

Full child support (IV-D) services application and information on child support

Purpose

This is an application for full child support (IV-D) services. It describes those services and explains your responsibilities.

Instructions

Read and complete the application. Mail or take the completed application to your county child support agency. Contact your county child support agency with questions.

Definition of terms

The following terms are used in this application.

Term	Definition of term
Applicant	An applicant is the person or agency who applies for support services or is referred for services by a public assistance agency.
Arrears/arrearage	Support obligation amounts that are overdue and unpaid.
Basic support	Support for expenses relating to a child's care, housing, food, clothing and transportation. The basic support obligation does not include payment towards arrears.
Biological father	The man with whom a child's mother becomes pregnant.
Child support	Money parents pay to help support their children. It may include a monthly court-ordered amount, medical and dental support, and child care support.
Child support agency	The term child support agency means county offices that provide child support services and the state office that provides support and guidance to the county offices.
Current support	An ongoing court-ordered obligation for support due each month that is either received by the Minnesota Child Support Payment Center, or withheld by the obligor's employer or other payor of funds.
Direct deposit	Support payments sent electronically from the Child Support Payment Center to the obligee's financial institution for deposit into the obligee's checking account, savings account or stored value card account.
Establishing parentage	The process to create a legal relationship between a child and the child's parent when no legal relationship previously existed. Actions to establish a legal relationship between a child and the child's father are informally referred to as paternity actions.
Income withholding	The deduction of a current basic support, child care support, medical support or spousal support obligation, and arrears from an obligor's wages or other sources of income.
Income Withholding-only (Non-IV-D) Services	Limited service provided by state and county child support agencies for the purpose of processing child support and spousal maintenance, or both. Sometimes called Non-IV-D Services.
Nonpublic Assistance	A child support case in which no public assistance is being provided to the obligee or child(ren).
Obligee	A person to whom payments for maintenance or support are owed.
Obligor	A person obligated to pay maintenance or support. For purposes of ordering medical support, a parent who has primary physical custody of a child may be an obligor subject to a payment agreement.

Term	Definition of term
Parental Income for Determining Child Support	A calculated amount of gross income minus deductions for nonjoint children.
Parenting time	The time a parent spends with a child regardless of the custodial designation regarding the child. Parenting time has also been referred to as visitation.
Public assistance	Benefits from a state or federal program. Public assistance programs include the Diversionary Work Program; the Minnesota Family Investment Program, which is Minnesota's Temporary Assistance for Needy Families program; Tribal; Child Care Assistance Program; Medical Assistance; and Title IV-E Foster Care services.
Support	A court-ordered obligation for the benefit of the obligor's child(ren), spouse or former spouse.
Support order	A court-ordered obligation for the benefit of the obligor's child(ren), spouse, or former spouse who lives with the child. A support order may include basic support, medical support or child care support. A court order may also include spousal maintenance.
Tribunal	A court or administrative agency that has the authority to establish, enforce or modify support orders.

Information on full child support (IV-D) services

Who can apply for support and collections services?

You can apply for support and collections services if:

- You are the parent or alleged father of a minor child
- A minor child lives in your household and at least one parent of the child lives away from the home
- You are owed only arrears, even if all of the children subject to the child support orders are 18 or older

How do I apply for support and collections services?

Complete this application and return it to the county child support agency.

- If you are applying for a child(ren) who have different fathers or mothers, complete an application for each parent who lives away from home.
- If you are not sure who the parent of your child is, complete an application for each possible parent.
- If you are not the parent of the child(ren) for whom you are applying for services, complete an application for each parent.
- If you are a noncustodial parent or alleged father, complete an application and return it to the county child support agency.

How do I apply for child support services if I receive public assistance?

If you receive public assistance, your county financial worker will automatically refer your case for child support services. When you receive Minnesota Family Investment Program, Medical Assistance, Diversionary Work Program, Tribal Temporary Assistance for Needy Families, Title IV-E Foster Care or Child Care Assistance Program, and a parent lives away from your home, the county child support agency will provide full child support services.

