

PARTICIPANT RESPONSIBILITY TO FILE DOCUMENTS WITH COURT AND PROTECT CONFIDENTIAL INFORMATION

We may forward documents to court for you: While it is your responsibility to file documents related to your case directly with the court, it is the policy of the Department of Child Support Services (Child Support) to forward appropriate legal forms and supporting documents received from participants such as yourself to the Superior Court for filing. Documents you return to Child Support for the purpose of modifying your order may also be forwarded to court. Documents intended for the court but received by Child Support will be routed to the court as a convenience to you. Documents forwarded to the court from Child Support may also be served on the other party in the court case.

We cannot change information on paperwork we send to court: Documents filed with the court may become a matter of public record. Child Support will not remove or change any information on forms that are submitted for filing with the court, so please be aware that private information such as your address or social security number on documents sent to the court by Child Support can become public records that anyone may see.

We are not your attorney: Since current law does not allow any child support agency to provide legal representation for you, you or your attorney are responsible for properly completing all forms prior to filing them with the court or submitting them to Child Support. Incomplete or improper forms may not be accepted by the court, and routing of completed documents from Child Support to the court as a courtesy to you does not create an attorney-client relationship between you and Child Support.

Legal help is available: If you have any questions or concerns about private information on legal forms and documents, we strongly encourage you to seek legal assistance or talk to your county's Family Law Facilitator office for possible options.

If you have any questions, please visit Customer Connect at www.cse.ca.gov/CustomerConnect for assistance on-line or call Customer Connect at 1-866-901-3212. Persons with hearing or speech impairments, please call the TTY number at 1-866-399-4096.

NOTICE OF CHILD SUPPORT SERVICES PROGRAM

DCSS 0064 (04/21/2024)

Child Support Services is here to work with parents and guardians of children who might benefit from these services.

These services are available to everyone, regardless of income, citizenship, or marital status.

In California, Child Support Services are provided by a local child support agency (LCSA) who works with the local Superior Court for all child support processes. The goal of our services is to make it easier for you and your child(ren) to receive the support they need.

CHILD SUPPORT SERVICES WORKS WITH PARENTS AND GUARDIANS TO:

- Establish a legal parent-child relationship (parentage)
- Establish court orders for child, spousal, and medical support
- Review existing child support orders to see if the amount should be changed
- Collect and distribute support payments, maintaining records of what is paid and owed
- Take enforcement or legal action as needed to ensure on-time and in full child support payments
- Or any combination of the above items

WHAT IS YOUR ROLE WHILE WORKING WITH CHILD SUPPORT SERVICES?

- Provide the LCSA information about yourself, the other parent, and the child(ren) on the case
- Fill out forms the LCSA sends you, even if they seem repetitive or long and complicated
- Contact the LCSA if you have any questions or concerns
- Report any and all changes

CHANGES YOU MUST REPORT TO THE LCSA:

- If support payments are made directly from the Parent Ordered to Pay Support to the Person Ordered to Receive Support
- If any child(ren) on your case moves out of your home
- If your telephone number, address, employer, or name changes
- If you start a legal divorce action, or are changing custody or visitation for the child(ren) on your case
- If the child(ren) enrolls in or stops receiving private health insurance coverage
- If you have legal representation changes (e.g., attorney)
- If you are aware of any of the above changes for the other parent on the case

YOU HAVE THE RIGHT TO:

- Seek legal assistance from:
 - Private attorneys
 - Legal service offices (ex: Legal Aid, military legal services, etc.)
 - Superior Court Family Law Facilitator

Note: Any costs for legal representation are at your own expense.

- Ask the LCSA to review an existing child support order to see if the amount should be changed
 - If the LCSA is not able to change the support order, they will provide information about how you can pursue the change with help from the Superior Court Family Law Facilitator
- Be informed of all court dates regarding your child support case
 - To receive court date information, you must keep your address on file with the LCSA up to date
- Receive and review copies of court documents from your file that are NOT confidential and on file with the LCSA
- Notify the LCSA that you want to ask the court to take enforcement actions:
 - If the LCSA does not respond within 30 days or you are notified that you may proceed, you may file your own enforcement action as long as all support remains payable through the State Disbursement Unit

THE LCSA WILL:

