



# D.C. CHILD SUPPORT SERVICES DIVISION IV-D APPLICATION

OFFICE OF THE ATTORNEY GENERAL

● CHILD SUPPORT SERVICES DIVISION

Attention: Intake

441 4th ST, NW

Suite 550 North

Washington, DC 20001

(202) 442-9900

IV-D or Docket #: \_\_\_\_\_

## CUSTOMER INFORMATION

Customer Full Name (Include Maiden/Other Names Used) \_\_\_\_\_

Full Mailing Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ Race \_\_\_\_\_ Occupation \_\_\_\_\_

Marital Status  Single  Married/Date (provide spouse name) \_\_\_\_\_  Divorced/Date \_\_\_\_\_  Domestic Partnership

Have you or your children ever received public assistance or foster care?

Yes, Currently (If yes, how much?) \_\_\_\_\_  Yes previously  Never What State? \_\_\_\_\_

What is your relationship to the child(ren)?  Mother  Father  Grandparent  Guardian

If you are the Guardian, are you the Legal Guardian?  Yes  No If yes, by a Court or State Agency?  Yes  No (Please provide proof)

When did the child start living with you? \_\_\_\_\_

Are you presently, or have you ever lived with the Non-Custodial Parent?  Yes  No

When/Where did you live together? \_\_\_\_\_

If yes, provide name used \_\_\_\_\_

Do you or your children receive Medicaid only?  Yes  No

Nearest relative's or neighbor's name and phone number \_\_\_\_\_

Payee name (if different from above), Phone Number, & Relationship \_\_\_\_\_

Email Address \_\_\_\_\_ Do you agree to receive Text messages from Child Support?  Yes  No

Social Media Names (Facebook, Twitter etc.) \_\_\_\_\_

CHILD'S NAME	CHILD'S DOB	STATE OF CONCEPTION	STATE OF BIRTH	SOCIAL SECURITY NUMBER	SEX
_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F

(Please add additional children on the back of this form)

## NON-CUSTODIAL PARENT INFORMATION (MUST FILL OUT ADDITIONAL APPLICATION FOR DIFFERENT NON-CUSTODIAL PARENTS)

Non-Custodial Parent Full Name (Include Other Names Used) \_\_\_\_\_

Full Mailing Address (Current or Last known) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ Race \_\_\_\_\_ Occupation \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Other identifying features such as tattoos and piercings, etc. \_\_\_\_\_

Do you have a photo?  No  Yes, Please provide a copy.

Non-Custodial parent's relationship to the child(ren):  Mother  Father  Other

Employer Name, Address, Phone \_\_\_\_\_

Does this employer offer health insurance coverage for the child(ren)?  Yes  No

If health insurance has been ordered, has it been provided?  Yes  No

Insurance Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_ Interviewer Name \_\_\_\_\_ Revised 11.1.17

## NON-CUSTODIAL PARENT INFORMATION (Cont.)

Is there an existing child support order?  Yes  No

If yes, Docket # \_\_\_\_\_ DC Order  Yes  No Out of state order  Yes  No What State? \_\_\_\_\_ Order Amount? \_\_\_\_\_

Ever Married to Non-Custodial Parent  Yes  No

Date Married to Non-Custodial Parent \_\_\_\_\_ Date Divorced \_\_\_\_\_ Date Legally Separated \_\_\_\_\_

Did the child(ren) reside with custodial parent during the entire period for which support is sought?  Yes  No

How many years/months have you known the non-custodial parent? \_\_\_\_\_

When did you last see or talk to the non-custodial parent? \_\_\_\_\_

Does Non-Custodial Parent have medical insurance?  Yes  No

Insurance Company Name \_\_\_\_\_ ID Number \_\_\_\_\_ Family or Single \_\_\_\_\_

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Mother of Non-Custodial Parent (Please provide even if parent is not living) \_\_\_\_\_

Mother of Non-Custodial Parent Full Mailing Address \_\_\_\_\_

Mother of Non-Custodial Parent Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father of Non-Custodial Parent (Please provide even if parent is not living) \_\_\_\_\_

