

## MISSISSIPPI ACCESS AND VISITATION PROGRAM (MAV-P) APPLICATION

The purpose of the Mississippi Access and Visitation Program (MAV-P) is to assist the non-custodial parent (NCP) who live in the State of Mississippi, who has an existing visitation and custody order, or is seeking court ordered visitation to increase his/her parenting time with his/her child(ren). The NCP (mother or father) is defined as a parent who does not have physical custody of his/her child. A non-custodial parent (NCP) with a history of domestic/family violence is not eligible for assistance from MAV-P. If you have any questions, please call 1-800-590-0818.

**Applications should be mailed to:**

Mississippi Department of Human Services  
Mississippi Access and Visitation Program  
750 North State Street  
Jackson, MS 39202  
Email Address  
mavp@mdhs.ms.gov

**Please complete the following:**

Please indicate how you learned about MAV-P by checking the appropriate box in referral type below:

Referral Type:  Self  Court  Child Support Agency  Domestic Violence Agency  Child Protection Agency  
 Other \_\_\_\_\_

**SECTION A: APPLICANT OR PERSON REQUESTING SERVICES**

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
Street \_\_\_\_\_ Address \_\_\_\_\_

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

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Please indicate the problem by checking the appropriate box below:

- |  |   |
|--|---|
| <input type="checkbox"/> No Visitation Order                           | <input type="checkbox"/> CP not allowing visitation     |
| <input type="checkbox"/> There is a great distance between residencies | <input type="checkbox"/> Inconsistent visitation by NCP |
| <input type="checkbox"/> Distance Residences                           | <input type="checkbox"/> Interstate Problem             |
| <input type="checkbox"/> Other _____                                   |   |

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_

Is there an existing court order for visitation  Yes  No  
If yes, please:

List the court docket number \_\_\_\_\_.

List the county where the court order is filed \_\_\_\_\_

Submit a copy of the court order along with this application to MAV-P. If you do not have a copy, please contact the Chancery Court in the county where the order was filed.

Is there a Child Support Case?  Yes  No  Unknown

If yes, please list the case ID number (if known): \_\_\_\_\_

Please indicate your relationship to the child(ren) by checking the appropriate box below:

Mother       Father       Other \_\_\_\_\_

Does the child(ren) live with you?  Yes  No

If no, with whom? (Complete SECTION B): \_\_\_\_\_

**SECTION B: CUSTODIAL PARTY'S INFORMATION** – Please complete the following information on the person who has custody of the child(ren), if known:

Name of Custodial Party: \_\_\_\_\_

Street Address \_\_\_\_\_

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

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**SECTION C: MOTHER'S INFORMATION**-If the mother is not the applicant/person requesting information (SECTION A) or custodial party (SECTION B), please provide the following information on the father, if known:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**SECTION D: FATHER'S INFORMATION**-If the father is not the applicant/person requesting information (SECTION A) or custodial party (SECTION B), please provide the following information the father, if known:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**SECTION E: CHILD/CHILDREN'S INFORMATION**

First Child Name \_\_\_\_\_ Third Child Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Second Child Name \_\_\_\_\_ Fourth Child Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

I have read the above application and attest that the information is true and correct to the best of my knowledge and understanding. I understand that ANY allegation or history of domestic violence or abuse may result in my case being closed immediately as it pertains to the Mississippi Access and Visitation Program (MAV-P). I further understand that failure to cooperate with MAV-P will not have any impact on my child support case and that case will remain active. I understand that through this Program, the Child Support Enforcement Services' attorneys will not pursue enforcement or modification of a current or past visitation order. I understand that I have the right to obtain (at my own expense) legal counsel on the issue of custody and or visitation at any time. I further understand that the Child Support Enforcement Services' attorneys represent the State of Mississippi in the best interest of the child and DO NOT represent me. I understand that submission of my application does not guarantee that MAV-P will provide any service whatsoever other than to review my application for any possible action that can be taken by the Program.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_