- Locate missing information using all available resources
 - Includes locating income and assets of the Parent Ordered to Pay Support by matching with resources such as; Social Security Administration, Internal Revenue Service, etc.
- Collect support payments using appropriate actions, like intercepting from the Parent Ordered to Pay Support:
 - Federal Income Tax refunds and other payments issued by the IRS
 - These payments may be held for 6 months or longer before they can be distributed to you
 - Federal Government retirement, vendor expense reimbursements, travel payments, etc.
 - California State Income Tax Refunds and lottery distributions from the Franchise Tax Board
- Distribute child, spousal, and medical support payments as listed below:
 - Current Monthly Support/Disregard
 - Past Due Support
 - Interest
 - Future Obligations
- Distribute Disregard to parents who receive cash public assistance; (up to) the first \$100 in payments received will be paid to families with one child or (up to) the first \$200 in payments received will be paid to families with two or more children, and the remaining amount will be applied to assigned past due support before existing family-owed obligations.
- Provide a monthly statement of the support collected and distributed to the Person Ordered to Receive Support each month. This notice can be provided electronically by email or in paper form by regular mail.

- Deduct a \$35 Annual Service Fee from the first support payment distributed for any family that has never received cash public assistance
 - Fee applies to any Child Support case where at least \$550 of support was distributed during the prior year (October 1st - September 30th)
 - If your case involves another state that charges a fee for their services, they may deduct their fee from support payments or add it to the balance owed
- Disburse child support collected for the purpose of satisfying assigned past due support to former recipients of cash public assistance

THE LCSA MUST NOT:

- File a Stipulation that changes current support or arrears owed to you without your approval and signature. This does not include support due while you receive(d) cash public assistance.
- Set a support amount below state guidelines if you receive cash public assistance
- Provide any services related to Custody or Visitation
- Provide legal representation or legal advice to any case participant. The job of the LCSA Attorney is to make sure child support law is followed in managing the child support case. The LCSA and LCSA Attorney are not allowed to be your legal representatives.

CHILD SUPPORT AND PUBLIC ASSISTANCE

When you receive cash public assistance, the LCSA is required to open a child support case on behalf of your family. Aid amounts may be reduced for families that do not work with the LCSA to obtain child support.

What if I have safety concerns about opening a child support case?

Parents with valid safety concerns may claim Good Cause for not working with the LCSA.

What happens if I stop receiving cash public assistance?

All support obligations owed to the family must be satisfied before payments for assigned past due support can be issued to the Person Ordered to Receive Support. Support obligations that accrue while your family receives public assistance are still considered assigned support obligation, even if the payment(s) collected to satisfy the obligation is being sent to the family.

After public assistance is discontinued, if we can't find you or we are unable to deliver support obligations we collect that are applied to assigned past due support:

- We will use the funds to repay cash aid that was paid
- You will have 12 months to claim funds once a support payment(s) is sent to CalWORKS

MEDICAL SUPPORT

The LCSA is required to make sure children are enrolled in private health insurance if/when benefits are available at no or reasonable cost through an employer. Every support order must include language that outlines whether one or both parents will be expected to provide private health insurance.

When necessary, the LCSA will work with the employer of the Parent Ordered to Pay Support to enroll children in affordable health coverage. There is no conflict to being enrolled in both private health insurance and Medi-Cal.

The Person Ordered to Receive Support must:

- Notify the CalWORKs eligibility worker and/or child support agency about any order regarding health insurance and
- Report to the CalWORKs eligibility worker and/or child support agency within ten (10) days when private health coverage changes or stops

If the Person Ordered to Receive Support is only receiving Medi-Cal, they must cooperate in establishing parentage and obtaining medical support in order to continue their own eligibility for Medi-Cal benefits. The child(ren) will still be eligible for Medi-Cal.

- The Person Ordered to Receive Support is not required to participate if they have filed a claim of "good cause" for non-cooperation (CW 51) Good Cause Claim for Noncooperation approved by the County Welfare Department.

All child support services are provided unless the Person Ordered to Receive Support tells the LCSA that they do not want services that are unrelated to obtaining medical support and establishing parentage.

Obtaining medical support may reduce the amount of the child support received. In cases where both parents are in the home, the LCSA will establish parentage only.

NONDISCRIMINATION STATEMENT

It is the policy of the State of California to ensure that all individuals are treated equally and that no person shall, on the basis of ethnic group identification, race, color, national origin, political affiliation or belief, religion, sex, age or disability be excluded from participation in, denied the benefits of any program or service, or otherwise be subjected to treatment that is different than that provided to others.