Father of Non-Custodial Parent Full Mailing Address \_\_\_\_\_

Father of Non-Custodial Parent Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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Is or was the Non-Custodial Parent ever in the Military? Check which:  Army  Navy  Marines  Coast Guard  National Guard  Reserves

Service Dates Entered \_\_\_\_\_ Discharge Dates \_\_\_\_\_

Does the Non-Custodial Parent have a driver's license or State ID? If Yes, provide

Driver's/State ID Number \_\_\_\_\_ State where issued \_\_\_\_\_

Does Non-Custodial Parent have a Car/Truck  Yes  No

Make/Model \_\_\_\_\_ License Plate Number \_\_\_\_\_ State \_\_\_\_\_

Has Non-Custodial Parent ever been arrested?  Yes  No

If yes, provide location \_\_\_\_\_ Date and charges? \_\_\_\_\_

Is (s)he in jail?  Yes  No If yes, Where? \_\_\_\_\_ Release date \_\_\_\_\_

Is the Non-Custodial Parent a member of a union or club?  Yes  No Where? \_\_\_\_\_

Is the Non-Custodial Parent enrolled in college or training?  Yes  No Where? \_\_\_\_\_

Please provide any other information that may help us locate the non-custodial parent \_\_\_\_\_

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Does the Non-Custodial Parent have other children?  Yes  No Provide the child(ren)s name(s) and Custodial parent(s) names \_\_\_\_\_

Non-Custodial Parent Email address \_\_\_\_\_

Non-Custodial Parent Social Media Names (Facebook, Twitter etc.) \_\_\_\_\_

## QUESTIONS

Have you filed any CHILD SUPPORT actions on your own?  Yes  No (Please provide copies of any orders)

What type of action and dates? \_\_\_\_\_

Court if known and location \_\_\_\_\_

Has an attorney ever represented you in a child support case?  Yes  No Provide name and address of attorney \_\_\_\_\_

Has anyone ever brought a child support action against you?  Yes  No

Which court? \_\_\_\_\_ By whom? \_\_\_\_\_

Are you requesting that the D.C. Superior court order the non-custodial parent to pay child support on behalf of the minor child(ren)?  Yes  No

(If yes, you must provide CSSD with copies of your two most recent pay statements, proof of daycare expenses and proof of medical premiums for minor child(ren))

Are you requesting that the D.C. Superior court order the non-custodial parent to pay retroactive child support on behalf of the minor child(ren)?  Yes  No

(Retroactive child support is support for a prior time period. District law limits the request to two years prior to the date the petition is filed. In limited circumstances, the retroactive child support award may exceed two years if the custodial parent can prove extraordinary circumstances. If you are requesting retroactive child support, you must provide CSSD with proof of your income for the period of time in which retroactive child support is requested. If you are requesting retroactive child support in excess of two years, you must provide CSSD with documentation of the extraordinary circumstances. If you received TANF during the period in which retroactive child support is requested, CSSD will not pursue retroactive child support during the periods in which you received TANF.)

Have you ever taken the Non-Custodial Parent to court for any reason?  Yes  No If yes, for what? \_\_\_\_\_

Have you ever experienced domestic violence with Non-Custodial Parent?  Yes  No If yes, has there been a court action taken?  Yes  No

When and what state? \_\_\_\_\_

**I solemnly swear or affirm under criminal penalties for making a false statement that I have read the foregoing paper and that the factual statements made in it are true to the best of my personal knowledge, information and belief.**

Page 2 Applicant Signature \_\_\_\_\_ Interviewer Name \_\_\_\_\_



# SUPPLEMENTAL INFORMATION

OFFICE OF THE ATTORNEY GENERAL

● CHILD SUPPORT SERVICES DIVISION

Attention: Intake  
441 4th ST, NW  
Suite 550 North

Washington, DC 20001  
(202) 442-9900

IV-D or Docket #: \_\_\_\_\_

## SUPPLEMENTAL INFORMATION FROM APPLICATION

### ADDITIONAL CHILDREN FROM APPLICATION

CHILD'S NAME	CHILD'S DOB	STATE OF CONCEPTION	STATE OF BIRTH	SOCIAL SECURITY NUMBER	SEX
_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
_____	_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F

## SUPPLEMENTAL INFORMATION FROM DOMESTIC VIOLENCE FORM

**Have you or a child in your care ever been a victim of domestic violence**, which includes but is not limited to physical abuse, sexual abuse, psychological abuse, or stalking committed by the other parent of your child(ren) and/or have you ever had to get an order of protection to protect you or your child(ren) from the other parent?

