APPENDIX H – Application for Child Support Services (Non-Public Assistance Application)

INSTRUCTIONS FOR COMPLETING FORM

I, the undersigned: Print your full name as the party requesting services and print the name of the County in which you are filing.

Letters A thru D: Read each line carefully.

Applicant Information: Name – Print your name.
SSN – Print your number.
Date of Birth – Print your date of birth.
Current Marital Status – Check the applicable box.

Type(s) of Service(s) Requested: Check mark if you are requesting All services listed in Letter B, assistance in locating the absent parent or complete Other by writing out what you are asking for.

Signature of Applicant: Sign your name.

Date: Print the date.

Applicant's Name: Print Last, First, Middle name.

Telephone Number: Print your telephone number.

Address: Print your street address.

(Work): Print your work address.

City, State, Zip Code: Print the information.

Information on Children: There is a separate column for 4 children. If you have more than 4 children, please print additional information on a separate sheet of paper. Carefully answer letters a thru g for each individual child.

Absent Parent Information or Parent Ordered to Pay Child Support:

- There are 3 columns given for the absent parents.
- If all of your children have the same biological parent, you will only need to complete Absent Parent # 1.
- If the children have different biological Absent Parents, you will need to complete columns 2 and/or 3.
- Read and answer each question carefully.
- If you do not know the answer to the question, print Unknown.

Have you every been on public assistance?: Check the applicable box.

- When – Print the date you were on public assistance.
- Where – Print where you were on public assistance.
- County- Print County of the City and State.

Do Not Write in This Space: To be completed by the Agency.