

Mississippi Department of Human Services

Application for Child Support Services

Official Use Only

Case ID:	_____
CP Name:	_____
<input type="checkbox"/> Full Services (\$25)	
<input type="checkbox"/> Parent Locate Only/No Charge	
Date Requested:	_____
Date Mailed/Given:	_____
Date Received:	_____
MDHS-CSE-614 Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No

I, _____, am applying for support services on behalf of the children below.
First Middle Maiden Last

CHILD(REN) INFORMATION: Information relating to the child(ren) born from the relationship between one set of parents. A separate application will be completed when children are not born to one set of parents. For example: The biological mother is the applicant. She has children by two different fathers. The child(ren) from each father will need to be listed on separate applications.

1ST Child's Name _____ SSN: _____ DOB: _____ Sex: _____ Eth: _____
City & State of Birth: _____ Relationship to CP: _____ State of Conception: _____

2nd Child's Name _____ SSN: _____ DOB: _____ Sex: _____ Eth: _____
City & State of Birth: _____ Relationship to CP: _____ State of Conception: _____

For additional children, please complete the supplemental information form.

Do the children have health insurance coverage? Yes No

Are the children citizens of the United States of America? Yes No If no, please list each child's name and country of citizenship:

CUSTODIAL PARENT (CP) INFORMATION: Information relating to the person who has physical custody of the children. The CP could be the child(ren)'s mother, father or another adult.

Name: _____ Social Security Number: _____

Birth Date: _____ Sex: _____ Ethnicity: _____ Last Completed Grade: _____

Is the CP a United States of America citizen? Yes No If no, what is the country of citizenship? _____

Email Address: _____

Mailing Address: _____

Home Address: _____

Home Telephone: _____ Mobile Telephone: _____ Work Telephone: _____

Employer Name and Address: _____

Employer Telephone Number: _____

Relationship to the noncustodial parent:

Married: Date of Marriage: _____ County and State of Marriage: _____

Divorced: Divorce Date: _____ Place of Divorce: _____

Separated Never Married Other Relationship: Explain: _____

NONCUSTODIAL PARENT (NCP) INFORMATION: Information of the parent who does not have primary physical custody of the children.

The NCP could be the mother or father of the child(ren). For example, a child lives with the father. The mother of the child is the NCP.

Name: _____ Social Security Number: _____ Sex: _____

DOB: _____ Ethnicity: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Last Completed Grade: _____

Describe Scars/Tattoos: _____

Other names used: _____

NCP Information Continued:

Is the NCP a citizen of the United States of America? Yes No If yes, please list the city, county and state of birth: _____

If the NCP is not a citizen of the United States of America, please list the country of citizenship? _____

Mailing Address: _____

Home Address: _____

Email Address: _____

NCP's Telephone Numbers: Home: _____ Cell: _____ Other: _____

NCP's Employer Name and Address: _____

Employer Telephone Number: _____

If the NCP has multiple employers, please complete additional information on the supplemental information form.

Does the NCP have Health Insurance Coverage? Yes No If yes, please list the children that are covered on NCP insurance below:

NCP Relationship to Child(ren):

Parents were married when the child(ren) were conceived/born

Alleged parent, paternity not established

NCP is the mother

Legal father with paternity established by one of the following methods:

In Hospital Paternity (signed the birth certificate) Genetic Testing Court Order Stipulated Agreement: Other, specify: _____

What date was paternity established: _____

Is the NCP currently ordered to pay child support for the child(ren) named above? Yes No If yes, please provide the following details about the order: Amount: \$ _____ Date of Order: _____ County: _____ State: _____

Please use this space to provide additional information about the NCP, such as information related to the NCP's finances, location, work history, college degrees or certificates, past addresses and other sources of income: _____

OTHER BIOLOGICAL PARENT (OBP)/LEGAL PARENT INFORMATION: The OBP is the other legal/biological parent (not the NCP above) in cases when the child(ren) live with someone other than a legal/biological parent. This section should be completed when the CP is someone other than the mother or father. For example, a child lives with a grandparent who has guardianship or custody of the child. The grandparent is the CP. If the father is listed as the NCP above, the mother would be the OBP below.