Yes  No

If yes, please provide detailed information below

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_ Interviewer Name \_\_\_\_\_



# CUSTOMER AUTHORIZATION AGREEMENT

OFFICE OF THE ATTORNEY GENERAL

● CHILD SUPPORT SERVICES DIVISION

Attention: Intake

441 4th ST, NW

Suite 550 North

Washington, DC 20001

(202) 442-9900



## CUSTOMER AUTHORIZATION AGREEMENT

I, \_\_\_\_\_, have read, or had read and explained to me, this Customer Authorization Agreement. I understand and agree to its content. I understand that the Office of the Attorney General, Child Support Services Division ("CSSD") will provide the services and take the actions stated in this agreement as a result of my application for child support services or my receipt of TANF and/or Medicaid benefits. If I am not receiving TANF and/or Medicaid benefits, or if I stop receiving these benefits, I authorize the CSSD to provide the services and take the actions as described.

### I. SCOPE OF SERVICES (Add Initials \_\_\_\_\_)

- A. CSSD will take all legal and other action it finds appropriate to establish parentage and establish, modify, and enforce child and/or medical support obligations for the child(ren) receiving services. These actions may include:
  1. Preparing and filing legal documents to establish parentage and to establish, modify, and enforce child support, medical support and Medicaid obligations;
  2. Issuing administrative orders concerning parentage and support including genetic testing orders;
  3. Negotiating and approving legally binding agreements that determine the amount of child and/or medical support to be paid and the time, manner, and conditions of payment;
  4. Litigating issues relating to parentage and support;
  5. Reviewing and modifying support under the District of Columbia Child Support Guidelines. These modifications may increase or decrease the amount of support to be paid;
  6. Using a wide variety of administrative and other tools to locate the non-custodial parent and to establish and enforce child support and/or medical support and Medicaid obligations.
- B. CSSD will review the amount of support three years from the date the order was entered, if either parent, or the child's custodian, requests a review, or if the law supports such a review. If after conducting the review and adjustment, CSSD determines an upward or downward modification is warranted, it will ask the Court to increase or decrease child and/or medical support, if the Child Support Guidelines show that a different amount should be paid. A review may be requested before the end of three years if there has been a change in circumstances since the order was entered.
- C. CSSD will provide appropriate services in each child and/or medical support case according to the law. The CSSD will use its discretion in deciding which tools to apply in a particular case. The CSSD may use enforcement remedies such as income withholding, credit bureau reporting, license revocation, passport denial, attachment and seizure of assets, and income tax refund interception. If the custodian is not receiving public assistance, the CSSD will deduct a fee of \$25.00 when it collects support from a federal tax refund and a \$15.00 fee when it collects a support from a District of Columbia tax refund.

### II. SCOPE OF SERVICES (Add Initials \_\_\_\_\_)

- A. All payments to CSSD must be made through the Collection and Disbursement Unit of the D.C. Child Support Clearinghouse or online at <http://dc.SmartChildSupport.com> . If payments are made directly to me, without going through Court, the D.C. Child Support Clearinghouse, or online, they will NOT satisfy the support obligation.
- B. When a parent or custodian receives TANF and/or Medicaid benefits, he or she assigns the right to receive child and/or medical support to the District of Columbia. The District then keeps all or part of the child and/or medical support payments as reimbursement for public assistance. When overdue support is owed and the parent or custodian stops receiving benefits, federal law determines the way in which payments must be divided between the government and the family. The CSSD dis- tributes all payments according to these legal requirements. (Except for persons who were receiving TANF and/or Medicaid benefits before applying for IV-D services before October 1, 2009.)
- C. I  do or  do not consent to CSSD withholding ten percent (10%) from future child support payments to correct an overpayment owed to CSSD for fees or for any other reason CSSD deems necessary to correct my child support account, including but not limited to payments sent to me in error. My receiving IV-D services IS NOT dependent upon my consenting to CSSD withholding ten percent (10%) from future child support payments to correct an overpayment. I understand that NOT CONSENTING to CSSD withholding ten percent (10%) from future child support payments to correct an overpayment DOES NOT excuse me from having to repay to CSSD any monies I receive in error.



