

APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES (page 1)

State Form 34882 (R6/12-92) DFC Form 425A

Complete one application for each absent parent for whom application is made.

PRIVACY STATEMENT

Indiana Department of Child Services
CHILD SUPPORT BUREAU
402 W. Washington St. Rm. W360
Indianapolis, IN 46204

The records in this series are confidential according to 45 CFR 303.21. This agency is requesting disclosure of personal information that is necessary to accomplish the statutory purpose of the agency according to 45 CFR 303.70. Disclosure of this information is mandatory. Failure to provide any information may prevent this form from being processed.

INSTRUCTIONS (please read)

The Indiana Child Support Bureau offers child support services to persons desiring to obtain child support from a responsible parent outside the home. These services are: Complete Service or Parent Locator Only Service. **ALL FEES FOR SERVICES ARE NONREFUNDABLE.**

COMPLETE SERVICE: The applicant will be entitled to all services offered by the IV-D program as long as the case remains active. This service shall include the Parent Locator Service and the legal services of the local IV-D agency. These services include Establishing Paternity,/Establishing and/or Enforcing a support obligation (including health insurance coverage). The complete service does NOT include handling a divorce case, enforcement of custody or visitation provisions, nor matters other than those associated with the support of dependent children. All support payments may be directed to the State for monitoring and disbursement. **ANY COSTS INCURRED IN EXCESS OF THE APPLICATION FEE, SUCH AS COURT COSTS, WITNESS FEES, BLOOD TEST COSTS, IRS INTERCEPT FEES AND ADMINISTRATIVE COSTS ASSOCIATED WITH THIS CASE MAY BE CHARGED AGAINST THE APPLICANT.**

In addition the Tax Refund Intercept Project may be used to collect child support arrearages. Application for complete service does not guarantee, however, that your case will be submitted for tax refund intercept nor that tax refund monies will be collected. In order to certify a case for intercept, there must be a valid child support order, the absent parent must be at least \$500 in arrears, and the applicant must have the absent parent's Social Security number. If any children of the absent parent have received TANF/AFDC in the past, any collection made from an intercept will first be applied by the State to any unreimbursed public assistance on any former TANF/AFDC case. If the IRS, for any reason, reclaims all or any portion of an intercepted refund that has already been paid to you, you are obligated to repay the State of Indiana the amount reclaimed by the IRS. You authorize that any such repayment may be deducted from support collected on your behalf if other arrangements have not been made and fulfilled.

PARENT LOCATOR SERVICE: The applicant will be entitled to all resources offered by the State and Federal Parent Locator Service until a verified address is provided or all sources for location are exhausted. The payment of the application fee does not guarantee a successful location. The success will greatly depend on the applicant's own knowledge about the absent parent. If all sources of information are exhausted without a successful location, the applicant will be notified. Upon notification, the applicant will have six months to provide additional information. If no additional information is provided within the six month period, the case will be closed and the applicant notified.

APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES (page 2)

State Form 34882 (R6/12-92) DFC Form 425A

To be completed by County Office _____

Case Number _____

TERMINATION OF SERVICES: The applicant may terminate services only if any charges due or overpayments owing are paid, by notifying the Child Support Bureau in writing that services are no longer desired. The State may terminate services only in accordance with 45 C.F.R. 303.11. Services in respect to this application will also terminate if the applicant receives TANF/AFDC.

APPLICANT'S OBLIGATIONS: The applicant is expected to fully cooperate with the local IV-D agency in the legal and non-legal preparation of the case, including, but not limited to notifying the local IV-D agency of change of address, supplemental information regarding the absent parent, reuniting with the absent parent, and other information pertinent to the case. **THE APPLICANT MUST ALSO NOTIFY THE CHILD SUPPORT BUREAU AT THE ABOVE ADDRESS OF ANY CHANGE OF ADDRESS.**

APPLICANT'S STATEMENT

I affirm that the information in this application is true and correct and that false information could result in perjury charges against me. I understand that I am to cooperate with the local IV-D agency in order for my case to be processed, and non-cooperation can result in termination of my case. I further understand that payment of the application fee does not guarantee successful action on the case but rather all reasonable attempts, will be made in my behalf to obtain successful results for the service requested. I have read and understand the above **NOTICE.**

I hereby request the following service under the terms outlined above.

