

COMMONWEALTH OF KENTUCKY
 Cabinet for Health and Family Services
 Department for Income Support
 Child Support Enforcement

APPLICATION FOR CHILD SUPPORT SERVICES

- Check this space if you are the custodial parent. Custodial parent includes the physical custodian.**
- Check this space if you are the putative (alleged) father or the noncustodial parent.**

FOR OFFICE USE ONLY	
IV-D Number	_____
Date Requested	_____
Date Provided	_____
Date Returned	_____

Full child support services will be provided to you unless you check one of the two spaces shown below:
 I wish to receive only location services. Location Only Case - State Parent Locator Section (SPLS)
 I wish to receive only location services. Parental Kidnapping Case – SPLS
 No other service will be provided by child support staff when you request only location services.

I. NONCUSTODIAL PARENT'S (NCP) INFORMATION

Name (First Name, Middle Name, Last Name, Suffix)		Social Security Number:			
Noncustodial Parent's Maiden Name, if applicable (First Name, Middle Name, Last Name)					
Alias(es) (First Name, Middle Name, Last Name)			Nickname(s) (First Name, Middle Name, Last Name)		
Email Address					
Current Residential Address Street Number & Name Apt/Suite Number City State Country Zip Code			Previous Address Street Number & Name Apt/Suite Number City State Country Zip Code Date last at that address:		
Current Mailing Address (Enter if the Noncustodial Parent has a different Mailing Address) Street Number & Name Apt/Suite Number City State Country Zip Code					
Home Telephone Number () -		Work Telephone Number () -		Cell Phone Number () -	
Sex: M ___ F ___	Date of Birth	Country of Birth	State of Birth	County of Birth	City of Birth



Race: () American Indian/Alaskan () Asian () Black () Caucasian () Hispanic () Oriental () Unknown () Other

Hair Color	Eye Color	Weight	Height	Other Identifying Features
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What is the legal relationship status of Noncustodial Parent to child(ren)? (ex. Legal Father, Alleged Putative Father etc.) .

What is employment status of the Noncustodial Parent? () Full Time () Part Time () Unemployed () Unknown () Seasonal

Current Employer Name Address Street Number & Name Apt/Suite Number City State Country Zip Code Start Date Salary	Per	Previous Employer Name Address Street Number & Name Apt/Suite Number City State Country Zip Code Start Date Ending Pay	End Date Per
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How often is the NCP paid? _____

Occupation

Union Name Union Number Address, if known Apt/Suite Number City State Country Zip Code	Military Branch: Dates: (From) (To)
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Arrest/Prison Record- In which state did this occur? In which county did this occur? Which facility?	Incarceration Date Release Date
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What is the current marital status of the NCP?

() Divorced () Married () Never Married () Separated () Widowed

Name of Noncustodial Parent's current spouse: (First Name, Middle Name, Last Name)

Is the NCP currently receiving benefits? If so, select all that apply and list the state when applicable.

- () Medical Assistance State: () RSDI/SSD () SSI
- () Food Stamps (SNAP) State: () Black Lung () Veterans Assistance
- () TANF (AFDC/KTAP) State: () Other : _____
- () Child Care Assistance State: () None : _____

If the NCP is not currently receiving benefits, have benefits been received in the past? If so, select all that apply and list the state when applicable.

- () Medical Assistance State: () RSDI/SSD () SSI
- () Food Stamps (SNAP) State: () Black Lung () Veterans Assistance
- () TANF (AFDC/KTAP) State: () Other : _____

Child Care Assistance State: None : _____

Does the Noncustodial Parent own a car? <input type="checkbox"/> Yes <input type="checkbox"/> No	Make	Model	Year
NCP's Father's name (First Name, Middle Initial, Last Name)		NCP's Mother's name (First Name, Middle Initial, Last Name)	
		NCP's Mother's Maiden Name	
Is NCP's father living? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Is NCP's mother living? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		Unknown
Father's Address (if known)?		Mother's Address (if known)?	
Street Number & Name		Street Number & Name	
Apt/Suite Number		Apt/Suite Number	
City		City	
State		State	
Country		Country	
Zip Code		Zip Code	
Home Telephone Number: () -		Home Telephone Number: () -	