Are there fees?

Yes.

- Minnesota law requires the applicant pay a cost recovery fee for full child support (IV-D) services. Only one person can be the applicant for services. Currently, the cost recovery fee is 2%.
- **Obligee fees** — If you are the obligee, the applicant for services, and you or the children do not receive public assistance, the child support agency will deduct a cost recovery fee from the amount of your basic support, medical support, child care support and spousal maintenance collected. For example, if the 2% cost recovery fee is charged and the child support agency collects \$150 in a month, your fee is \$3. The amount sent to you is \$147.
- **Obligor fees** — If you are the obligor, the applicant for services, and you do not receive Medical Assistance for yourself, the child support agency will add a cost recovery fee to the amount of your court-ordered basic support, medical support, child care support and spousal maintenance. For example, if you are eligible to be charged the 2% cost recovery fee and the court-ordered obligation is \$150 per month, your fee will be \$3 per month. The amount you will have to pay is \$153.
- Federal law requires the child support agency to collect an annual fee of \$35 in cases where:
 - The person entitled to support has never received assistance under a state program funded under Title IV-A of the Social Security Act
 - The department has collected at least \$550 of support.

If both conditions are met, the child support agency will deduct the fee from support collected on behalf of the person entitled to support, but not from the first \$550 collected.

Who will not pay a cost recovery fee?

If you or your children receive public assistance, the cost recovery fee is waived until after public assistance ends.

- **Obligees** — The child support agency will not collect a cost recovery fee if you are the obligee, the applicant for services and you or the children living with you receive public assistance from:
 - The Minnesota Family Investment Program, Tribal Temporary Assistance for Needy Families or the Diversionary Work Program; the child support agency will begin collecting a cost recovery fee after 24 consecutive months have passed from the date assistance has ended
 - Medical Assistance and Child Care Assistance; the child support agency will begin collecting a cost recovery fee one month after you or the children no longer receive benefits from these programs
 - Title IV-E Foster Care; if you are the parent or custodian of a child who left your home to enter foster care and that child receives Title IV-E Foster Care benefits, the child support agency will begin collecting a cost recovery fee after 24 consecutive months have passed from the date the assistance has ended
- **Obligors** — The child support agency will not charge a cost recovery fee if you are the obligor, the applicant for services and you receive Medical Assistance for yourself. You must tell the child support agency when Medical Assistance begins or ends. The child support agency will begin charging you a cost recovery fee one month after you no longer receive benefits from any of these programs.

Is there a limit on the amount of cost recovery fees I pay?

A maximum cost recovery fee limit will be set annually based on the average cost per case. Once your case reaches the limit, you will no longer pay the cost recovery fee on that case for the rest of the year.

What do child support services include?

Full child support (IV-D) services include:

- Locating parents
- Establishing parentage
- Establishing court orders for basic, medical and child care support
- Reviewing and asking the court to modify basic, medical and child care support orders when appropriate
- Adjusting support orders based on the cost-of-living index
- Enforcing child support orders
- Working with other states to establish and enforce child support orders
- Processing income withholding and other payments received by the Child Support Payment Center for child support and spousal maintenance

What services are not provided?

Full child support (IV-D) services **do not** include:

- Divorce assistance
- Parenting time or custody issues
- Spousal maintenance order establishment or modification
- Collection of:
 - Bills not related to support
 - Property settlements
 - Attorney fees, except in limited circumstances ([Minn. Stat. § 518a.735](#))
- Legal advice or counsel.

If you need any of these services, contact an attorney or legal services office.

Full child support services are not available if the only obligation owed is spousal maintenance. If you have a full child support case and all child support obligations are fully satisfied, leaving only spousal maintenance obligations owed, your case will automatically become an Income Withholding-only (non IV-D) case unless the applicant for services chooses to close the case.

Establishing parentage

When is it necessary to establish parentage?

If a mother is not married at the time of the child's birth, she is the child's only legal parent. Actions to establish a legal relationship between the child and the child's father are informally referred to as paternity actions.

Why establish parentage?

