

Guardian's Application for Child Support Services

Name of Guardian Applying for Services (last, first, middle, suffix, e.g., Jr.)

DATE STAMP
(for office use only)

Relationship to the child or children:

Fee Paid \$ _____ Rept. _____

Please Note:

- If you are the child's parent, please fill out the *Parent's Application for Child Support Services* form.
- Information provided on this form (including any attachments) may only be shared with others for the purpose(s) of the administration of the child support program and other related programs [Wis. Statutes, s. 49.83].
- Filling out this Form:
 - ◆ Please fill out this form the best you can.
 - ◆ The children you are requesting services for on page 5, section 5, should have the same mother and father. If the children have a different mother or a different father, please fill out separate forms.
 - ◆ 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.

Services Requested: Federal regulations require child support agencies to provide all services that are proper for a case. If you receive Medicaid, you may choose "Only Medical Support." You may also choose "Only Locate Parent Services."

Child Support Services

Paternity (legal fatherhood)

Only Locate Parent Services

Only Medical Support

If you have a Child Support Order or letters of guardianship for the child or children listed in this form, please list the information below and attach copies of any court orders, judgments, decrees or stipulations involving child support. (If you have a different order for each child, list the information on page 7.)

County/State of Order _____ Monthly Amount Ordered \$ _____

IMPORTANT

If a child is conceived or born during a marriage, the husband is the legal father. If you believe someone other than the husband may be the biological father, provide the information about that person* below.

Name _____ Date of Birth _____

Social Security Number _____ Street Address _____

City _____ State/Zip Code _____

* The information given on the rest of this form for the mother and father should be information about the husband and wife of the marriage, not this person.

SECTION 1 - Information about YOU, the guardian applying for services

Maiden Name or Alias (if any)		Date of Birth	Social Security Number	<input type="checkbox"/> Male <input type="checkbox"/> Female
1. Place of Birth	City		County	
	State		Country	
2. Race/ethnicity/disability (This information is for federal reporting purposes only. You may choose not to answer. Not answering will not affect the services provided to you).				
<input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American/Alaskan Native				
<input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander				
<input type="checkbox"/> Other (Please list all others)				
Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:				
3. Please Check Services You Are Receiving or Have Received				
Child Support Services <input type="checkbox"/> Yes <input type="checkbox"/> No Child Care <input type="checkbox"/> Yes <input type="checkbox"/> No W-2 <input type="checkbox"/> Yes <input type="checkbox"/> No				
Medicaid <input type="checkbox"/> Yes <input type="checkbox"/> No Food Stamps <input type="checkbox"/> Yes <input type="checkbox"/> No AFDC <input type="checkbox"/> Yes <input type="checkbox"/> No				
Kinship Care <input type="checkbox"/> Yes <input type="checkbox"/> No				
State(s) These Services Were Received From:				
4. Home Phone Number ()	5. Cell Phone Number ()	6. Work Phone Number ()	7. Work Hours	
8. Mailing Address				
City			State/Zip Code	
9. Residence (Home) Address (if different from above)				
City			State/Zip Code	
10. Job Information				
Employer Name				
Telephone Number ()			Fax Number ()	
Address				
City			State/Zip Code	
Is Health Insurance Available? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are the Children Covered? <input type="checkbox"/> Yes <input type="checkbox"/> No		Premium \$
How Often Are You Paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly		Gross Income \$		Job Title
Start Date	Occupational/Professional License <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, type	
11. Member of Armed forces <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, <input type="checkbox"/> Active <input type="checkbox"/> Retired		Branch
From	To	Veterans Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION 2 - Information about the PARENTS

12. The Parents' Current Relationship to Each Other				
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Never Married <input type="checkbox"/> Other (specify)				
Date	State		County	

SECTION 3 – Information about the MOTHER

Mother's Name (last, first, middle, suffix, e.g., Jr.)

