



APPLICATION FOR CHILD SUPPORT SERVICES (CSS)

For Office Use Only:			
Date Sent	____/____/____		
Date Received	____/____/____		
Fee paid by:	CP	NCP	County CSS
How paid:	Cash	M.O.	Check #.....

_____ County GETTING STARTED

A \$20.00 non-refundable application fee (check or money order, or exact cash if applying in person) is required to process this application. Please do not mail cash. **If you have applied for or are receiving TANF this fee may not be required.**

WHAT WE NEED FROM YOU:

To start the process, please supply the following legal documents:

1. One (1) application for each non-custodial/custodial parent
2. Copy of a state issued birth certificate and social security card for all children
3. Copy of personal identification (i.e. driver's license)
4. A photo of the other parent, if available; it will be returned to you
5. Verification of your income (i.e., pay stubs, tax returns)
6. Copy of Marriage Certificate (if not available, supply date of marriage and/or other evidence of marital status)
7. Copy of Court Orders signed by a judge or magistrate (if not available supply date, county, state of filing and court case number):
 - Petition and/or Divorce Decree and/or Separation Agreement
 - Paternity Orders
 - Certified Copy of Child and/or Spousal Support Order
 - All modified orders
 - Allocation of Parental Responsibility Orders
 - Probate Orders
 - Dependency and Neglect Orders
 - Adoption Orders
 - Orders Terminating Parental Rights
8. Complete payment records of all support paid to the custodial party directly, through court, or a state disbursement unit
9. Are you related to anyone working in the county offices? No:____ Yes:____ Who:_____

Note: Your application may be delayed if you do not provide the necessary documentation.

SERVICES PROVIDED BY CSS:

CSS is authorized by law to provide the following services:

1. Establish child/medical support orders and paternity
2. Modify child/medical support orders
3. Enforce child/medical support orders, including spousal maintenance when combined with child support
4. Process payments through the Family Support Registry (FSR); once an FSR account number is assigned to you, you will be able to register on the CSS website (www.childsupport.state.co.us) to view your account information online
5. Collect past due child support from the non-custodial parent's federal and state tax refunds and lottery winnings:
 - If a federal intercept occurs, a \$25 fee will be deducted from the intercept
 - CSS has authority to hold an IRS joint tax refund prior to release of funds for up to six months.
 - Interest will not be paid on funds that are held
6. Collect past due child support from the non-custodial parent through other enforcement measures
7. Ask another state's child support agency to establish, modify, or enforce an order on our behalf

HOW WE WORK TOGETHER

Please read and initial each of the following statements. By initialing each statement, you understand and agree:

CSS represents the People of the State of Colorado. No attorney-client relationship or privilege exists between either party and the CSS staff.

CSS does **not** handle parental responsibility (custody), parenting time (visitation), or property settlement. **Your county may have additional resources to address those issues. Please ask your county worker.**

CSS will not accept the application for services if all the children associated with the applicant are emancipated.

CSS determines the appropriate actions to be used when providing services.

If there is a change that could cause an adjustment to the amount of the order (e.g. financial, medical, etc.), a modification may be initiated by the department or by any one of the parties.

A written request from the applicant to stop CSS services may be made. However, if you are receiving TANF or assigned arrears are owed, the case may remain open. CSS may also close your case by using criteria established by current state and federal regulations (e.g. not being able to locate you, you do not supply a forwarding address, you do not provide required documents to take the next step to work your case, etc.).

Each individual county determines optional services. Inquire about services available in the county of application.

YOUR RESPONSIBILITIES

You are the best source of information regarding the other party. The information you provide may help in the progress of your case. There may be a delay in the progress of your case due to lack of information and/or involvement with another state.

You are required to cooperate with CSS in the processing of your case. Failure to do so may result in closure.

If you are a caretaker/relative (e.g. grandparent, aunt, uncle, adult sibling, stepparent, etc.) you are required to open a child support case against both biological parents. CSS will not close only one of the two cases against the biological parents at your request.

You may be required to complete and sign an affidavit agreeing to the amount of child support arrears owed (if there is a current child support order).