Each local child support agency has a designated Civil Rights Coordinator. Any applicant/recipient who feels they have been subjected to discriminatory treatment may file a complaint of discrimination by first contacting the local child support agency's designated Civil Rights Coordinator through the State Customer Service Support Center (CSSC) or by writing to the California Department of Child Support Services, Attn: Human Services Section, Civil Rights Office, P.O. Box 419064, Rancho Cordova, CA 95741-9064 or call [PHONE_CSSC].

COMPLAINT RESOLUTION - STATE HEARING INFORMATION

RIGHT TO COMPLAINT RESOLUTION:

- If you have a complaint against a local child support agency for any action or inaction regarding your child support case, you have the right to request complaint resolution from the local child support agency.
- You can make a complaint in writing by completing the Request for Complaint Resolution form, or you can call the local child support agency.
- **IMPORTANT: Your request for complaint resolution must be made within 90 days from the date you knew, or should have known, about the subject of your complaint.**
- The local child support agency has 30 days from the date it receives your complaint to give you a written resolution of your complaint, unless the local child support agency needs more information or time to resolve your complaint. The local child support agency will contact you if it needs more information or time to resolve your complaint.

RIGHT TO A STATE HEARING:

- If the local child support agency **does not** respond to you within 30 days from receiving your complaint, you have the right to request a State Hearing before an Administrative Law Judge. **IMPORTANT: Your request for a State Hearing must be made within 90 days after you complained to the local child support agency.**
- If the local child support agency **does** respond to you within 30 days of making your complaint, and you are not satisfied with the local child support agency's complaint resolution or response, you have the right to request a State Hearing before an Administrative Law Judge. **IMPORTANT: Your request for State Hearing must be made within 90 days after you received the local child support agency's written response to your complaint.**
- You can request a State Hearing in writing by sending a Request for State Hearing form to the State Hearing Office, or you can call the State Hearing Office toll free at 1-866-289-4714.
- The State Hearing Office will let you know the date, time, and place of your State Hearing.
- The State Hearing Office will provide an interpreter or disability accommodation for you at the hearing if you need one.
- **IMPORTANT: Not all complaints can be heard at a State Hearing.**

State Hearings will only be granted for the following issues:

- An application for child support has been denied or has not been acted upon within the required time frame.
- The child support services case has been acted upon in violation of federal or state law or regulation, or California Department of Child Support Services policy letter, or has not been acted on within the required timeframe, including services for the establishment, modification, and enforcement of child support orders and child support accountings.
- Child support collections have not been distributed, or have been distributed or disbursed incorrectly, or the amount of child support arrears, as calculated by the local child support agency is inaccurate.
- The local child support agency's decision to close a child support case.

IMPORTANT: The following issues cannot be heard at a State Hearing:

- Child support issues that must be addressed by motion, order to show cause, or appeal in a court.
- A review of any court order for child support or child support arrears.
- A court order or equivalent determination of paternity.
- A court order for spousal support.
- Child custody determinations.
- Child visitation determinations.
- Complaints of alleged discourteous treatment by a local child support agency employee, unless such conduct resulted in a hearable action or inaction.

OMBUDSPERSON SERVICES:

- Every local child support agency has an Ombudsperson available to help you through the complaint resolution and/or State Hearing process.
- The Ombudsperson can help you obtain information regarding your complaint to help you prepare for your State Hearing.
- **IMPORTANT: The Ombudsperson cannot represent you at the State Hearing or give you legal advice.**

INSTRUCTIONS FOR COMPLETING THE SIMPLIFIED APPLICATION FOR CHILD SUPPORT SERVICES

DCSS 0373 (07/12/13)

The processing of your case depends upon the information you provide on this form. Please provide as much information as possible. Answer every question completely. If you do not know the answer, print "UNKNOWN." If the question does not apply, print "N/A."

Before you begin, please read the Child Support Handbook. This book explains the services available through the local child support agency. Also, read the Child Support Enforcement Program Notice. This notice explains your responsibility to the local child support agency and the local child support agency's responsibility to you. The local child support attorneys or Attorney General or any of their representatives are not your attorney or the child(ren)'s attorney.

Please complete all the forms in BLACK INK and PRINT clearly.

FACTS ABOUT CUSTODIAL PARTY OR GUARDIAN AND CHILD(REN)

This section is about the person or party who has primary custody of the child(ren). Please complete the entire section. If you are the custodial party, be sure to give us a telephone number where you may be reached during the day.