Complete Service Parent Locator Service Only

Signature of applicant _____

Date signed (mo., day, yr.) _____

Application taken by _____

Fee paid _____

Case number _____

\$ _____

PART II: APPLICANT DATA

1. Full name of applicant (last, first and middle initial) _____

Maiden _____

2. Date of birth (mo., day, yr.) _____

Sex _____

Race _____

Social Security number _____

3. Address of applicant (street and number or rural route number) _____

Apt. or room number _____

City _____

State _____

ZIP code _____

4. My mailing address is: Same as above

Different (if different, print below)

Mailing address (street and number or rural route number) _____

City _____

State _____

ZIP code _____

APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES (page 3)

State Form 34882 (R6/12-92) DFC Form 425A

To be completed by County Office _____
Case Number

5. Telephone number (home) () Telephone number (work) ()

6. Address of other person who will always know my whereabouts:

Name	Telephone number ()
Address (street, city, state, ZIP code)	Relationship

7. Have you ever received an AFDC Welfare check in Indiana? If "Yes" give the month and year county your last check
_____Yes _____No

PART III: DEPENDENT DATA

I wish to secure support payments on behalf of the following children.

CHILD'S FULL NAME, SEX, BIRTHDATE, PLACE OF BIRTH, SOCIAL SECURITY #, RELATIONSHIP
(Last, first, M.I. (mo., day, yr.) TO ME

1.

2.

3.

4.

5.

6.

For this absent parent I desire: _____Parent Locator Service _____Complete Service

PART IV: ABSENT PARENT DATA

Name of applicant

A. Full name of absent parent (last, first and middle) Alias or maiden name (last, first, middle)

APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES (page 4)

State Form 34882 (R6/12-92) DFC Form 425A To Be Completed By County Office _____

Social Security number _____ Date of birth _____ Age _____ **Case Number** _____
Place of birth (city and state) _____

Race _____ Height _____ Weight _____ Hair _____ Eyes _____

B. Absent parent's address _____ Street name and number or rural route number _____ Apt. or room number _____
_____ Current _____
_____ Last known ____ (years)

City _____ State _____ ZIP code _____

C. Employer's address _____ Name of employer _____ Street name and number or rural route number _____
_____ Current ____ Last known ____ (years)

City _____ State _____ Usual type of work _____

D. Marital status of children's parents _____ Date married _____ Location married _____
____ Married ____ Deserted
____ Divorced ____ Never married _____ Date separated or divorced _____ Location separated or divorced _____
____ Separated ____ Unknown

E. Complete if parent: ____ Is currently ____ Or has been in the military service _____ F. Names of the absent
Branch of service __ Army __ Navy __ Marines ____ Air Force __ Coast Guard parent's children. (check
Rank ____ Officer _____ Enlisted Service number blank in front of name if
there is "No" support order
for this child.)

G. Prior arrest record _____ Where _____ Date _____
____ Yes ____ No
The absent parent _____
____ is currently ____ as been in the past in a jail, prison or institution _____
Name of institution _____ Date sentenced _____

Address (city, state or county) _____ Date released _____

H. Absent parent's father's name _____

Address (city, state or county) _____

H. Absent parent's mother's maiden name _____

Address (city, state or county) _____

I. Other contact person for absent parent _____

Address (city, state or county) _____

Verification and comments

ASSIGNMENT FOR COLLECTION FOR PERSONS NOT RECEIVING PUBLIC ASSISTANCE

Name of absent parent

CHILDREN'S NAMES

- | | |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

AGREEMENT

I understand and agree that support payments collected hereafter from the absent parent names above on behalf of myself and/or the above named children will be paid to the Division of Family and Children, Family and Social Services Administration, and that said support payments will be paid to me by the agency after deduction of any charges due and owing to that agency. Such charges are explained in page one of the "Application for Title IV-D Child Support Services" executed by the applicant. This authorization shall continue in effect until terminated in the manner set forth on page one of the "Application for Child Support Services".

Printed name of applicant

Signature of applicant

Date signed (mo., day, yr.)