Name: _____ Social Security Number: _____ Sex: _____

DOB: _____ Ethnicity: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Last Completed Grade: _____

Describe Scars/Tattoos: _____

Other names used: _____

Is the OBP a citizen of the United States of America? Yes No If yes, please list the city, county and state of birth: _____

If the OBP is not a citizen of the United States of America, please list the country of citizenship? _____

Email Address: _____

Mailing Address: _____

Home Address: _____

Telephone Numbers: Home: _____ Cell: _____

Employer Name and Address: _____

Employer Telephone number: _____

If the OBP has multiple employers, please complete additional information on the supplemental information form.

Does the OBP have Health Insurance Coverage? Yes No If yes, please list the children that are covered on OBP insurance below:

What is the OBP's relationship to the CP? Child Married Never Married Divorced Separated Other, specify _____

What is the OBP's relationship to the NCP? Married Never Married Divorced Separated Other, specify _____

Please use this space to provide additional information about the OBP, such as information related to the OBP's finances, location, work history, college degrees or certificates, past addresses and other sources of income: _____

I am applying for: (Please only check one box)

- Full services that are listed below, or
- Locate only services. (MDHS would attempt to locate the NCP. Public Assistance cases may not choose locate only.)

In some cases, MDHS may request that the NCP be ordered to pay support up to one year before application. Not all cases qualify for prior support, and a request does not guarantee prior support will be awarded or paid.

- Would you like MDHS to pursue prior support? Yes No

Under the penalty of perjury, I do hereby swear and affirm that the information I provided on this Application for Child Support Services is accurate and true to the best of my knowledge. I authorize the Mississippi Department of Human Services (MDHS) to perform the following when applicable to the type of service I selected above:

- Locate the noncustodial parent;
- Establish the legal paternity of my child(ren);
- Get a legal order for child support, including medical insurance, for the child(ren), or get an amendment to the child support order if one already exists;
- Enforce the child support order by any way permitted by law;
- Collect and distribute child support payments according to Federal guidelines and the laws of the State of Mississippi;
- Disclose my circumstances in pleadings or other documents filed in a proceeding to enforce/determine child support for my child(ren). I understand that I am entitled to a determination of good cause if my or my child(ren)'s health, safety or liberty would be unreasonably put at risk if information concerning my circumstances is disclosed as stated above.

I understand that:

- I have assigned to MDHS any and all rights and interests in any cause of action past, present, or future that I or the child(ren) included in this application may have against any parent failing to provide for the support of the minor child(ren);
- A non-refundable fee of \$25 will be charged as an application fee and to recover the costs of any services performed for applicants who are not receiving public assistance [Temporary Assistance for Needy Families, (TANF) or Supplemental Nutritional Assistance Program (SNAP)]. No action will be taken until the application fee is paid;
- A non-refundable annual fee of \$35 will be collected from distributed child support in excess of \$550 for each October – September annual period for applicants who are not currently receiving Supplemental Nutritional Assistance Program (SNAP) benefits and who have never received Temporary Assistance for Needy Families (TANF) benefits. This amount will be collected from the next distributed payment or payments until the fee is paid in full.
- There may be additional fees necessary, such as: court costs, filing fees, service of process fees;
- MDHS does not guarantee that efforts on my behalf will be successful;
- If I do not cooperate with MDHS, my case may be closed after advance notice, and the child care provider notified (if applicable);
- I understand the criminal penalties for making false statements and false swearing and do hereby attest to the truthfulness of the information provided. [False swearing is punishable by a fine of not more than \$1,000 or by imprisonment of one year or both.];
- If I have an existing support order, upon paying the application fee for child support services, payments will be automatically directed to MDHS. Upon my request to close my child support case, it is my responsibility to have the payments redirected in court;
- It is my responsibility to notify MDHS of any direct payments I receive from the noncustodial parent or any subsequent child support orders I obtain;
- If I receive any money that was sent to me in error, the overpayment must be repaid by me;
- The state staff attorney and/or private contract attorney providing services pursuant to this application for child support services:
 - Does not represent me in any action which may occur.
 - Represents only the state and the state's interest.
 - Cannot give me any legal advice; further, I understand that if I want legal advice I should contact my own attorney.
 - Does not deal with custody or visitation rights.
- That any monies herein paid by me are not attorney fees;
- I and/or the other parent each have the right to request a review, in writing, of the support obligation every three years to ensure the amount is appropriately based on established guidelines, and this review may result in an increase or decrease in the child support obligation; and,
- No fee will be charged for parent locate only cases;
- I must apply for and cooperate with child support enforcement as a condition of eligibility for a child care certificate; and
- I must notify MDHS immediately when I have a change of address.

