

APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES (page 1)

State Form 34882 (R6/12-92) DFC Form 425A

Complete one application for each absent parent for whom application is made.

PRIVACY STATEMENT

CHILD SUPPORT BUREAU
Division of Family and Children
Family & Social Services Administration
402 W. Washington St. Rm. W360
Indianapolis, IN 46204

The records in this series are confidential according to 45 CFR 303.21. This agency is requesting disclosure of personal information that is necessary to accomplish the statutory purpose of the agency according to 45 CFR 303.70. Disclosure of this information is mandatory. Failure to provide any information may prevent this form from being processed.

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 NONREFUNDABLE. MONEY ORDER IN THE AMOUNT OF \$25.00 IS TO BE MADE PAYABLE TO DIVISION OF FAMILY AND CHILDREN (CASH OR CHECKS ARE NOT ACCEPTED) CALL 812 268-6008 TO SCHEDULE AN APPOINTMENT AFTER FORM IS COMPLETED**

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 FE, SUCH AS COURT COSTS, WITNESS FEES, BLOOD TEST COSTS, IRS INTERCEPT FEES AND ADMINISTRATIVE COSTS ASSOCIATED WITH THIS CASE MAY BE CHARGE 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 absent parent's Social Security number. If any children of the absent 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 CFR 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 absent parent, reuniting with the absent 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, THE CLERK OF COURT WHERE THE ORDER EXISTS MUST ALSO BE NOTIFIED IN WRITING.**

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 (mo/day/yr)

Application taken by

Fee paid

Case number

APPLICATION FOR TITLE IV-S CHILD SUPPORT SERVICES (page 2)

State Form 34882 (R6/12-92) DFC Form 425A

To be completed by County Office

Case Number _____

PART II: APPLICANT DATA

1. Full name of applicant (last, first and middle initial) Maiden

2. Date of birth (mo/day/yr) Sex Race Social Security number

3. Address of applicant (street and number or rural route number) Apt. or room number

City State Zip code

4. My mailing address is: _____ Same as above _____ Different (print below)

Mailing address (street and number or rural route number) Apt. or room number

City State Zip code

5. Telephone number (home) Telephone number (work)

6. Address of other person who will always know my whereabouts:

Name Telephone number

Address (street, city, state, ZIP code) Relationship

7. Have you ever received an AFDC In Indiana? If "Yes" give the month and year of the last check The County your case was in Welfare check

_____ Yes _____ No

PART III: DEPENDENT DATA

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

CHILD'S FULL NAME (Last, first, middle initial)	SEX	BIRTHDATE (mo/day/yr)	PLACE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP TO ME
1.					
2.					
3.					
4.					
5.					
6.					

For this absent parent I desire: _____ Parent Locator Service _____ Complete Service

PART IV: ABSENT PARENT DATA

A. Full name of absent parent (last, first, middle) Alias or maiden name (last, first, middle)

Social Security number Date of birth Age Place of birth (city and state)

Race Height Weight Hair Eyes

B. Absent parent's address and telephone number(s) Street name and number or rural route number

_____ Current

_____ Last known _____ (years)

City State Zip code

C. Employer's address _____ Name of employer _____ Street name and number or rural route number _____
___ Current ___ Last known ___ (years)

City _____ State _____ Usual type of work _____

D. Marital status of children's parents _____ Date married _____ Location married _____
Married ___ Deserted ___
Divorced ___ Never married ___ Date separated or divorced _____ Location separated or divorced _____
Separated ___ Unknown ___

E. Complete if parent: ___ Is currently ___ Or has been in the military services _____ F. Names of the absent parent's children.
Branch of service ___ Army ___ Navy ___ Marines ___ Air Force ___ Coast Guard (check blank in front of name if there is
Rank ___ Officer ___ Enlisted ___ Service number _____ "NO" support order for this child)

G. Prior arrest record _____ Where _____ Date _____
___ Yes ___ No _____
The absent parent _____
___ is currently ___ has been in the past in jail, prison or institution _____
Name of institution _____ Date sentenced _____
Address (city, state or county) _____ Date released _____

H. Absent parent's father's name _____
Address (city, state or county) _____ Telephone _____

I. Absent parent's mother's maiden name _____
Address (city, state or county) _____ Telephone _____

I. Other contact person for absent parent/name and relationship _____
Address (city, state or county) _____ Telephone _____

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

Has paternity suit been filed? ___ Yes ___ No Date _____ Place _____
(if yes, please provide copy of order and birth certificate, if no, additional forms need completed)

Has paternity been established? ___ Yes ___ No Date _____ Has parent ever paid support or medical or bought things for
By court order? ___ Yes ___ No children? ___ Yes ___ No

Amount \$ _____ Frequency _____

K. COURT DATA (all applicants must complete this section)

Has parent ever been ordered by a court to pay support for these children?
___ Yes ___ No Name of Court _____

If "No", has a petition been filed and a hearing pending? ___ Yes ___ No
Address of court _____

Cause number of court order _____
Amount \$ _____ Frequency _____
Absent parent paying support ___ Yes ___ No

To whom does parent pay support?
Date last paid _____
Is parent paying military allotment? ___ Yes ___ No Amount \$ _____

TO BE COMPLETED BY COUNTY OFFICE

Application taken by: _____ Date (mo/day/yr) _____

ASSIGNMENT FOR COLLECTION FOR PERSONS NOT RECEIVING PUBLIC ASSISTANCE

Name of absent parent _____

CHILDREN'S NAMES

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

AGREEMENT

I understand and agree that support payments collected hereafter from the absent parent names 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 _____ Date signed (mo/day/yr) _____

Cause number or support order _____ Court name _____