II. CUSTODIAL PARENT'S (CP) INFORMATION

Name (First Name, Middle Name, Last Name, Suffix)				Social Security Number:	
Custodial Parent's Maiden Name, if applicable (First Name, Middle Name, Last Name)					
Alias(es) (First Name, Middle Name, Last Name)			Nickname(s) (First Name, Middle Name, Last Name)		
Email Address					
Current Residential Address Street Number & Name Apt/Suite Number City State Country Zip Code			Current Mailing Address(Enter if the CP has a different mailing Address) Street Number & Name Apt/Suite Number City State Country Zip Code		
Home Telephone Number () -		Work Telephone Number () -		Cell Phone Number () -	
Sex: M ___ F ___	Date of Birth	Country of Birth	State of Birth	County of Birth	City of Birth
Race: () American Indian/Alaskan () Asian () Black () Caucasian () Hispanic () Oriental () Unknown () Other					
Hair Color	Eye Color	Weight	Height	Other Identifying Features	
What is the legal relationship status of CP to child(ren)? (ex. Mother, Father, Grandmother, Grandfather etc.). _____					
What is employment status of the CP? () Full Time () Part Time () Unemployed () Unknown () Seasonal					
Current Employer Name Address Street Number & Name Apt/Suite Number City State Country Zip Code Start Date Salary			Previous Employer Name Address Street Number & Name Apt/Suite Number City State Country Zip Code Start Date Ending Pay		
How often is the CP paid? _____ Per					
Occupation					
Union Name Union Number Address, if known Apt/Suite Number City Country			Military Branch: Dates: (From) (To)		
What is the current marital status of the CP?					

Divorced Married Never Married Separated Widowed

Name of CP's current spouse: (First Name, Middle Name, Last Name)

Is the CP currently receiving benefits? If so, select all that apply and list the state when applicable.

() Medical Assistance () RSDI/SSD () SSI
 State: _____

() Food Stamps (SNAP) () Black Lung () Veterans Assistance
 State: _____

() TANF (AFDC/KTAP) () Other : _____
 State: _____

() Child Care Assistance () None : _____
 State: _____

If the CP is not currently receiving benefits, have benefits been received in the past? If so, select all that apply and list the state when applicable.

() Medical Assistance State: () RSDI/SSD () SSI
 () Food Stamps (SNAP) State: () Black Lung () Veterans Assistance
 () TANF (AFDC/KTAP) State: () Other : _____
 () Child Care Assistance State: () None : _____

III. CHILD(REN)'S INFORMATION

Enter information about the child(ren) for whom services are being requested.(Child – 1)

Complete Name (First Name, Middle Name, Last Name, Suffix)	Social Security Number:
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Enter information about the child(ren) for whom services are being requested.(Child – 2)

Date of Birth Complete Name (First Name, Middle Name, Last Name, Suffix)	Sex: M _____ F _____ Social Security Number:
Race: () American Indian/Alaskan () Asian () Black () Caucasian () Hispanic () Oriental () Unknown () Other	
Date where child conceived	Place of Birth F _____
Country of Birth () American Indian/Alaskan () Asian () Black () Caucasian () Hispanic () Oriental () Unknown () Other	State of Birth _____ County of Birth _____ City of Birth _____
Was the mother married when this child was conceived? (Yes/No)	
Country of Birth _____ State of Birth _____ County of Birth _____ City of Birth _____	
Was the mother married when this child was conceived? (Yes/No)	
What is the name of the person to whom the mother was married?	
Is this child currently receiving benefits? If so, select all that apply and list the state when applicable.	
() Medical Assistance State: _____	() RSDI/SSD Assistance
() TANF Care Assistance State: _____	() SSI Other : _____
Has this child previously received any benefits? If so, select all that apply and list the state when applicable.	
() Child Care Assistance State: _____	() RSDI/SSD
Has this child previously received any benefits? If so, select all that apply and list the state when applicable.	
() Medical Assistance State: _____	() RSDI/SSD Assistance
() TANF Care Assistance State: _____	() SSI Other : _____