Cause number or support order

Court name

DOCUMENTS CHECK LIST

The following must be returned to our office along with your completed application form:

- CERTIFIED COPY OF DIVORCE DECREE, JUDGMENT OF PATERNITY, ORDER OF SUPPORT, AS WELL AS ANY MODIFICATION TO THE ORIGINAL DECREE, JUDGMENT OR ORDER

- COPY OF THE CHRONOLOGICAL CASE SUMMARY (CCS) FOR YOUR CASE (This can be obtained from the Clerk's office.)

- CERTIFIED COPY OF CHILD SUPPORT PAYMENT HISTORY, BEGINNING WITH THE DATE OF THE ORIGINAL ORDER OF SUPPORT

- COPY OF DRIVER'S LICENSE OR INDIANA IDENTIFICATION CARD

- COPY OF SOCIAL SECURITY CARDS FOR YOURSELF AND THE CHILD(REN)

- COPY OF CHILD(REN)'S IN-HOSPITAL AFFIDAVIT

- COPY OF MEDICAID AND/OR INSURANCE CARDS FOR YOURSELF AND THE CHILD(REN)

- IF YOU ARE NOT ON TANF OR MEDICAID, YOU MUST PRESENT A MONEY ORDER, CERTIFIED CHECK OR CASHIER'S CHECK (**NO CASH OR PERSONAL CHECKS**) IN THE AMOUNT OF \$25.00, MADE PAYABLE TO: **INDIANA DEPT. FAMILY & CHILDREN, STATE CHILD SUPPORT BUREAU**

- OTHER:

ALL DOCUMENTS AND INFORMATION SHOULD BE RETURNED TO:

Office of Prosecuting Attorney
Child Support Division
601 Main Street, Suite C
Tell City, IN 47586

PLEASE CALL FOR AN APPOINTMENT TO RETURN YOUR APPLICATION

If you have any questions, please call 812-547-7079

STATE OF INDIANA)
) SS:
COUNTY OF PERRY)

TITLE IV-D WAIVER

The undersigned custodial parent acknowledges that that the PERRY COUNTY PROSECUTOR’S OFFICE is an agent of the State of Indiana and the Family and Social Services Administration, Division of Family & Children and cannot serve as a private attorney to custodial persons. The function of the Prosecuting Attorney’s Office is to protect and promote the interest of the State at large and the best interest of children in particular, and these interests may conflict with the interest of the custodial parent.

Pursuant to Title IV-D of the Social Security Act, the OFFICE OF THE PERRY COUNTY PROSECUTING ATTORNEY provides four basic services:

1. The location of absent parents;
2. The establishment of paternity and support orders;
3. The enforcement of support orders;
4. The review of support orders for modification, but not more than every three (3) years from entry of the prior order.

The Prosecutor’s Office does not provide representation with regard to the issues of visitation, custody and property settlement. In fact, pursuant to the mandate of Title IV-D, the Office is not allowed to become involved in such matters of custody, visitation, or property settlement. You should consult with a private attorney or legal aid concerning those issues.

The obligation of the Prosecutor’s office in enforcement of current support ends at the age of twenty-one (21) unless the child is emancipated by the court prior thereto.

The undersigned acknowledges that they are not entering into an attorney-client relationship with any attorney in the OFFICE OF THE PERRY COUNTY PROSECUTOR. Accordingly, any confidential information provided to this office is not information protected by attorney-client relationship. Therefore, information provided to the OFFICE OF THE PERRY COUNTY PROSECUTING ATTORNEY may be used by the Office in prosecution of criminal offenses or civil violations without regard for source of the information. The undersigned acknowledges that his/her involvement in the Title IV-D Child Support Program does not protect him/her from prosecution for any criminal offense or civil infraction.

NOTE: THIS FORM IS A WAIVER OF LEGAL RIGHTS AND SHOULD BE SIGNED ONLY AFTER BEING READ CAREFULLY. YOUR SIGNATURE VERIFIES THAT YOUR HAVE READ AND UNDERSTAND THE CONTANTS OF THIS FORM.

I have read the above and fully understand the contents of this waiver and consent to its terms.

Signature

Date