

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

State Form 34882

(R6/12-92)

DFC Form 425A

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

## CHILD SUPPORT BUREAU

Division of Family & Children

402 W. Washington St., Rom W360

Indianapolis, IN 46204

## PRIVACY STATEMENT

The records in this series are confidential according Family & Social Services Administration to 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 Carefully)

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 non-custodial 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 non-custodial 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

\_\_\_\_\_  
Application Taken By:

\$ \_\_\_\_\_  
Fee paid

\_\_\_\_\_  
Case Number

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To be completed by County Office \_\_\_\_\_

Case Number \_\_\_\_\_

**PART I: APPLICANT DATA (Custodial Parent)**

1. Last Name, First MI \_\_\_\_\_ Maiden or Alias \_\_\_\_\_

2. Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Social Security Number \_\_\_\_\_

3. Address (Street, Number or Rural Route Number) \_\_\_\_\_ Apt. or Room Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. My Mailing Address is: \_\_\_\_\_ Same as Above \_\_\_\_\_ Different (if different, print below)

Address (Street, 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:

Last Name, First MI \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address (Street, City, State, Zip Code) \_\_\_\_\_ Relationship to You \_\_\_\_\_

7. Have you ever received AFDC Welfare? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ In Indiana? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Last Check Received \_\_\_\_\_ What County Was Check Issued From? \_\_\_\_\_

**PART II: DEPENDENT DATA** (I wish to secure child support payment on behalf of the following children)

CHILD'S FULL NAME Last, First, M.I.	SEX	BIRTHDATE (MM/DD/YY)	PLACE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP TO ME:
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

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**PART III: NON-CUSTODIAL PARENT DATA**

**A. Non-Custodial Parent Personal Information**

1. Last Name, First MI \_\_\_\_\_ Maiden or Alias \_\_\_\_\_

2. Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

3. Race \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

4. Address (Street, Number or Rural Route Number) \_\_\_\_\_ Apt. or Room Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

5. Telephone Number (Home) \_\_\_\_\_ Telephone Number (Work) \_\_\_\_\_

**C. Non-Custodial Parent's Employer** \_\_\_\_\_ Current OR \_\_\_\_\_ Last Known

Name of Employer \_\_\_\_\_ Street Address \_\_\_\_\_ City, State & Zip Code \_\_\_\_\_

**D. Marital Status of Children's Parents**

\_\_\_\_\_ Married \_\_\_\_\_ Deserted \_\_\_\_\_ Date married \_\_\_\_\_ Location married \_\_\_\_\_

\_\_\_\_\_ Divorced \_\_\_\_\_ Never Married

\_\_\_\_\_ Separated \_\_\_\_\_ Unknown \_\_\_\_\_ Date Separated or Divorced \_\_\_\_\_

**E. Complete if parent:** \_\_\_\_\_ Is currently \_\_\_\_\_ Or has been in the military service

Branch of service: (check one) \_\_\_\_\_ Army \_\_\_\_\_ Navy \_\_\_\_\_ Marines \_\_\_\_\_ Air Force \_\_\_\_\_ Coast Guard

Rank: \_\_\_\_\_ Location: \_\_\_\_\_

**F. Name of Non-Custodial Parent's Children**

Child's Last, First & Middle Name	Custodial Parent's Name	Support Order? (Yes or No)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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G. Prior Arrest Record

The non-custodial parent \_\_\_\_\_ is currently \_\_\_\_\_ has been in the past in a jail, prison or institution. (Check One)

Name of Institution	Institution City or County, State
Date Sentenced	Date Released or Expected Release Date

H. Non-Custodial Parent's Relatives

Father's Name	Street Address	City, State
Mother's Name (Include Maiden)	Street Address	City, State

I. Other Contact Person for Non-Custodial Parent

Name	Street Address	City, State
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J. COMPLETE THIS SECTION ONLY IF CHILD IS BORN OUT OF WEDLOCK