Signature of Applicant \_\_\_\_\_ Interviewer Name \_\_\_\_\_ Date \_\_\_\_\_



# REQUEST FOR CONFIDENTIALITY OF INFORMATION

OFFICE OF THE ATTORNEY GENERAL

● CHILD SUPPORT SERVICES DIVISION

Attention: Intake

441 4th ST, NW

Suite 550 North

Washington, DC 20001

(202) 442-9900



**You may request non-disclosure of your confidential information to the other parent, if you are a victim of domestic violence.**

YOUR NAME: \_\_\_\_\_

YOUR SOCIAL SECURITY NUMBER: \_\_\_\_\_

YOUR PHONE NUMBER: \_\_\_\_\_

OTHER PARENT'S NAME: \_\_\_\_\_

- 1. Have you or a child in your care ever been a victim of domestic violence**, which includes but is not limited to physical abuse, sexual abuse, psychological abuse, or stalking committed by the other parent of your child(ren) and/or have you ever had to get an order of protection to protect you or your child(ren) from the other parent?  
Yes  No

If yes, please provide detailed information below (you may attach additional sheets if necessary):

2. Do you, or does a child in your care, **receive TANF and/or Medicaid?** Yes  No

3. **Choose one of the following statements:**

- I NEED CONFIDENTIALITY** for my address or other information about my location because giving out this information could be harmful to me or a child in my care. I will tell the Office of the Attorney General Child Support Services Division, in writing, when I no longer need confidentiality for this information.

\*I understand that this EXCLUDES: Public Information; Information Already Possessed by the Non-Custodial Party; Information Received from a Third Party; Independently Obtained Information; and Mandatory Disclosure Ordered by Law.

- I DO NOT NEED CONFIDENTIALITY** for my address or other information about my location because it would not be harmful to me or a child in my care if the information was given out. I understand this information may be given to the federal government, courts, other child support agencies, and possibly my child(ren)'s other parent to assist in obtaining child support.

**If you, or your child, have been the victim of domestic violence and you receive public assistance, you may be exempt from the requirement that you cooperate with the Child Support Services Division in its efforts to establish parentage and collect child support from the other parent. To apply for this good cause exemption, you must see a Child Support Services Specialist at 441 4th Street, NW, Suite 550N, Washington, DC 20001.**



**I declare under penalty of perjury that I am the person named in this request and that the foregoing is true and correct:**

**Date:** \_\_\_\_\_ **Applicant Signature:** \_\_\_\_\_

**RETURN THIS FORM TO:** Office of the Attorney General for the District of Columbia Child Support Services Division, Attention: Intake, 441 4th ST, NW, Suite 550 North, Washington, DC 20001.

**CSSD USE ONLY**

Received by CSSD on \_\_\_\_\_ by \_\_\_\_\_

Revised 11.1.17



# NOTICE OF LEGAL REPRESENTATION



**PLEASE READ THE FOLLOWING IMPORTANT INFORMATION CONCERNING LEGAL REPRESENTATION.**



**CASE:** \_\_\_\_\_ (CSSD Staff will provide)

As a result of your application for child support services, receipt of TANF and/or Medicaid benefits, or as a result of the minor child(ren) being in the foster care system, CSSD attorneys will take the legal steps necessary to establish parentage and establish, modify **(including downward modifications if the mandatory three-year review and adjustment indicates a lower child support amount is warranted)** and enforce support obligations.

CSSD attorneys represent the District of Columbia ONLY. There is no attorney-client relationship between you and the child support attorney or between you and CSSD or its staff.

CSSD attorneys DO NOT represent you, and information you provide to these attorneys is NOT protected by the attorney-client privilege. CSSD attorneys represent the District in making sure that children are supported and in collecting overdue support. You may be required to appear as a witness or take other action in connection with the case.