If you have special needs or need special accommodations under the Americans With Disabilities Act, contact the county of application.

GETTING STARTED

You must notify the CSS office in writing if any of the following changes occur. Failure to do so may affect your child support payments or medical support payments.

1. Change to your legal name, residence/ mailing address, telephone or contact numbers, place of employment, or health insurance, or if you know of changes about the other party.
2. If child support payments are made directly to the custodial party instead of through the FSR.
3. When a child no longer lives with the custodial party due to emancipation* or child goes to live with the other parent or caretaker.
4. If parenting time (visitation) changes for longer than one month.
5. If you retain a private attorney or private collection agency regarding child support, parenting time (visitation) or parental responsibility (custody).
6. If an action has been filed with a court that CSS was not involved with (e.g. separation, divorce, parental responsibility, etc.).

Arrears owed to the custodial party are paid before TANF arrears are paid to the State of Colorado, unless there is a federal tax intercept.

If a payment is sent in error or is unfunded (i.e. bounced check), it is your responsibility to pay back the unfunded amount. You may repay in full, or CSS will deduct 10% or \$10.00 (whichever is greater) from each payment received until the balance is paid in full. The non-custodial parent will still owe the unfunded amount.

Once a Family Support Registry (FSR) account number has been assigned, sending or receiving direct payment may result in case closure. Note: the FSR is the central payment processing center for Colorado.

Federal law requires CSS to withhold \$25.00 one time each year from the child support collected on a non-public assistance case, if over \$500.00 is collected during the year.

The provision of your Social Security Number (SSN) is mandatory (§42 U.S.C. 666(a) (13)). However, if you do not have a SSN, your application for services will not be denied. SSNs are used by the CSS Program to locate individuals to establish paternity or support obligations, modify and enforce support obligations, and to distribute child support payments.

Confidentiality laws protect all information provided to CSS. CSS offices throughout the United States and some countries have access to this information through State and Federal Child Support Case Registries. If family/domestic violence is an issue, you must alert CSS to further safeguard this information.

Is there a specific service that you need immediately from our offices?

Print Legal Name:

Signature of applicant: _____ Date: _____

For more child support information and additional forms you may visit our website at:

www.childsupport.state.co.us

APPLICANT INFORMATION

Relationship to the child(ren): **Mother** **Father** **Other, explain:**

Legal Name:

Last First Middle Maiden/Other

Social Security #: Date of Birth: Gender: M F

Place of Birth: City State County

Residence address: Street Apt/Unit City State Zip

Mailing address (if different): Street Apt/Unit City State Zip

Phone Numbers:

Home Work Cell Fax

Message #: Email address:

Emergency Contact (if you can't be reached):

Name

Address City State Zip Phone

Employer and/or Union:

Name

Address City State Zip

Occupation or Trade:

Is it ok to contact you at work? Yes No Work Schedule:

When was custody of the child(ren) obtained?

What was the situation (leading to obtaining custody)?

Is there currently an attorney involved in this child support case? Yes No

If yes: Attorney's Information:

Name

Address City State Zip Phone

Have the child(ren) ever received public assistance? Yes No

If yes: Type received TANF Medicaid Foster Care **CCAP(childcare)**

What County/State? Begin/End Date

If you are the mother, are you pregnant? Yes No, **if yes what is the due date?**

If yes, Who is the father?

OTHER PARENT INFORMATION

Legal Name:

Last First Middle Maiden/Other

Relationship to the child(ren): Mother Father **Possible** Father (paternity not established)

Social Security # **or ITIN#:** Date of Birth **or approximate age:** Gender: M F

Place of Birth: _____
City State County

Current or Last Known residence address:

Street Apt/Unit

City State Zip

Mailing address (if different):

Street Apt/Unit City State Zip

Phone Numbers:

Home	Work	Cell	Fax
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Message #: _____ Email address: _____

Emergency Contact (if NCP can't be reached)

Name

Employer **current/ prior and/or Union:**

Name

Address City State Zip

Occupation or Trade: _____

Physical Description: Height _____ Weight _____ Hair Color _____ Eye Color _____
 Identifying Marks (i.e., scars, tattoos, piercing ...) _____

Race: Caucasian African American Hispanic Asian Other

In prison? **Current/prior** Yes No Date of release: _____
 Which facility: DOC#

In the military? Yes No Branch of service _____
 Disabled? Yes No If yes, receives Social Security? Yes No

List any assets (i.e., real estate, bank accounts, and license to work a profession ...)