Maiden Name or Alias (if any)	Date of Birth	Social Security Number
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13. Place of Birth	City	County
	State	Country

14. Home Phone Number () () ()	15. Cell Phone Number () () ()	16. Work Phone Number () () ()	17. Work Hours
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18. Mailing Address

City	State/Zip Code
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19. Residence (Home) Address (if different from above)

City	State/Zip Code
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20. Job Information

Employer Name

Telephone Number () () ()	Fax Number () () ()
Address	
City	State/Zip Code

Is Health Insurance Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are the Children Covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Premium \$	Per
How Often is the Mother Paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly		Gross Income \$	Job Title
Start Date	Occupational/Professional License <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, type:	

Member of Armed forces Yes No If yes, Active Retired Branch

From	To	Veterans Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No
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21. Other Children of This Mother (not listed in Section 5, Page 5)

Name		Date of Birth	

22. If the Location of the MOTHER Is Not Known: Please provide the information below and any other information you believe may help find the Mother. Include all addresses where relatives may live and type of income and assets the Mother may have. Include any additional information on page 7. **Please include a picture of this parent, if available.**

Distinguishing Marks (tattoos/scars/birth marks)

Height	Weight	Race	Hair Color	Eye Color
Has the Mother ever been arrested or convicted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Arrest or Conviction		
City and State of Arrest or Conviction		Name of Parole/Probation Officer		
Name of this Mother's mother (last, first, middle, maiden)				
Name of this Mother's father (last, first, middle)				

SECTION 4 – Information about the FATHER (Please see the note marked “Important” on the bottom of page 1.)

Father's Name (last, first middle, suffix, e.g., Jr.)

Alias (if any)	Date of Birth	Social Security Number
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23. Place of Birth	City	County
	State	Country

24. Home Phone Number () () ()	25. Cell Phone Number () () ()	26. Work Phone Number () () ()	27. Work Hours
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28. Mailing Address	
City	State/Zip Code

29. Residence (Home) Address (if different from above)	
City	State/Zip Code

30. Job Information	
Employer Name	
Telephone Number () () ()	Fax Number () () ()
Address	
City	State/Zip Code

Is Health Insurance Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are the Children Covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Premium \$	Per
How Often is the Father Paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly	Gross Income \$	Job Title	
Start Date	Occupational/Professional License <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, type:	

Member of Armed forces	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes,	<input type="checkbox"/> Active <input type="checkbox"/> Retired	Branch
From	To	Veterans Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No		

31. Other Children of This Father (not listed in Section 5, Page 5)			
Name		Date of Birth	

32. If the Location of the FATHER Is Not Known: Please provide the information below and any other information you believe may help find the Father. Include all addresses where relatives may live and type of income and assets the Father may have. Include any additional information on page 7. **Please include a picture of the Father, if available.**

Distinguishing Marks (tattoos/scars/birth marks)				
Height	Weight	Race	Hair Color	Eye Color
Has the Father ever been arrested or convicted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Arrest or Conviction		
City and State of Arrest or Conviction		Name of Parole/Probation Officer		
Name of this Father's mother (last, first, middle, maiden)				
Name of this Father's father (last, first, middle)				

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 Wisconsin Child Support Program will submit any certifiable past-due child support debts to the tax/lottery intercept programs.

I understand that if I receive the other parent's intercepted tax refund money that is later recalled by the federal Internal Revenue Service (IRS) or the state Department of Revenue (DOR), I must immediately return the money. If I cannot repay all the money at once, I will follow a payment plan until the amount is repaid in full. (If the tax refund money is recalled, you will receive a letter with information about how to return the money and how to set up a payment plan.)

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 orders in child support agency cases.

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

The child support agency is required to change the percentage order into a dollar amount order. By submitting this application, I am agreeing to cooperate with the agency in changing the order.

Application fee

If you are **not** taking part in W-2 programs, and your family does **not** receive Medicaid, a TANF grant, food stamps, federally financed foster care or federally financed adoption assistance, you must pay a \$20 fee to the child support agency when you apply for services. This is a one-time fee that covers most child support services you will receive. The application fee may be waived if you meet court standards for inability to pay.

Disclaimer: The State of Wisconsin will bring any necessary administrative or court actions to establish paternity (legal fatherhood) or to establish or enforce a support order. However, the **child support attorney does not represent you or 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 my case and by keeping my appointments with the agency.

Signature	Date Signed
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Please attach copies of any letters of guardianship and 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.

DWD is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format, or need it translated to another language, please contact (608) 266-9909 or (800) 947-3529 TTY (Toll Free).