Your interests may be the same as the District's interests in making sure support is paid. But if you disagree with the CSSD about your case, you should consider hiring your own attorney. If you hire an attorney, you MUST notify CSSD in writing immediately of the name, address and phone number of your attorney. After applying for TANF and/or Medicaid benefits, you MUST notify CSSD in writing before you take any legal action to establish parentage or to establish, modify, or enforce support.

CSSD will perform services related to parentage and support ONLY, even if the child support obligation is in an order that also relates to other issues such as divorce, custody, visitation, or property distribution, and even if other issues are raised in the child support case. You must obtain your own attorney if you need assistance with other issues.

CSSD will protect the District's interests in parentage and support cases by filing and defending appeals only as the CSSD finds appropriate. These actions may or may not protect your interests. You should retain your own attorney to handle any appeal where your interests are different from the District's interests or where issues other than child support are involved.



I, \_\_\_\_\_, have read, or have had read and explained to me this Notice of Legal Representation. I understand the nature of my relationship with the CSSD and its attorneys and I accept the terms of this relationship.

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Interviewer Name**

\_\_\_\_\_  
**Title**





# CUSTOMER AGREEMENT FOR SERVICES

OFFICE OF THE ATTORNEY GENERAL

● CHILD SUPPORT SERVICES DIVISION

Attention: Intake

441 4th ST, NW

Suite 550 North

Washington, DC 20001

(202) 442-9900

I hereby request the services of the Child Support Services Division (CSSD) as outlined in this packet. I agree to abide by the stated CSSD processes and accept the customer responsibilities outlined herein.

I understand that CSSD attorneys do not represent me, but rather the District of Columbia. I understand that CSSD will act in the best interest of the child(ren) in taking the necessary legal steps to establish parentage and establish, enforce and modify child support orders, which may include entering into negotiations with the Non-custodial Parent or his/her attorney to settle the child support claims. I further understand that if, at any time, my interests differ from those of the District of Columbia, that I may hire my own attorney to represent my interests. If I hire a private attorney to represent my interest in the child support case, I will provide CSSD, in writing, with the name, address, and telephone number of my attorney.

I understand and agree that:

- I will not directly contact the Superior Court Family Division or any Court personnel with regard to my claim for child support; I will act solely through CSSD in pursuing this claim.
- I must appear at all hearings where my participation is requested. CSSD will seek an amount of current support in accordance with the District of Columbia Child Support Guideline.
- Child support payments owed to me will be paid through the D.C. Child Support Clearinghouse.
- I will advise CSSD, in writing, within 5 days, of any change of address or telephone number.
- I understand that every 3 years, CSSD will conduct a review and adjustment of my case, and if warranted, modify the support order either upwards or downwards, depending on the outcome of the review and adjustment.
- I understand that fees paid to CSSD are nonrefundable.
- I understand that I may consent to CSSD withholding ten percent (10%) from my future child support payments to correct my account for reasons that include, but are not limited to: fees, recovery of monies improperly paid to me, or paid in error, or for any other reason deemed necessary to correct my account. I further understand that if I do not consent to CSSD withholding ten percent (10%) from my future child support payments to correct my account I am still obligated to return any money received and/or withheld by me and distributed to me in error.
- Under the District of Columbia law, an Assistant Attorney General who prosecutes the child support case is deemed to represent the State Agency, Child Support Services Division, and not me individually.
- My noncompliance with any of these provisions or lack of cooperation with the office may be grounds to terminate service, and may be grounds for the office to deny future requests for service.
- I understand that as of November 2010, the following states recover costs or charge fees: Alabama, Alaska, Arizona, Arkansas, Colorado, Delaware, Florida, Georgia, Hawaii, Idaho, Indiana, Kansas, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Carolina, Oklahoma, Oregon, South Carolina, South Dakota, Texas, Utah, Virgin Islands, Virginia, Wisconsin, and Wyoming.
- I understand that when the District of Columbia is the initiating jurisdiction in an interstate child support case the other state may recover costs of providing services from my child support payment. For updated information I can visit the Office of Child Support Services' website and view the Intergovernmental Referral Guide.



Signature of Applicant \_\_\_\_\_ Interviewer Name \_\_\_\_\_ Date \_\_\_\_\_