Establishing parentage gives a child both legal parents. When both legal parents are established, children may have rights to benefits through both legal parents, including Social Security benefits, veteran's benefits, tribal registration benefits, health care coverage, workers' compensation benefits and inheritance rights. Children may also benefit by knowing their biological, cultural and medical histories.

A child's legal parentage must be established before the court will issue an order for support.

How is parentage established?

Parentage can be established in two ways.

- **Recognition of Parentage:** If the parents agree, and the mother is not married to the biological father, they can voluntarily sign a form called the [Minnesota Voluntary Recognition of Parentage \(DHS-3159\)](#). Signing the form and filing it with the Office of Vital Records legally establishes the father and child relationship. If the parents are not sure that the man is the biological father of the child, they can have genetic testing done. Genetic testing can determine if a man is a child's biological father.

- **Court order:** A court can determine parentage. The court may determine if a person is the legal parent of a child. Before determining parentage, a court order may require genetic testing. Both the mother and the alleged parent may have to testify at the court hearing.

Establishing child support orders

All parents, whether or not they are married, are responsible for the support of their children. This support may include basic support, medical support and child care support. Support orders make obligors legally responsible to pay support for their children.

How is a support order established?

A court issues a support order that states the amount of support an obligor must pay. The court enters the order into its records. The order may be part of a separation, divorce, establishment or parentage action. The support an obligor is ordered to pay is often a monthly amount.

How can I change my support order?

Support orders can be changed in two ways.

- **Cost-of-living adjustments:** Most Minnesota support orders require a cost-of-living adjustment every two years based on the consumer price index. The county child support agency will process the cost-of-living adjustment on May 1 of the appropriate year.
 - If you are the obligor and disagree with the cost-of-living adjustment, you have the right to request a hearing before May 1 of the appropriate year.
 - You will receive a notice explaining the procedure.
- **Court-ordered modifications :** Either parent may request in writing that the child support agency review their support order for modification. The written request should state the reasons for the review. The county child support staff will determine whether the existing order meets the standards for review.
 - If it does, they will complete the review and file a motion asking the court to modify the order.
 - If the case does not meet the standards, the county child support agency will notify the parent who requested the review.
 - If the parent still wants the order changed, the parent can file a motion asking the court to modify the order.

Locating the other parent

To establish, modify or enforce a support order, the child support agency must have a current address or employment information for both parents. If the location of a parent is not known, the child support agency uses many tools to locate the address and employer of the parents.

Social Security numbers help the child support agency locate addresses and employment information. Social Security numbers are shown on tax returns, pay stubs and bank statements. Providing this useful information helps the child support agency carry out its duties more efficiently.

Collecting and enforcing support orders

What is income withholding?

Most support obligations are collected through income withholding from wages. Once the child support agency identifies the obligor's employer or payor of funds, they send a notice to withhold support. Employers have 14 days to process an order or notice to withhold. Employers must begin withholding no later than the first pay period following this 14-day time period. Employers must continue withholding until the child support agency notifies them in writing of any changes to the order.

The child support agency makes collecting current support a priority. The child support agency also collects past due support. Past due support accrues interest at a rate set annually by the state court administrator.

What happens to support collected on my case if I receive public assistance?

If you or your children receive Minnesota Family Investment Program benefits, you will receive any current basic support collected in the month that it is due. Support not paid during the months of assistance will be owed to the child support agency to reimburse Minnesota Family Investment Program benefits issued to you and your children.

If you or your children receive Diversionary Work Program benefits, Medical Assistance or Child Care Assistance Program, you will receive the current basic support collected in the month that it is due, but you will not receive the medical and child care support collected for that month.

How do I receive the support collected?

The child support agency collects the support from the obligor. In most cases, the child support agency sends the support collected and owed to the obligee within two days. Funds collected through certain tax intercepts may be held for up to six months to make sure the refund was properly intercepted. Once you apply for services, all support payments must come through the state. If you receive a support payment from the obligor, you must tell your child support worker. You may be asked to send the payment to the Child Support Payment Center so that it can be disbursed according to federal guidelines.