If the children named in the application have different noncustodial parents, a separate application must be completed for each noncustodial parent. If you need additional space for any section, attach a separate sheet of paper or use the Comment Section provided at the end of the first page.

Please list all the child(ren) of the parents named for whom support services are being requested. Complete the full name of each child, including first name, middle name, last name, and suffix (Jr., Sr., III, etc.)

There are several questions within this section related to determining the biological father of the child(ren) named in the application. One question asks whether a Declaration of Paternity has been signed. The Declaration of Paternity is a legal form that, when signed (usually at the hospital or clinic) by both parents, says the man is the legal father. Signing the form and submitting it to the Department of Child Support Services legally establishes the man as the child's father without having to go to court.

A second question asks whether a Paternity Judgment has been established. A Paternity Judgment is an order from the court that, through the legal process, determines the biological father of the child(ren). Determining the biological father is necessary before child support can be ordered by the court.

Comments: You may use this section as extra space, if needed, or add any additional information you think might help us establish or enforce an order for the child(ren). You may include information about the other person's temper, whether they own rifles or handguns, if they have made threats against you or the child(ren), etc.

FACTS ABOUT NONCUSTODIAL PARENT

If you are the Custodial Party, this section may require you to look through old papers to find some of the information requested. The more information we have in this section the better and faster we will be able to serve you.

If at all possible, please provide the noncustodial parent's Social Security Number or numbers. If you do not know the exact date of birth, provide the approximate age.

Please provide any and all financial information about the noncustodial parent. Attach additional page(s) as needed or use the Comment Section on the first page.

If you are the noncustodial party, be sure to give us a telephone number where you may be reached during the day.

SIGNATURE OF APPLICANT

We will not be able to open this case without your signature. Your signature indicates that you have answered the questions on the application to the best of your ability and that you want to open this case. It also indicates that you have read the information provided above the signature line carefully.

SIMPLIFIED APPLICATION FOR CHILD SUPPORT SERVICES

DCSS 0373 (07/12/13)

I AM THE: ☐ CUSTODIAL PARTY ☐ NONCUSTODIAL PARENT

APPLICANT NAME (PERSON COMPLETING THIS FORM)

NOTE: The custodial party is the person or party who has primary custody of the minor children.

FACTS ABOUT CUSTODIAL PARTY OR GUARDIAN AND CHILD(REN)

FULL NAME (LAST, FIRST, MIDDLE, SUFFIX)		TRIBAL MEMBER <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF TRIBE	BEST TIME TO BE REACHED <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
MAIDEN NAME (IF APPROPRIATE)	RELATIONSHIP TO CHILD(REN) <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> OTHER (SPECIFY)	TELEPHONE NUMBERS HOME: WORK: CELL:		BEST NUMBER TO BE REACHED AT <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK
NAME OF CURRENT SPOUSE				
ADDRESS (STREET, CITY, STATE AND ZIP CODE)		E-MAIL ADDRESS		

Does the custodial party currently live with the noncustodial parent? ☐ YES ☐ NO (If "NO", give date and address last lived together)

DATE	ADDRESS (STREET, CITY, STATE AND ZIP CODE)						
SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	STATE	BIRTHDATE OR APPROXIMATE AGE	PLACE OF BIRTH	RACE	PRIMARY LANGUAGE SPOKEN IN HOME	GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
NAME OF PRESENT EMPLOYER - IF NOT CURRENTLY WORKING, PRINT "UNEMPLOYED" HERE			JOB TITLE OR OCCUPATION		GROSS MONTHLY EARNINGS \$		
ADDRESS OF PRESENT EMPLOYER (STREET, CITY, STATE, AND ZIP CODE)			IS HEALTH INSURANCE AVAILABLE FOR CHILDREN? <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME AND TELEPHONE NUMBER OF A RELATIVE OR FRIEND		

Date and place of marriage (If never married, check "None")**Date and place of divorce (If no divorce, check "None")**

DATE OF MARRIAGE TO NONCUSTODIAL PARENT	COUNTY	STATE	<input type="checkbox"/> NONE	DATE OF DIVORCE	COUNTY	STATE	<input type="checkbox"/> NONE
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If parents were NOT married, please answer questions 1-5 below.

