FOR OFFICIAL USE ONLY	DATE STAMP
DATE APPLICATION REQUESTED DATE APPLICATION PROVIDED DATE APPLICATION RECEIVED	

DIVISION OF WELFARE AND SUPPORTIVE SERVICES APPLICATION FOR CHILD SUPPORT SERVICES

PLEASE CAREFULLY READ THE FOLLOWING INFORMATION.

Child Support Enforcement (CSE) Program Services:

- Locate all noncustodial parents and/or sources of income and/or assets;
 Enforce financial and medical support;
- Establish paternity (determine who is the father of the child(ren)); Review and adjust existing child support orders;
- Establish financial and medical support;
- Collect and distribute financial and medical support payments.

The CSE program:

- must provide all the above services to all individuals, unless the individual is a Medicaid recipient and the Medicaid recipient notifies the CSE program in writing they only want medical support services;
- has sole discretion in determining which legal remedies are used to provide the above services and cannot guarantee success;
- may request assistance of another state and, thereby, be subject to the laws of that state. It may take ninety (90) days, or more, after the other state receives the request for services before any information is available;
- **does not** provide services involving custody, visitation or unpaid medical bills. However, these services may be available through a private attorney;
- will close your cases upon written request from you or when your case meets closure rules established by federal and state regulation.

Important Information You Should Know:

The CSE program:

- will impose a \$25 annual fee in each case where an individual has never received TANF cash assistance and for whom the State has collected at least \$500 of child support.
- represents the State of Nevada when providing services and no attorney-client privilege exists;
- is authorized to endorse and cash checks, money orders and/or other forms of payment made payable to you for support payments;
- child support payments will be made as a direct deposit into your bank account, or by a Nevada Debit Card. A Nevada Debit Card will be issued to you unless you request payments by direct deposit. For more information regarding direct deposit, please call toll free to the Child Support Customer Service Unit at (800) 992-0900 or check the Child Support Enforcement State Collections and Disbursement Unit (SCaDU) website at https://dwss.nv.gov/pdf/CS_SCaDU-DirDepReq.pdf to print a Direct Deposit Authorization Agreement.
- may collect past-due support by intercepting an IRS tax refund or other federal payment. If a tax intercept occurs, the CSE program has the authority to hold a joint tax refund for a period of six (6) months before distributing the funds. No interest is paid on the held funds. Funds collected from tax intercept are applied first to pay off any past-due support assigned to the State of Nevada. A nonrefundable fee is deducted by the federal government for any tax or federal payments intercepted by the CSE program.

By accepting cash or medical assistance for yourself or the child in your custody, you have made an assignment to the Division of Welfare and Supportive Services of all rights to support from any person. Any unpaid support assigned to the State of Nevada may be enforced and collected until paid in full.

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If you receive cash assistance, support payments are kept by the State of Nevada to pay off any past-due support assigned to the state. When you are off cash assistance, support payments are sent to you until you request case closure in writing. However, any unpaid support assigned to the State of Nevada may be enforced and collected until paid in full.

All support payments are sent to and processed by the CSE program and distributed according to federal and state regulations.

The CSE program is required by Chapter 42 of the United States Codes, federal regulations, and state laws that established the CSE program to obtain the social security numbers (SSN) for those individuals receiving child support services. The SSN is needed to properly establish and enforce child support obligations based on program services and comply with reporting requirements contained in the federal and state laws and regulations previously mentioned. Any individual who fails to disclose this information may result in the denial of child support services. The CSE program will use these SSNs only for the purpose of providing services outlined in the federal law, federal regulations, state laws, and state regulations that govern the CSE program.

In accordance with federal law and U.S. Department of Health and Human Services (HHS) policy, the Division of Welfare and Supportive Services is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TDD).

Responsibilities:

You are responsible for:

- providing all available information requested by the CSE program. This may include certified copies of a
 divorce decree and/or all existing support orders, copies of the children's birth certificates, and a photograph
 of the noncustodial parent;
- participating in genetic testing to establish paternity. If the genetic test proves the person named is not the father, you may be required to pay the cost of the genetic test;
- reporting when any of the following changes happen;
 - 1. Name change, new address or telephone number for home or work;
 - 2. A private attorney or collection agency is hired:
 - 3. Another child support or paternity legal action is filed;
 - 4. Filing for divorce;
 - 5. Receive support payments directly from the noncustodial parent;
- 6. New address, telephone number, employment or health insurance for the noncustodial parent;
- 7. Child(ren) no longer live with you;
- 8. Child(ren) still in high school **after** age 18;
- 9. Child(ren) become disabled **before** age 18;
- 10. Child(ren) come to live with you or birth of another child;
- 11. A child marries, is adopted, joins the armed forces or is declared an adult by court order.
- requesting a review and adjustment of the existing support order once every three years or if there is a significant change in circumstances;
- turning in support payments you receive directly from the noncustodial parent when you are receiving cash assistance;
- repayment of support amounts received in error, including support payments from an IRS tax refund which are adjusted by the IRS. If you fail to enter into a repayment agreement with the CSE program, the outstanding balance may be reported to a credit reporting agency and money collected on your behalf by the CSE program may be withheld for repayment. Additionally, legal action may be initiated against you.