For up-to-the-minute case and payment information:

- Visit www.childsupport.dhs.state.mn.us
- Call the Child Support Payment Line:
 - 800-657-3512 outside the Twin Cities metro area
 - 651-431-4340 in the Twin Cities metro area

To receive information, you must know your personal identification number (PIN) that the child support agency will assign to you.

What are my direct deposit choices?

To increase the efficiency, convenience, speed and safety of payments to you, the state sends support by direct deposit. Through direct deposit, you may choose to have your support payments electronically deposited into a checking account, savings account or stored value card account. After your support case is open, the child support agency will send you more information on how to set up direct deposit.

How are payments applied to my case?

Federal and state regulations govern how payments are applied. The child support agency applies payments according to these rules. Most payments collected pay current support first.

If an obligor owes support to more than one family, the child support agency divides payments among the families. After current support is paid for the month it is due, other payments received that month pay arrears.

If you have questions about payment distribution, contact your county child support agency.

How does the child support agency collect arrears?

The child support agency may take certain enforcement actions to collect support, including:

- Federal and state tax refund intercepts
- Lottery winnings intercept
- Passport denial
- Credit bureau reporting
- License suspension
 - Driver's license
 - Occupational license
 - Recreational license
- Student grant holds
- Financial institution data match.

The child support agency has the right to decide what action to take on your case and to decide which county is best able to provide services to you. If all other enforcement actions have been unsuccessful, the county may ask the court to find the obligor in constructive civil contempt.

What is the attorney/applicant relationship?

Applying for support services does not create an attorney/client relationship between you and the child support attorney. The child support attorney represents the child support agency. You have the right to your own attorney and may hire one at any time. You may also decide to represent yourself.

Your responsibilities

You must report changes that may affect your case. Contact your child support worker if you or the other parent:

- Moves
- Changes phone numbers
- Changes jobs
- Applies for public assistance
- Receives a notice of other court actions regarding support payments
- Loses your medical or dental insurance
- Changes health care providers
- Makes a support payment to the obligee
- Receives a support payment from the obligor

You must also contact your child support worker if the living arrangements of your child(ren) change.

Do I have to cooperate?

The county child support agency will be better able to provide child support services with your help. That means reporting changes that affect your case in a timely manner, providing information when requested and complying with other requests the county child support agency makes.

If you are the applicant for services and you do not cooperate, the child support agency may close your case.

What if I no longer want support and collections services?

If you are the applicant for services and you want to close your case and stop collection services, you must tell the county child support agency verbally or in writing. The county child support agency can stop services only if the children on your child support case do not receive public assistance. If you close your case, the child support agency may continue to collect any amounts owed to the state or county.

Notice of privacy practices

This section describes how medical information and other private information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Why do we ask for this information?

- To tell you apart from other people with the same or similar name.
- To decide what you are eligible for.
- To help you get medical, mental health, financial or social services.
- To decide if you can pay for some of your services.
- To make reports, do research, do audits and evaluate our programs.
- To investigate reports of people who may lie about the help they need.
- To decide about out-of-home care and in-home care for you or your children.
- To collect money from other agencies, like insurance companies, if they should pay for your care.
- To decide if you or your family need protective services.
- To collect money from the state or federal government for help we give you.

Why do we ask you for your Social Security number?

We need your social security number to give you some kinds of financial help or child support services (45 CFR 205.52 [2001]; 42 USC 666; 45 CFR 303.30 [2001]). We also need your Social Security number to check information you give us through matching programs that are part of an Income Eligibility Verification System (5 U.S.C. § 552a(o)(1)(D)).

You do not have to give us a Social Security number:

- For persons in your home who are not applying for coverage
- If you have religious objections
- If you are not a U.S. citizen and are applying only for Emergency Medical Assistance
- If you are from another country, in the U.S. on a temporary basis and do not have permission from U.S. Citizenship and Immigration Services to live in the U.S. permanently
- If you are living in the U.S. without the knowledge or approval from U.S. Citizenship and Immigration Services.