- Has noncustodial parent ever lived in California? ☐ YES ☐ NO If "YES", When? _____ Where? _____
- Has noncustodial parent ever worked in California? ☐ YES ☐ NO If "YES", When? _____ Where? _____
- In which state were the child(ren) conceived?
(Use number for each child listed below) _____ Child # _____ State _____ Child # _____ State _____ Child # _____ State _____
- Was a Declaration of Paternity signed at a California hospital or agency? ☐ YES ☐ NO ☐ DON'T KNOW If "YES", Where? _____
- Was a Paternity Judgment established? ☐ YES ☐ NO ☐ DON'T KNOW If "YES", Where? _____

Have services been provided by another child support agency? (If "YES", please give the date, city and state)

DATES OF SERVICES From: _____ To: _____	CITY AND STATE WHERE SERVICES RECEIVED	HAVE THE MINOR CHILDREN RECEIVED CASH AID? (WELFARE) <input type="checkbox"/> YES <input type="checkbox"/> NO
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Is the noncustodial parent court ordered to pay child support for the child(ren) named below? ☐ YES ☐ NO ☐ PENDING

COURT ORDER #	AMOUNT OF ORDER \$ _____ <input type="checkbox"/> PER WEEK <input type="checkbox"/> PER MONTH	DATE OF ORDER	COUNTY	STATE
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List full names of all minor children by this noncustodial parent (If child is not yet born, write "unborn", and expected date of birth). (A separate application is required for children from another noncustodial parent)

IF CHILD IS NOT YET BORN, WRITE "UNBORN" HERE			EXPECTED DATE OF BIRTH FOR UNBORN CHILD(REN)			
NAME	SEX	BIRTHDATE	BIRTHPLACE (CITY AND STATE)	SOCIAL SECURITY NUMBER	CHILD(REN) LIVING WITH YOU	
1.					<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.					<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.					<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.					<input type="checkbox"/> YES	<input type="checkbox"/> NO

List full names of other minor child(ren) NOT related to this noncustodial parent

NAME	BIRTHDATE	CHILD(REN) LIVING WITH YOU
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMENTS (Please attach a separate sheet if you need additional space)