Application Instructions:

You must answer all questions. Please PRINT OR TYPE answers in black or blue ink. Check Yes, No, Unknown or write N/A (not applicable) in any space which does not apply. Use a separate sheet of paper if you need more room for any answer or if you have additional information regarding the noncustodial parent which is not covered by the questions on this form. (Attach copies of all support court orders.) The application must be signed on pages 6 and 7. Services could be delayed if your application is not complete and signed.

COMPLETE THE FOLLOWING ABOUT YOU, THE CUSTODIAN (CST), OF THE CHILD(REN):

Name (Last, First, Middle)	Other Last Names Used			
Resident Address (City, County, State & Zip Code) How long lived in Nevada?				
Mailing Address (If different than above)				
Home Phone No. ()	Work Phone No. ()			
Cell Phone No. ()	E-Mail Address:			
Social Security No. Birth Date	Birth Place	☐ Male ☐ Female		
Height ft in Weight lbs	Hair Color: Eye Color:	Race:		
		Job Title		
Employer Name & Address (City, State, & Zip Code) Are you: Single Married Divorced	Living with a boyfriend or girlfrie			
What is your relationship to the children? (Mother, father, grand Date children began living with you (month/year)?	Iparent, etc.)			
MEDICAL/HEALTH INSURANCE INFORMATION:				
Do you and the children have satisfactory medical/health insurance	ce (not Medicaid)?	☐ No Monthly cost?		
Is medical/health insurance available with your employer? ☐ Yes ☐ No Monthly cost?	Please attach a copy of your mo	edical/health insurance card.		
PUBLIC ASSISTANCE (DIVISION OF WELFARE AND SUPPORTIVE SERVICES) INFORMATION:				
Did you apply for TANF cash assistance?				
Have you or the children received TANF cash assistance in the past?				
CHILDREN INFORMATION:				
Child's Name (Last, First, Middle)	☐ Male ☐ Female	Pregnancy began in what state?		
Birth Place: Social Security No. Birth Date:	Race	How long has child lived in Nevada?		
Child's Parents:				
Date mother stopped living with child:	Date father stopped living with child:			
Date Parents Married: City, State:				
Mother's Name:	Father's Name: On birth record? Yes] No		

CHILDREN INFORMATION Continued:

Child's Name (Last, First, Middle)		☐ Male	☐ Female	Pregnancy began in what state?	
Social Security No.	Birth Place: Birth Date:	Race		How long has child lived in Nevada?	
Child's Parents:	rer married		☐ Divorced		
Date mother stopped living with ch	nild:	Date father stopped living with child:			
Date Parents Married: City, State:		Date Parents Divorced: City, State:			
Mother's Name:		Father's Name: On birth record? Yes No			
Child's Name (Last, First, Middle)		☐ Male	☐ Female	Pregnancy began in what state?	
Social Security No.	Birth Place: Birth Date:	Race		How long has child lived in Nevada?	
Child's Parents:					
Date mother stopped living with child:		Date father stopped living with child:			
Date Parents Married: City, State:		Date Parents Divorced: City, State:			
Mother's Name:		Father's Name: On birth record? Yes No			
Child's Name (Last, First, Middle)		☐ Male	☐ Female	Pregnancy began in what state?	
	irth Place: irth Date:	Race		How long has child lived in Nevada?	
Child's Parents:	er married Lived together	☐ Married	☐ Divorced		
Date mother stopped living with child:		Date father stopped living with child:			
Date Parents Married: City, State:		Date Parents Divorced: City, State:			
Mother's Name:		Father's Name: On birth record? Yes No			
Child's Name (Last, First, Middle)		☐ Male	☐ Female	Pregnancy began in what state?	
	irth Place: irth Date:	Race		How long has child lived in Nevada?	
Child's Parents:					
Date mother stopped living with child:		Date father stopped living with child:			
Date Parents Married: City, State:		Date Parents Divorced: City, State:			
Mother's Name:		Father's Name: On birth record?	☐ Yes ☐] No	

COMPLETE THE FOLLOWING ABOUT THE NONCUSTODIAL PARENT (NCP) (parent who is absent from the children)