Do you have to answer the questions we ask?

You do not have to give us your personal information. We need this information to tell if you can receive help from us. Without the information, we may not be able to help you. If you give us false information on purpose, you can be investigated and charged with fraud.

With whom may we share information?

We will only share information about you as needed and as allowed or required by law. We may share your information with the following agencies or persons who need the information to do their jobs.

- Employees or volunteers with other state, county, local, federal, collaborative and nonprofit agencies.
- Court officials, county attorney, attorney general, other law enforcement officials, child support officials and child protection and fraud investigators.
- Human services offices, including child support offices.
- Educational institutions and organizations.
- Health care providers, including mental health agencies and drug and alcohol treatment facilities.
- Health care insurers, health care agencies, managed care organizations and others who pay for your care.
- Guardians, conservators or persons with a power of attorney.
- Coroners and medical investigators, if you die and they investigate your death.
- Credit bureaus, creditors or collection agencies if you do not pay fees you owe to us for services.
- Anyone else the law says we must or can give the information.

What are your rights regarding the information we have about you?

- You and people you have given permission to may see and copy medical or other private information we may have about you. You may have to pay for the copies.
- You may question if the information we have about you is correct. Send your concerns in writing. Tell us why the information is wrong or not complete. Send your own explanation of the information you do not agree with. We will attach your explanation any time information is shared with another agency.
- You have the right to ask us in writing to share health information with you in a certain way or in a certain place. For example, you may ask us to send health information to your work address instead of your home address. If we find that your request is reasonable, we will grant it.
- You have the right to ask us to limit or restrict the way that we use or disclose your information, but we are not required to agree to this request.
- You have the right to receive a record of some of the people or organizations that we have shared your information with since April 14, 2003. You must ask for a copy of this record in writing to our Privacy Official.
- If you do not understand the information, ask your worker to explain it to you. You can ask the Minnesota Department of Human Services for another copy of this notice.

What are our responsibilities?

- We must protect the privacy of your medical and other private information according to the terms of this notice.
- We may not use your information for reasons other than the reasons listed on this form or share your information with individuals and agencies other than those listed on this form unless you tell us in writing that we can.
- We must follow the terms of this notice, but we may change our privacy policy when privacy laws change. We will put changes to our privacy rules on our website at: <https://edocs.dhs.state.mn.us/Ifserver/Public/DHS-3979-ENG>.

What privacy rights do children have?

If you are under 18, when parental consent for medical treatment is not required, information will not be shown to parents unless the health care provider believes not sharing the information would risk your health. Parents may see other information about you and let others to see this information, unless you have asked that this information not be shared with your parents. You must ask for this in writing and say what information you do not want to share and why. If the agency agrees that sharing the information is not in your best interest, the information will not be shared with your parents. If the agency does not agree, the information may be shared with your parents if they ask for it.

Civil Rights Notice

Discrimination is against the law. The Minnesota Department of Human Services (DHS) does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- marital status
- age
- disability
- sex
- political beliefs

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by a social services agency.

Contact **DHS** directly only if you have a **discrimination** complaint:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
Freeman Building, 625 North Robert Street
St. Paul, MN 55155
651-539-1100 (voice)
1-800-657-3704 (toll free)
711 or 1-800-627-3529 (MN Relay)
651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion

Contact the **OCR** directly to file a complaint:

Director, U.S. Department of Health and Human Services' Office for Civil Rights
200 Independence Avenue SW, Room 509F
HHH Building
Washington, DC 20201
1-800-368-1019 (voice)
1-800-537-7697 (TDD)
Complaint Portal:
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လူမှုရေးအလုပ်သမား အားမေးမြန်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打 1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ဟ်သ့ၣ်ဟ်သးဘၣ်တၢ်ကၢ်. ဝဲန့ၣ်လိၣ်ဘၣ်တၢ်မၤစၢၤကလီၤလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,သံကွၢ်ဘၣ်ပုၤဂ့ၢ်ဝီအပုၤမၤစၢၤတၢ်လၢန့ၢ်မ့တ မ့ၢ်ကိးဘၣ် 1-844-217-3549 တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하십시오.

ໂປຣດຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພໍດີ, ຈົ່ງຕາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂປຣໂທ 1-888-487-8251.

Hubachiisa. Dokumentiin kum bilisa akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbilli 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

DA1 (8-18)



For accessible formats of this information, ask your county worker. For assistance with additional equal access to human services, contact your county's ADA coordinator. ADA4 (2-18)

Application for support and collections services

Purpose

The child support agency will use the information to help you collect or pay support.

How to fill out this form

Please fill in each blank. Complete a separate form for each parent. If you need another form, ask your child support agency for one.

FOR OFFICE USE ONLY	
REQUESTED	SENT
RETURNED	

Applicant's information

Service requested

Full services (Establish Parentage, Establish Child Support and Collections Services, Medical Support Enforcement Services, and Child Care Enforcement Services).

Have you or any of the children listed below ever received child support services? Yes No

DATE FROM	DATE TO	COUNTY	STATE
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(List service dates on a separate sheet if more room is needed.)

I. Applicant information

YOUR NAME - LAST		FIRST	MIDDLE	MAIDEN OR OTHER	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	MARITAL STATUS	GENDER	RACE (optional)	
WHAT IS YOUR PREFERRED LANGUAGE?		DO YOU NEED AN INTERPRETER? <input type="radio"/> Yes <input type="radio"/> No	HOME PHONE	WORK PHONE	
EMAIL ADDRESS	MAILING ADDRESS - STREET		CITY	STATE	ZIP CODE
YOUR RELATIONSHIP TO CHILD(REN) BELOW: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other – SPECIFY: _____			Do you have personal safety concerns relating to the other person? <input type="radio"/> Yes <input type="radio"/> No		

II. Applicant's employment information

CURRENT EMPLOYER		STREET ADDRESS		CITY	STATE	ZIP CODE
EMPLOYER PHONE	OCCUPATION			START WORK DATE	END WORK DATE	
WORK STATUS <input type="checkbox"/> Active <input type="checkbox"/> Temporary <input type="checkbox"/> Previous <input type="checkbox"/> Laid off			SALARY	PAY PERIOD	UNION NAME	LOCAL NO.

Children's information

III. Minor children

Provide information about the minor child(ren) living with you whose parent you list on page 2.

If you have not established parentage for your child(ren), the child support agency will ask you to give us more information to help establish parentage.

Fill in the code below for each child's relationship to the other parent:

- | | |
|---------------------------------------|------------------------------------|
| A. Established by court order | M. Parent married at child's birth |
| B. Mother listed on birth certificate | N. Not established |
| D. Declaration of parentage | O. Recognition of Parentage |
| L. Legally adopted | |

	Legal Name (last, first, middle)	Gender	Date of Birth	Social Security Number	Place of Birth (County/State)	Code (See above)
1.						
2.						
3.						
4.						
NAME YOUR MINOR CHILDREN NOT LIVING WITH YOU			DO YOU HAVE A COURT-ORDERED SUPPORT OBLIGATION FOR THESE CHILD(REN)?			
			<input type="radio"/> No <input type="radio"/> Yes - what is the monthly amount you pay? \$ _____			
NAME YOUR MINOR CHILDREN LIVING WITH YOU WHOSE PARENT YOU DO NOT LIST ON PAGE 2					ARE YOU PREGNANT?	
					<input type="radio"/> No <input type="radio"/> Yes - expected date of birth: _____	