<input type="checkbox"/> Food Stamps State: _____ <input type="checkbox"/> Veterans Assistance Enter information about the child(ren) for whom services are being requested. (Child – 3)	
<input type="checkbox"/> Child Care Assistance State: _____ <input type="checkbox"/> Other : _____ Complete Name (First Name, Middle Name, Last Name, Suffix) Social Security Number: _____	
Enter information about the child(ren) for whom services are being requested. (Child – 4)	
Date of Birth Sex: M _____ F _____ Complete Name (First Name, Middle Name, Last name, Suffix) Social Security Number: _____	
* Add page for additional children. Race: <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Oriental <input type="checkbox"/> Unknown <input type="checkbox"/> Other	
IV BACKGROUND INFORMATION	
State where child conceived _____ Place of Birth F _____	
Race: <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Oriental <input type="checkbox"/> Unknown <input type="checkbox"/> Other Answer whether you are the putative father, noncustodial parent, or the custodial parent.	
Was the child conceived when (his) Dad was conceived Divorced (Yes/No) Place of Birth _____ <input type="checkbox"/> Parents Not Married	
Country of Birth _____ State of Birth _____ Date: _____ City of Birth _____ When was the child's parents divorced or the date was they married?	
Was the mother married when this child was conceived? (Yes/No) Date: _____ Was the child's parents divorced or married?	
What is the name of the person to whom the mother was married? _____ and _____ the state when applicable. If the child's parents are living together, when and where was the child born?	
Was the child emancipated or married? (Yes/No) State _____ <input type="checkbox"/> RSDI/SSD County _____ City _____	
If the child's parents were ever married has state child support been established? (Yes/No) If so, list the state when applicable. If yes, when and where?	
<input type="checkbox"/> Food Stamps State: _____ <input type="checkbox"/> RSDI/SSD Assistance Date _____ Country _____ State _____ County _____ City _____ <input type="checkbox"/> Child Care Assistance State: _____ <input type="checkbox"/> Other : _____	
Has the child previously received any benefits? If so, select all that apply and list the state when applicable. <input type="checkbox"/> Food Stamps State: _____ <input type="checkbox"/> Veterans Assistance <input type="checkbox"/> Child Care Assistance State: _____ <input type="checkbox"/> RSDI/SSD	
Has the child previously received any benefits? If so, select all that apply and list the state when applicable. <input type="checkbox"/> Medical Assistance State: _____ <input type="checkbox"/> RSDI/SSD Assistance <input type="checkbox"/> Child Care Assistance State: _____ <input type="checkbox"/> Other : _____	
<input type="checkbox"/> Food Stamps State: _____ <input type="checkbox"/> Veterans Assistance <input type="checkbox"/> Child Care Assistance State: _____ <input type="checkbox"/> Other : _____	

Have you previously requested (or) received Child Support Services for this child(REN)?	() Yes	() No
If yes, when and where?		
Date	Country	State
		County
		City
Has the noncustodial parent paid any medical expenses for the child(ren)?	() Yes	() No
		() Unknown
Has the noncustodial parent shared in the child(ren)'s support?	() Yes	() No
		() Unknown

V. COURT ORDER INFORMATION (Attach copy of any and all orders and/or affidavit of paternity)

Is there currently a child or medical support order for the child(ren)? () Yes () No

VI. MEDICAL SUPPORT INFORMATION

Date of Order: _____ State: () Yes _____ County: () No _____ City: _____

Medical support amount: _____ per _____

Medical support ordered? () NCP _____ () Commonwealth of Kentucky _____

Office Address () No _____

I certify under penalty of law that the information I have provided is true to the best of my knowledge and belief and that the services I have requested are for the sole purpose of establishing paternity, if needed; obtaining and enforcing a support obligation; or requesting a modification review according to the Kentucky Child Support Guidelines. I understand that child support services will be provided based on the best interest of the child(ren) listed on this application. I agree to inform the area child support office or the IV-D contracting official's office to which I am providing this application of any changes in the information submitted on this application. I also understand as explained to me in the Authorization and Acknowledgment of No Legal Representation (Form CS-11), which I have signed, the IV-D Contracting Officials employed by the Cabinet for Health and Family Services represent the state and not me, and that an attorney-client relationship does not exist between any of the IV-D Contracting Officials and me. I further understand that the Cabinet for Health and Family Services will assess a non-refundable annual fee of \$25.00 for child support services when \$500.00 has been disbursed during the federal fiscal year.

Policy Effective Date: _____

SIGNATURE _____ DATE _____

Types of Coverage _____

Complete the (entire form) carefully) and accurately. Incorrect information) will delay the processing of your application.

Medical	Dental	Vision	Drugs	Cancer Only	VA Health Benefits	(Accident/Casualty)
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Attach a copy of Medical Insurance Card (Front + Back)

INFORMATION ABOUT THE KENTUCKY CHILD SUPPORT PROGRAM

Available Services:

- Location of noncustodial parents.
- Establishment of paternity.
- Establishment of child/medical support orders.
- Enforcement of child/medical support orders.
- Collection and disbursement of current and/or past-due child/medical support obligations.
- Enforcement and collection of spousal support when there is an existing spousal support order, the spouse or ex-spouse is living with the child, and CHFS is collecting support for the child.
- Review for possible modification of child/medical support obligations.
- Case closure if we are unable to contact you for 60 days.
- Termination of support order.

Rights:

- All parties to the child support cases have equal status.
- Any party to the case can ask questions, raise issues, and request a review with or without

assistance from an attorney.

- All parties have a right to have the support order reviewed every 36 months or sooner if there are on-going changes that cause a 15% increase or decrease in the support obligation amount.

Responsibilities:

- The applicant must provide complete and accurate information regarding yourself, the other parent, and the child(ren).
- You must notify us when your address changes.

State Fees:

- An annual fee of \$25.00 is collected from the applicant after \$500.00 has been collected within the Federal fiscal year.

Distribution Policy:

- We are required to distribute payments received within two (2) working days of receipt of the payment.
- Applicants may choose to receive their child support payments by check, direct deposit, or on a debit card.

*****KEEP THIS PAGE FOR YOUR RECORDS*****