Name (Last, First, Middle)		Other Names Used:				
Name (Last, Pirst, Wilddie)			Other Ivallies Used	1.	Current Address	
Resident Address (City, County,	State & Zin C	nde)			☐ Last Known Address☐ Relative's Address	
Resident Fludress (City, County,	Built & Zip C	ode)			Current Address	
Mailing Address (If different that	ın above)				☐ Last Known Address☐ Relative's Address	
Home Phone No. ()			Work Phone No. ()			
Cell Phone No. ()			E-Mail Address			
Social Security No.	Birth Date		Birth Place City, State		☐ Male ☐ Female	
Height ft in	Weight	lbs	Hair Color Eye Color		Race	
Describe any scars, birthmarks of	or tattoos:					
Is the parent: Mother F	ather Is the p	arent: Single	☐ Married ☐ Divo	rced 🗌 Livii	ng with a boyfriend or girlfriend	
Has the parent been in jail or pri	son? Yes	☐ No If Yes, w	here? (City, State)		When?	
At any time was the mother marthis non-custodial parent?	ried to Yes \[No	Date of Marriage)	Date of D	Divorce	
Was the mother married to some		☐ Yes ☐ No	Are there other po	ssible fathers	? Yes No	
Existing Child Support Order?						
Last support payment date:	direct to	you from an	other child support o	office; City, S	tate:	
EMPLOYMENT/INCOME INFORMATION:						
Employer Name & Address (City, State) Current Employer Former Employer				Type of work:		
Union Member						
Military Service Yes No	If Yes, what	branch? Army	□ Navy □ Air Fo	orce Marii	nes Coast Guard Reserves	
Other Income: Unemployment Worker's Compensation Social Security Retirement Self-employed						
MEDICAL/HEALTH INSURANCE INFORMATION:						
Does the parent have medical/he	alth insurance	for the children?	☐ Yes ☐ No	Are the child	dren covered? Yes No	
Name & address of insurance company (City, State)						
Policy No.			Group No.			
RESOURCE INFORMATION:						
Vehicles (car, boat, trailer, RV, e	etc.)? Make:	Model:	Year:	License	#: State:	
Property Owned (home, land, buildings, etc.)? Address/Location (City, State):						
Bank Accounts (Checking, Savin Location (Bank name, City, Stat		Retirement, etc.)?				

PAYMENT HISTORY FOR NONCUSTODIAL PARENT (NCP) (starting with most recent month) NCP's Name: __ YEAR: __ YEAR: ___ YEAR: ___ Month Amount Due **Amount Paid** Month Amount Due **Amount Paid** Month Amount Due **Amount Paid** Jan Jan Jan Feb Feb Feb Mar Mar Mar Apr Apr Apr May May May June June June July July July Aug Aug Aug Sept Sept Sept Oct Oct Oct Nov Nov Nov Dec Dec Dec **TOTAL TOTAL TOTAL** YEAR: YEAR: YEAR: Month Amount Due Amount Paid Month Amount Due **Amount Paid** Month Amount Due **Amount Paid** Jan Jan Jan Feb Feb Feb Mar Mar Mar Apr Apr Apr May May May June June June July July July Aug Aug Aug Sept Sept Sept Oct Oct Oct Nov Nov Nov Dec Dec Dec **TOTAL TOTAL** TOTAL DECLARATION I declare under penalty of perjury the information I have provided on this application is true and correct to the best of my knowledge and belief and the statements contained herein are made for the purposes stated herein including, but not limited to, obtaining assistance in paternity and order establishment, and the enforcement and distribution of child support. By signing this application, I acknowledge the responsibilities as listed and agree to the services the Child Support Enforcement Program provides. Name of Applicant (please print)

Date

Signature of Applicant

Case Name:	Case Number:	
DOMESTIC OR FA	MILY VIOLENCE STATEMENT	
I believe the release of my and/or the unreasonably put me and/or the child(ren)'s health,	child(ren)'s address and/or other identifying safety, or liberty at risk.	information would
□ NO		
☐ YES. Explain fully and attach	filed copies of all relevant court orders and other	documentation.
(If additional space is needed, continue on a separat	e sheet of paper.)	
Disclosure of Information:		
	on can be used in other cases in which you are noncustodial parent. Information contained in the administration of the program.	
(UIFSA) requires personal identifying information custody, such as resident address. Nevada large	another state, the Uniform Interstate Family Smation be provided to that state about you and w provides protection for you and the children in eduction. A court can order personal identifying the children in your custody would be at risk.	the children in your your custody if there
Declaration:		
I declare under penalty of perjury that the inform	nation I have provided on this statement is tru	e and correct.
Name of Applicant (Please Print)	Signature of Applicant	Date