbox"/> Yes <input type="checkbox"/> No			

PART III: DEPENDENT DATA

I wish to secure support payments on behalf of the following children.

CHILD'S FULL NAME (<i>last, first, M.I.</i>)	SEX	BIRTHDATE (<i>month, day, year</i>)	PLACE OF BIRTH	SOCIAL SECURITY NUMBER *	RELATIONSHIP TO ME
1.					
2.					
3.					
4.					
5.					
6.					

For this non-custodial parent I desire:

Parent Locator Service Complete Service

PART IV: NON-CUSTODIAL PARENT DATA

Name of applicant					
A. Full name of non-custodial parent (<i>last, first and middle</i>)				Alias or maiden name (<i>last, first, middle</i>)	
Social Security number *	Date of birth (<i>month, day, year</i>)	Age	Place of birth (<i>city and state</i>)		
Race	Height	Weight	Hair	Eyes	
B. Non-custodial parent's address		Number and street or rural route number, apartment or room number			
<input type="checkbox"/> Current <input type="checkbox"/> Last known _____ (<i>years</i>)					
City, state, and ZIP code					

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To be completed by County Office
Case number

C. Employer's address <input type="checkbox"/> Current <input type="checkbox"/> Last known _____ (years)	Name of employer	Number and street or rural route number
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City, state, and ZIP code	Usual type of work
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D. Marital status of children's parents <input type="checkbox"/> Married <input type="checkbox"/> Deserted <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Separated <input type="checkbox"/> Unknown	Date married (month, day, year)	Location married
Date separated or divorced (month, day, year)		

E. Complete if parent: <input type="checkbox"/> Is currently <input type="checkbox"/> Or has been in the military service	Branch of service <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard	F. Names of the non-custodial parent's children. (check box in front of name if there is "No" support order for this child.)
Rank <input type="checkbox"/> Officer <input type="checkbox"/> Enlisted	Service number	<input type="checkbox"/> 1.

G. Prior arrest record <input type="checkbox"/> Yes <input type="checkbox"/> No	Where	Date (month, day, year)	<input type="checkbox"/> 2.
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The non-custodial parent Is currently has been in the past in a jail, prison or institution 3.

Name of institution	Date sentenced (month, day, year)	<input type="checkbox"/> 4.
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Address (number and street, city, state or county)	Date released (month, day, year)	<input type="checkbox"/> 5.
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H. Non-custodial parent's father's and mother's (include maiden) name	Verification and comments:
Address (number and street, city, state or county)	

I. Other contact person for absent parent

Address (number and street, city, state or county)

J. COMPLETE THIS SECTION IF CHILD IS BORN OUT OF WEDLOCK (place all other paternity information in comment section)

Has paternity suit been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date (month, day, year)	Place
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Has paternity been established by court order? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date (month, day, year)	Has parent ever paid support or medical or bought things for these children? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Amount \$	Frequency
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K. COURT DATA (all applicants must complete this section)

Has parent ever been ordered by a court to pay support for these children? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of court
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If No, has a petition been filed and a hearing pending? <input type="checkbox"/> Yes <input type="checkbox"/> No	Address of court (number and street, city, state, and ZIP code)
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Cause number of court order	Amount \$	Frequency	Non-custodial parent paying support? <input type="checkbox"/> Yes <input type="checkbox"/> No
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To whom does parent pay support? <input type="checkbox"/> Pays to me <input type="checkbox"/> To Clerk's office	Date last paid	Is parent paying military allotment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$
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TO BE COMPLETED BY COUNTY OFFICE

Application taken by:	Date (month, day, year)
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APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES - ASSIGNMENT FOR COLLECTION FOR PERSONS NOT RECEIVING PUBLIC ASSISTANCE

Name of non-custodial parent

NAMES OF CHILDREN

1.	5.
2.	6.
3.	7.
4.	8.

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To be completed by County Office
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AGREEMENT

I understand and agree that support payments collected hereafter from the non-custodial parent named above on behalf of myself and/or the above named children will be paid to the Division of Family and Children, Family and Social Services Administration, and that said support payments will be paid to me by the agency after deduction of any charges due and owing to that agency. Such charges are explained in page one of the "Application for Title IV-D Child Support Services" executed by the applicant. This authorization shall continue in effect until terminated in the manner set forth on page one of the "Application for Child Support Services".

Printed name of applicant	
Signature of applicant X	Date signed (month, day, year)
Cause number of support order	Name of court