Has paternity suit been filed in court? \_\_\_\_\_ Yes \_\_\_\_\_ No Date \_\_\_\_\_ Place \_\_\_\_\_

Has paternity been established by court order? \_\_\_\_\_ Yes \_\_\_\_\_ No Date \_\_\_\_\_ Place \_\_\_\_\_

Has the non-custodial parent ever paid child support? \_\_\_\_\_ Yes \_\_\_\_\_ No Amount \_\_\_\_\_ Frequency \_\_\_\_\_

Has the non-custodial parent ever provided medical support? \_\_\_\_\_ Yes \_\_\_\_\_ No Amount \_\_\_\_\_ Frequency \_\_\_\_\_

Has the non-custodial parent ever purchased things for the child(ren)? \_\_\_\_\_ 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 Amount \_\_\_\_\_ Frequency \_\_\_\_\_

Name of Court	Cause Number	City, State or County
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If no, has a petition been filed for child support and is there a hearing pending? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Court	Cause Number	City, State or County
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Is the non-custodial parent currently paying support? \_\_\_\_\_ Yes \_\_\_\_\_ No Amount \_\_\_\_\_ Frequency \_\_\_\_\_

To whom does non-custodial parent pay support?	Date Last Paid
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Is parent paying military allotment? \_\_\_\_\_ Yes \_\_\_\_\_ No Amount \_\_\_\_\_ Frequency \_\_\_\_\_

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**ASSIGNMENT FOR COLLECTION FOR PERSONS NOT RECEIVING PUBLIC ASSISTANCE**

\_\_\_\_\_  
Non-Custodial Parent's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

**AGREEMENT**

I understand and agree that support payments collected hereafter from the non-custodial 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 on 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 matter set forth on page one of the "Application for Child Support Services".

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Cause Number or Support Order Number

\_\_\_\_\_  
Name of Court

STATE OF INDIANA        )  
                                          )SS:  
COUNTY OF ELKHART    )

TITLE IV-D NOTICE AND WAIVER

I, the undersigned custodial parent or custodian, hereby acknowledge that the Prosecuting Attorney is an agent of the State of Indiana and the Indiana Family and Social Services Administration, and cannot and does not serve as a private attorney to custodial parents or other custodians. The function of the Office of the Prosecuting Attorney is to protect and promote the interests of the State at large and the best interests of children in particular, and these interests may conflict at times with my interests or desires.

I understand that the Prosecuting Attorney does not actually represent custodial parents or custodians, but is merely providing child support services under Title IV-D of the Federal Social Security Act. These services are limited to: (1) location of absent parents; (2) establishment of paternity and other support orders; (3) enforcement of support orders; and (4) modification of support orders. Furthermore, I realize that the Prosecuting Attorney is not my personal attorney, and that I may need to consult with a private attorney or a legal services agency regarding my legal rights, including but not limited to dissolution, separation, paternity, custody, visitation, and property settlement.

I acknowledge that I am not entering into an attorney-client relationship with any attorney in the Office of the Prosecuting Attorney, and that any confidential information provided to the Prosecutor's Office is not information protected by an attorney-client relationship. As such...any information provided to the Office of the Prosecuting Attorney may be used by that Office in the prosecution of criminal offenses or civil violations without regard to the source of the information. I further acknowledge that involvement in the Title IV-D Child Support Program does not protect me from prosecution of any criminal offense or civil infraction.

**NOTE: THIS FORM IS A WAIVER OF LEGAL RIGHTS AND SHOULD BE SIGNED ONLY AFTER BEING READ CAREFULLY. YOUR SIGNATURE VERIFIES THAT YOU HAVE READ AND UNDERSTAND THE CONTENTS OF THIS DOCUMENT.**

I have read the above and fully understand the contents of this waiver and consent to its terms. I affirm under the penalties of perjury that foregoing representations are true.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Custodial Parent/Custodian