I have been notified by MDHS that the child support worker who is handling my case will contact the noncustodial parent of my child(ren) and set up a meeting with him/her to attempt to reach an agreement to pay child support. The amount of child support to be paid will be based on his/her income. If I have any information that MDHS should know prior to this meeting (such as the noncustodial parents' income, employer, etc.), I must contact the child support worker immediately. Otherwise, an agreement may be reached on the amount of child support to be paid based on other information, including information the noncustodial parent tells the agent.

Good Cause Indicator. In checking this box, I believe MDHS should not pursue child support services because it is not in the best interest of the child(ren). Examples include, but are not limited to, safety of the children or custodial parent, conception by rape or incest, or long-term incarceration of one of the parents. Good cause claims may need additional information or documentation.

Family Violence Indicator. In checking this box, I believe one or more parents involved in this case pose a physical or emotional threat to me or the child(ren) in the case. (This disclosure is not a criminal allegation against any party in this case, nor a request for MDHS to avoid pursuing services. Instead, this information is used by MDHS to better manage your case and protect your information. MDHS treats this disclosure as confidential, and will not reveal it to any other party, including another parent).

To better understand your disclosure, please check the boxes below that apply:

- The address I provided on this form is not known by the other parent.
- The other parent does not know I am applying for services, and I am concerned about the other parent’s reaction to this application.
- I am afraid of the other parent.
- I have a restraining order against the other parent.
- The other parent has been convicted of domestic violence or another related crime (assault, sexual battery, stalking, etc.)

Applicant’s signature: _____ Date: ____/____/____

Please mail your completed application with a check or money order for \$25.00 to MDHS-Division of Child Support at 950 E. County Line Rd., Suite G, Ridgeland, MS 39157

Supplemental Information

ADDITIONAL CHILD(REN) INFORMATION: If you are applying for services for more than two children for the same father, complete the below information for the additional child(ren).

3rd Child's Name _____ SSN: _____ DOB: _____ Sex: _____ Eth: _____
City & State of Birth: _____ Relationship to CP: _____ State of Conception: _____

4th Child's Name _____ SSN: _____ DOB: _____ Sex: _____ Eth: _____
City & State of Birth: _____ Relationship to CP: _____ State of Conception: _____

5th Child's Name _____ SSN: _____ DOB: _____ Sex: _____ Eth: _____
City & State of Birth: _____ Relationship to CP: _____ State of Conception: _____

6th Child's Name _____ SSN: _____ DOB: _____ Sex: _____ Eth: _____
City & State of Birth: _____ Relationship to CP: _____ State of Conception: _____

7th Child's Name _____ SSN: _____ DOB: _____ Sex: _____ Eth: _____
City & State of Birth: _____ Relationship to CP: _____ State of Conception: _____

8th Child's Name _____ SSN: _____ DOB: _____ Sex: _____ Eth: _____
City & State of Birth: _____ Relationship to CP: _____ State of Conception: _____

9th Child's Name _____ SSN: _____ DOB: _____ Sex: _____ Eth: _____
City & State of Birth: _____ Relationship to CP: _____ State of Conception: _____

10th Child's Name _____ SSN: _____ DOB: _____ Sex: _____ Eth: _____
City & State of Birth: _____ Relationship to CP: _____ State of Conception: _____

11th Child's Name _____ SSN: _____ DOB: _____ Sex: _____ Eth: _____
City & State of Birth: _____ Relationship to CP: _____ State of Conception: _____

12th Child's Name _____ SSN: _____ DOB: _____ Sex: _____ Eth: _____
City & State of Birth: _____ Relationship to CP: _____ State of Conception: _____

Do the children have health insurance coverage? Yes No

Are the children citizens of the United States of America? Yes No If no, please list each child's name and country of citizenship: _____

EMPLOYER INFORMATION: Please provide additional employer information below:

Employer Name and Address: _____
Employer Telephone number: _____

Employer Name and Address: _____
Employer Telephone number: _____

Employer Name and Address: _____
Employer Telephone number: _____

Applicant's signature: _____ Date: ____/____/____