List any vehicles (model, make, year, and color)

Driver's License Number: _____ State: _____

List any other biological child(ren)

Child(ren)'s other biological parent _____

Other Parent's Mother's information

Name Address Phone

Other Parent's Father's information

Name Address Phone

Is there any other information that may help us locate the other party? _____

Does the other parent have an attorney?

Attorney Information:
Address City State Zip Phone

CHILD(REN)'S INFORMATION

	Child 1	Child 2	Child 3
Legal Name			
Gender (M or F)			
Date of Birth			
Social Security Number			
City & State of Birth			
State or County of Conception			
Who are listed as the Parents on the Birth Certificate?			
Child Support Order #, County and State			
	Child 4	Child 5	Child 6
Legal Name			
Gender (M or F)			
Date of Birth			
Social Security Number			
City & State of Birth			
State or County of Conception			
Who are listed as the Parents on the Birth Certificate?			
Child Support Order #, County and State			

PARENT OF THE APPLICATION, RELATIONSHIP STATUS

Were the parents of the child(ren) ever married **to one another**? Yes ___ No ___ Date **and state** of Marriage/**common law** _____

Date Separated: _____ Date Divorced: _____ In what city, county, state? _____

Date of last contact with other parent: _____

If paternity has been established, how? ___ Genetic Testing Acknowledgement of Paternity Court

Did this person ever live with the child(ren) in the State of Colorado? Yes ___ No ___

Where and when? _____

Is domestic violence a concern? Yes ___ No ___

MEDICAL INSURANCE INFORMATION

A copy of the benefit card used to process medical claims MUST be provided.

Is your child(ren) on MEDICAID? Yes ___ No ___

Does your child(ren) have health insurance coverage other than Medicaid? Yes No

If yes, name of child(ren) covered by other insurance: _____

Other insurance company's information:

- Name: _____
- Address: _____
- Phone number: _____
- Group number: _____
- Date insurance began: _____
- Type of Coverage(s) provided: Medical Dental Vision Other

Who provides other insurance coverage?

- Name: _____
- Social Security Number: _____
- Relation to the covered child(ren): _____
- Address: _____
Street City State Zip
- Phone numbers: _____
Work Home Cell Message

Request for Nondisclosure of Personal Information

If you have safety concerns for you or your family because your personal information including address, date of birth or social security number is shared with a court and is available to the other party, or you have had domestic violence issue and/or a restraining order, you may request an Affidavit of Nondisclosure of Personal Information (NDI).

You will be required to provide an alternate address at which you can receive mail. This address must be in Colorado. You must keep the county child support enforcement office informed of any change to this address. This address will be provided to the court and the other party.

Requesting NDI is a very serious matter and the Division of Child Support **Services** strongly encourages anyone experiencing domestic violence issues to contact the State of Colorado's Address Confidentiality Program. Their web site is www.acp.state.co.us for more information. This program provides an alternate address for qualified recipients. The address is located in Denver, Colorado and is a legal address at which service of process can be accomplished.

If you wish to request an Affidavit of Nondisclosure, complete the following information which is needed to prepare an affidavit. When your case has been initiated, you will receive an affidavit in the mail which you need to complete and return to the Child Support Enforcement Unit immediately. **This only keeps information out of the court file, nothing else. If the other party knows where you live, this will NOT help you in keeping your current address confidential.**

A request for nondisclosure of personal information on court documents is **NOT A PROTECTIVE ORDER.**

_____ understand that I must provide an alternate address where I am willing to accept service of process and can receive mail. This address will be provided to the court and the other party. The address must be in Colorado. All legal documents will be sent to this alternative address.

Alternate Mailing Address: _____

Care of- if applicable: _____

City, State and Zip Code: _____

Signed: _____

Date: _____
