

Application for Child Support Services

Note: 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).

CASE NUMBER (IF APPLICABLE): _____

APPLICANT'S NAME: Last: _____ First: _____ Middle: _____

OTHER PARTY'S NAME: Last: _____ First: _____ Middle: _____

SERVICES OFFERED

Federal regulations require child support agencies to provide all services that are proper for a case. Therefore, applying for child support services automatically enrolls you to be eligible for all services offered by the child support agency. The following services are included and are **not** offered on an a la carte basis:

- Establish a Child Support Order
- Establish Paternity (Legal Fatherhood)
- Collection of Support (may include income withholding and federal and/or state income tax return intercept)
- Review of Child Support Order
- Compliance / Enforcement

CUSTODIAL PARENT INFORMATION: The parent with **both** legal custody (joint or sole) and primary physical placement (the parent the child or children live with *most* of the time).

Last: _____ First: _____ Middle: _____

Maiden Name (alias if any): _____ Sex: F M

Social Security Number: _____ - _____ - _____

Date of Birth: _____

Birth City and State: _____ Birth Country: USA Other: _____

Street Address: (Residence) _____

City: _____ State: _____ Zip Code: _____

Home/Cell Phone: (_____) _____ Work Phone: (_____) _____

OTHER PARENT (NON-CUSTODIAL) INFORMATION:

Last: _____ First: _____ Middle: _____

Maiden Name (alias if any): _____ Sex: F M

Social Security Number: _____ - _____ - _____

Date of Birth: _____

Birth City and State: _____ Birth Country: USA Other: _____

Street Address: (Residence) _____

City: _____ State: _____ Zip Code: _____

Home/Cell Phone: (_____) _____ Work Phone: (_____) _____

Payer's Employment Information:

Employer Name: _____ Start Date: _____

Job Title: _____

Occupational / Professional License? Y N If Yes, what type? _____

Phone: (_____) _____ Fax: (_____) _____

Address: _____ City _____ State _____ Zip _____

Is health insurance available: Y N Are the children covered? Y N

Premium: \$ _____ per Month Bi-monthly Other: _____

How often is this parent paid? Weekly Every Two Weeks Monthly; Gross Income: \$ _____

INFORMATION ABOUT THE CHILDREN YOU ARE REQUESTING SERVICES FOR: These children must have the *same* father and mother. These parents must also be the parents listed in on this form. If there are additional children or any children with special circumstances you are requesting services for, please attach their information to this form.

NAME OF FIRST CHILD:

Last: _____ First: _____ Middle: _____ Suffix: _____

Birth City and State: _____ County: _____ Country: _____

Date of Birth _____ Sex: F M

NAME OF SECOND CHILD:

Last: _____ First: _____ Middle: _____ Suffix: _____

Birth City and State: _____ County: _____ Country: _____

Date of Birth _____ Sex: F M

NAME OF THIRD CHILD:

Last: _____ First: _____ Middle: _____ Suffix: _____

Birth City and State: _____ County: _____ Country: _____

Date of Birth _____ Sex: F M

****** PLEASE LIST INFORMATION ON ANY ADDITIONAL CHILDREN ON A SEPARATE PIECE OF PAPER******

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 the enforcement of my case. I am aware of the specific services offered by the child support agency and understand that by enrolling to receive these services will automatically make me eligible for all of them. I understand that any certifiable past due child support debts owed must be submitted to the tax/lottery intercept programs. (If intercepted money is later recalled by the Federal Internal Revenue Service, IRS, or the State Department of Revenue, DOR, it must be immediately returned to Bureau of Child Support (BCS). If the money cannot be repaid all at once, arrangements can be made for a payment plan until the amount is repaid in full. If the money is not returned, the BCS will try other ways to collect the money, such as using a collection agency.) I agree to pay all fees and charges, which may include, but are not limited to, an application fee, tax intercept fee and court costs. I understand that the quality of the information I provide and my cooperation may affect the agency's ability to provide child support services.

DISCLAIMER: The State of Wisconsin will bring any necessary administrative court action to establish paternity (legal fatherhood) or establish and enforce a support order. **However, the child support attorney does not represent either parent, but rather represents the state's interest in enforcing support.**

Applicant Signature: _____ **Date Signed:** _____

NOTE: Please attach copies of any 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.

The Division of Economic Support is an equal opportunity service provider. If you need help to access services of materials in an alternate format, please contact your local service provider or the DES Equal Opportunity Office at (608) 267-0927.