Other parent information

IV. Information about the other parent

NAME - LAST		FIRST		MIDDLE		MAIDEN OR OTHER	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	MARITAL STATUS		GENDER		RACE (optional)	
WHAT IS THE OTHER PARENT'S PREFERRED LANGUAGE?			DOES THE OTHER PARENT NEED AN INTERPRETER?				
			<input type="radio"/> Yes <input type="radio"/> No				
MAILING ADDRESS - STREET	CITY	STATE	ZIP CODE	HOME PHONE	WORK PHONE		
OTHER ADDRESS - STREET	CITY	STATE	ZIP CODE	HOME PHONE	WORK PHONE		
HAS BANK ACCOUNT AT							
OTHER PARENT'S RELATIONSHIP TO CHILDREN		EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	GLASSES	BEARD
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (alleged father)				____ FT. ____ IN.		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Please enclose photo, if available.		BUILD	COMPLEXION		IDENTIFYING MARKS		
OTHER PARENT RECEIVES:							
<input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Public assistance <input type="checkbox"/> Veteran's benefits <input type="checkbox"/> Other - NAME: _____							
TRIBAL MEMBER							
<input type="radio"/> No <input type="radio"/> Yes - name of tribe: _____							

MILITARY SERVICE <input type="radio"/> No <input type="radio"/> Yes	IF YES, BRANCH	STATION	DATE FROM	DATE TO	IS OTHER PARENT A VETERAN? <input type="radio"/> Yes <input type="radio"/> No
ARREST RECORD <input type="radio"/> No <input type="radio"/> Yes - WHERE? _____			EVER IN PRISON <input type="radio"/> No <input type="radio"/> Yes	IF YES, WHERE?	IMPRISONED DATE RELEASE DATE
IS OTHER PARENT A STUDENT? <input type="radio"/> No <input type="radio"/> Yes - WHERE? _____					
DRIVER'S LICENSE STATE		DRIVER'S LICENSE NUMBER			
VEHICLE 1 – LICENSE PLATE NUMBER		MODEL	MAKE	YEAR	
VEHICLE 2 – LICENSE PLATE NUMBER		MODEL	MAKE	YEAR	
NAME OF OTHER PARENT'S FATHER			HIS ADDRESS		
NAME OF OTHER PARENT'S MOTHER (include her maiden name)			HER ADDRESS		

V. Information about the other parent's employment

<input type="checkbox"/> Current employer	STREET ADDRESS		CITY	STATE	ZIP CODE
<input type="checkbox"/> Second employer	STREET ADDRESS		CITY	STATE	ZIP CODE
<input type="checkbox"/> Unemployed – NAME OF LAST EMPLOYER	STREET ADDRESS		CITY	STATE	ZIP CODE
START WORK DATE	END WORK DATE	OCCUPATION	WORK STATUS <input type="checkbox"/> Active <input type="checkbox"/> Temporary <input type="checkbox"/> Previous <input type="checkbox"/> Laid off		
SALARY	PAY PERIOD	UNION NAME	LOCAL NUMBER		

Insurance information

VI. Health care coverage information

Is there health care coverage for the children? <input type="radio"/> Yes <input type="radio"/> No If yes, is it court-ordered? <input type="radio"/> Yes <input type="radio"/> No If yes, who is ordered to provide the health care coverage? _____
Is there dental care coverage for the children? <input type="radio"/> Yes <input type="radio"/> No If yes, is it court-ordered? <input type="radio"/> Yes <input type="radio"/> No If yes, who is ordered to provide the dental coverage? _____

Applicant's health care coverage available

Medical			
COST FOR INDIVIDUAL COVERAGE		ADDITIONAL COST TO INSURE JOINT CHILDREN	
EMPLOYER OR GROUP NAME			
STREET ADDRESS		CITY	STATE ZIP CODE
INSURANCE COMPANY OR UNION			
STREET ADDRESS		CITY	STATE ZIP CODE
POLICY NUMBER		POLICY TYPE	GROUP NUMBER
HEALTH CARE COVERAGE START DATE	CLAIMS SUBMITTED TO: <input type="checkbox"/> Insurance company <input type="checkbox"/> Employer <input type="checkbox"/> Union		SPOUSAL COVERAGE <input type="radio"/> Yes <input type="radio"/> No
Dental			
DENTAL COVERAGE <input type="radio"/> Yes <input type="radio"/> No	NAME AND ADDRESS OF DENTAL INSURANCE COMPANY		
DENTAL COVERAGE START DATE	DENTAL POLICY NUMBER	GROUP NUMBER	SPOUSAL COVERAGE <input type="radio"/> Yes <input type="radio"/> No