FACTS ABOUT NONCUSTODIAL PARENT

FULL NAME (LAST, FIRST, MIDDLE, SUFFIX)				TRIBAL MEMBER <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF TRIBE	
MAIDEN NAME (IF APPROPRIATE)				RELATIONSHIP TO CHILD(REN) <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER		TELEPHONE NUMBERS HOME: WORK: CELL:	
NAME OF CURRENT SPOUSE							
OTHER NAMES OR ALIASES OF NONCUSTODIAL PARENT						E-MAIL ADDRESS	
ADDRESS (STREET, CITY, STATE AND ZIP CODE)						<input type="checkbox"/> CURRENT NOW <input type="checkbox"/> CURRENT AS OF (DATE)	
SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	STATE	BIRTHDATE OR APPROXIMATE AGE	PLACE OF BIRTH		GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
Currently on probation or parole? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Currently in jail or prison? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", provide information below:							
DATE	AGENCY	CITY	STATE	OFFENSE (REASON)			
Is the noncustodial parent a US citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", Please provide country of citizenship here:							
PHYSICAL DESCRIPTION: (PLEASE PROVIDE PHOTO)							
RACE		COMPLEXION		PRIMARY LANGUAGE			
HAIR		HEIGHT		IDENTIFYING FEATURES (MARKS, SCARS, TATTOOS, ETC.)			
EYES		WEIGHT					
NAME OF PRESENT EMPLOYER (IF NOT WORKING, PRINT "UNEMPLOYED")				<input type="checkbox"/> CURRENT NOW	IS HEALTH INSURANCE AVAILABLE FOR CHILDREN?		GROSS MONTHLY EARNINGS
ADDRESS OF PRESENT EMPLOYER (STREET, CITY, STATE AND ZIP CODE)				<input type="checkbox"/> CURRENT AS OF (DATE)	<input type="checkbox"/> YES <input type="checkbox"/> NO		\$
If unemployed or present employer is unknown, give name, address and telephone number of last employment below.							
NAME OF LAST EMPLOYER		ADDRESS OF LAST EMPLOYER (STREET, CITY, STATE AND ZIP CODE)				TELEPHONE NUMBER (INCLUDE AREA CODE)	
USUAL OCCUPATION, TRADE, JOB TITLE OR SKILLS				ACTIVE MILITARY: <input type="checkbox"/> YES <input type="checkbox"/> NO WHAT BRANCH OF THE SERVICE?			
IS THE NONCUSTODIAL PARENT A LABOR UNION MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME AND NUMBER OF UNION		ADDRESS OF UNION (STREET, CITY, STATE AND ZIP CODE)			
IF SELF-EMPLOYED, WHAT IS THE NAME OF THE BUSINESS?						GROSS MONTHLY EARNINGS	
STEADY WORKER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:						\$	
List any other sources of income or assets. (For example, Veterans Affairs benefits, Social Security Disability, interest, dividends, trust, vehicles, boats, real estate, etc. Attach a separate sheet if necessary).							
MOTHER'S MAIDEN NAME (LAST, FIRST)		MOTHER'S STREET ADDRESS, CITY, STATE AND ZIP CODE				MOTHER'S TELEPHONE NUMBER	
FATHER'S NAME (LAST, FIRST)		FATHER'S STREET ADDRESS, CITY, STATE AND ZIP CODE				FATHER'S TELEPHONE NUMBER	
Name and address of current spouse, friend, or relative.							
NAME		RELATIONSHIP		STREET ADDRESS, CITY, STATE ZIP CODE		TELEPHONE NUMBER	
Is there visitation with the children?				<input type="checkbox"/> YES <input type="checkbox"/> NO		If "YES", how many times per month?	
Is there any other child support obligation(s)?				<input type="checkbox"/> YES <input type="checkbox"/> NO		If "YES", please provide amount: \$	
Is there any other minor child(ren) in the home?				<input type="checkbox"/> YES <input type="checkbox"/> NO		If "YES", how many children?	
Present marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Living with another person							
I request the services of the Department of Child Support Services to assist me in the following efforts: (Mark all that apply)							
<input type="checkbox"/> Establish paternity <input type="checkbox"/> Obtain a child support order <input type="checkbox"/> Enforce an existing child and spousal support order (including past due)		<input type="checkbox"/> Modify an existing child support order <input type="checkbox"/> Obtain an order for medical insurance <input type="checkbox"/> Enforce an existing medical insurance order		<input type="checkbox"/> No medical insurance enforcement needed at this time. The children have satisfactory medical insurance coverage through: <input type="checkbox"/> Custodial Parent <input type="checkbox"/> Noncustodial Parent			
I am applying for support services under the Child Support Program of Title IV-D of the Social Security Act. I declare under penalty of perjury (Penal Code, Section 118) that this questionnaire has been examined by me and to the best of my knowledge and belief it is true and correct.							
SIGNATURE OF APPLICANT						DATE	

REQUEST FOR SUPPORT SERVICES

DCSS 0055 (10/20/2019)

CSE Case Number:

INSTRUCTIONS: Read carefully before signing below. Your signature is required in order for us to open a case for you.

Beginning October 1, 2020, pursuant to the Bipartisan Budget Act of 2018, section 53117 of Public Law 115-123 which amended the provisions of the Federal Deficit Reduction Act of 2005, the Department of Child Support Services may assess a \$35 Annual Service Fee for each case that has never received public assistance. This fee will be assessed every year on October 1st for each case in which at least \$550 has been disbursed to the family in the prior Federal Fiscal Year (October 1st - September 30th). The fee will be automatically deducted from the next payment(s) issued to the custodial party after October 1st until the fee has been recovered in full.

I want the local child support agency to help me get a child support order to establish paternity for the child(ren) or enforce a support order I have.

I understand that I am applying for these services under the Child Support Services Program under Title IV-D of the Social Security Act.

I will let the child support agency know right away:

- When each child marries.
- When each child reaches age 18 years and is no longer attending high school, or 19 years, whichever happens first.
- If my home address, mailing address, or telephone number changes.
- If my employer, including name, address, and telephone number changes.
- If my income changes.
- If my status, cost, or availability of health insurance coverage changes.
- If any information regarding the whereabouts of the other parent(s) changes.
- If the parent(s) moves back in together with the children, or
- If there is any change in custody, childcare or visitation.

I am aware that the local child support agency does not represent me, the other parent, or the children who are the subject of this case. No attorney-client relationship exists between the local child support agency and me, the other parent, or the children. No attorney-client relationship will arise if the local child support agency provides the support services I have requested.

I declare under penalty of perjury that I have read, understand, and agree to all of the terms specified above.

PRINT NAME

SIGNATURE

DATE