Other parent's health care coverage available

Medical			
COST FOR INDIVIDUAL COVERAGE		ADDITIONAL COST TO INSURE JOINT CHILDREN	
EMPLOYER OR GROUP NAME			
STREET ADDRESS		CITY	STATE ZIP CODE
INSURANCE COMPANY OR UNION			
STREET ADDRESS		CITY	STATE ZIP CODE
POLICY NUMBER		POLICY TYPE	GROUP NUMBER
HEALTH CARE COVERAGE START DATE	CLAIMS SUBMITTED TO: <input type="checkbox"/> Insurance company <input type="checkbox"/> Employer <input type="checkbox"/> Union		SPOUSAL COVERAGE <input type="radio"/> Yes <input type="radio"/> No
Dental			
DENTAL COVERAGE <input type="radio"/> Yes <input type="radio"/> No	NAME AND ADDRESS OF DENTAL INSURANCE COMPANY		
DENTAL COVERAGE START DATE	DENTAL POLICY NUMBER	GROUP NUMBER	SPOUSAL COVERAGE <input type="radio"/> Yes <input type="radio"/> No

Child care

VII. Child care

- I have child care expenses, but I do not receive a Child Care Assistance Program subsidy.
 I have child care expenses, and I do receive a Child Care Assistance Program subsidy.

What is your monthly copayment? \$ _____

Child's name	Total monthly child care expense (Include subsidy amount if applicable)

VIII. Relationship to other parent (fill in all that apply.)

Relationship	Date	County	State/Province	Country
<input type="checkbox"/> Never married				
<input type="checkbox"/> Married				
<input type="checkbox"/> Separated				
<input type="checkbox"/> Divorced				
<input type="checkbox"/> Other _____				

Court information

IX. Court order information (fill in all that apply.) Attach copies of all orders, cost-of-living increases and payment records.

Type of order	County	State	Date	Amount ordered	Frequency
<input type="checkbox"/> Temporary/Separation					
<input type="checkbox"/> Divorce					
<input type="checkbox"/> Other					
<input type="checkbox"/> Paternity					
<input type="checkbox"/> Recognition of Parentage signed					
<input type="checkbox"/> No order	<input type="checkbox"/> Receive voluntary payments	AMOUNT	FREQUENCY		
DATE SUPPORT LAST RECEIVED	AMOUNT RECEIVED				

Do you have court-ordered physical custody of the child(ren) for whom you are applying for support services? Yes No

Do you have joint physical custody of the children for whom you are applying for support services? Yes No

What is the average number of overnights per week that the child spends with the other parent? _____

What are the custody and parenting time terms of the court order?

Payment information

Please attach copies of all payment records

If payment records are not available, complete this payment history listing payments by date and amount paid. Begin with the effective date of the order or the date you stopped receiving public assistance.

(List your payments received on a separate sheet if you need more room.)

Date	Amount paid	Date	Amount paid	Date	Amount paid

Does the other parent take off your portion of the medical/dental insurance costs from the court-ordered support payment you receive? No Yes – what is the amount of your portion of the medical/dental insurance costs? _____

Signatures

(Please read pages 1-1 through 1-10 before signing.)

The child support agency explained services available and my responsibilities.

I declare that I have examined this application and, to the best of my knowledge and belief, it is a true and correct statement of every material point.

I authorize the child support agency, under the provisions of Title IV-D of the Social Security Act, to sign support checks in my name and take legal actions relating to child support on behalf of the child(ren) I am applying for.

I understand that the County Attorney's Office represents only the county and the State of Minnesota, and does not represent either parent, the child(ren) or other custodian of the child(ren).

That I must return any support amounts that I receive by mistake. If necessary, the Child Support Agency may collect repayment from any future payments made by the other parent toward a child support debt owed to me.

SIGNATURE OF APPLICANT	DATE
AGENCY SIGNATURE	DATE