

State of Louisiana
Department of Social Services
Office of Family Support
Support Enforcement Services

APPLICATION OR
DOCUMENTATION FOR
CHILD SUPPORT SERVICES



LOCAL OFFICE BLOCK
LASES NO. _____
Date: _____
Appl Requested _____
Appl/Flyer 1 Provided _____
Appl/Rec/Fee Paid _____
<input type="checkbox"/> Full Service - \$25
<input type="checkbox"/> Parent Locate Only
SSN - \$10 / No SSN - \$14
<input type="checkbox"/> CP <input type="checkbox"/> NCP
DOCUMENTATION
Date Received: _____
Medicaid Referral _____
FITAP Referral _____
KCSP Referral _____
Adding a Child _____

SECTION A

Name of Applicant _____ Date of Birth _____ Social Security Number _____

Mailing Address _____ Street Address _____ Telephone Number _____

City, State & Zip _____ City, State & Zip _____ Other _____

Race _____ Sex _____

Your relationship to child(ren): Mother Father Other (specify) _____

Does the child(ren) live with you? Yes No If no, where is the child(ren) residing and with whom? _____

Name of Custodial Party: _____ Street Address: _____

City/State/Zip: _____ Telephone No.: _____

Names of Medicaid Recipients: _____

Note: Medicaid recipients receive child and medical support services unless the recipient indicates that child support is not wanted. Support Enforcement Services will continue to provide medical support services as long as Medicaid benefits are being provided.

Victim of Domestic Violence/Child Abuse? Yes No

NONDISCLOSURE OF INFORMATION: When the Department has reasonable evidence of family violence, either domestic violence or child abuse, the case record will include an indicator of family violence for any person who is a party to the case. The indicator will prohibit release of information except to a court or agent of a court that has authority to issue an order for support or to make or enforce custody or visitation determination.

SECTION B. MOTHER INFORMATION

Name _____ Maiden Name _____ Other Names Used _____

Date of Birth _____ Place of Birth (City, State) _____ Social Security Number _____

Mailing Address _____ City, State, Zip _____ Telephone Number _____

Street Address _____ City, State, Zip _____ Other _____

Is the address listed above a current address? Yes No Unknown

Physical description of mother (attach photo if available)

Race _____ Sex _____ Height _____ Weight _____ Hair Color _____ Eye Color _____ Driver's License # _____

Identifying marks (scars, tattoos, missing limbs): _____

Present marital status: Married Single Separated Divorced Date of Marriage: _____ Spouse's name: _____ Date of Divorce: _____

Name, address, and phone number of mother's parents:

Father _____ Deceased? Yes No

Address: _____ Telephone: _____

Mother: _____ Maiden Name: _____ Deceased? Yes No

Address: _____ Telephone: _____

Is mother in the military or has she ever been? Yes No If yes, complete the following:

Branch: _____ Service Number: _____

If the mother is incarcerated or on probation, complete the following:

Institution: _____ Address: _____

Date of Incarceration: _____ Release Date: _____

Probation Officer _____ Telephone _____

Is the mother a student? Yes No Where? _____

Highest Level of Education Completed: _____

What is the mother's occupation? _____ Is the mother self-employed? Yes No

Company Name _____ Address: _____

AND/OR

Primary Employer _____ Telephone: _____

Employer Address: _____

Secondary Employer _____

Is health insurance available? Yes No If yes, insurance company name: _____

Policy #: _____ Are children listed in Section D covered? Yes No If yes, provide copy of insurance card if available.

Job Title _____ Salary \$ _____ per week month

Begin Date: _____ Is the mother currently employed with Primary Employer? Yes No

Does the mother have a professional license? Yes No If yes, please specify: _____

Does mother belong to a Union? Yes No If yes, please specify: _____

Child care expenses paid by mother: \$ _____ per _____

Other Income: FITAP/KCSP \$ _____ Unemployment \$ _____ SSI \$ _____ Social Security \$ _____

Veterans Benefits \$ _____ Food Stamp Benefits \$ _____

SECTION C. FATHER INFORMATION

Name _____		Other Names Used _____	Social Security Number _____				
Date of Birth _____		Place of Birth (City, State) _____	Other Social Security Numbers Used _____				
Mailing Address _____		City, State, Zip _____	Telephone Number _____				
Street Address _____		City, State, Zip _____	Other _____				
Is the address listed above a current address?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown			
Physical description of father (attach photo if available)							
Race _____	Sex _____	Height _____	Weight _____	Hair Color _____	Eye Color _____	Driver's License # _____	
Identifying marks (scars, tattoos, missing limbs): _____							
Present marital status:		<input type="checkbox"/> Married	Date of Marriage: _____	Spouse's name: _____			
		<input type="checkbox"/> Single	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	Date of Divorce: _____	<input type="checkbox"/> Unknown	
Name, address, and phone number of father's parents:							
Father _____		Deceased?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Address: _____		Telephone No.:		_____			
Mother: _____		Maiden Name: _____		Deceased?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address: _____		Telephone No.:		_____			
Is father in the military or has he ever been?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, complete the following:			
Branch: _____		Service Number:		_____			
If the father is incarcerated or on probation, complete the following:							
Institution: _____		Address: _____					
Date of Incarceration: _____		Release Date: _____					
Probation Officer _____		Telephone No. _____					
Is the father a student?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Where? _____			
Highest level of education completed: _____							
What is the father's occupation? _____		Is the father self-employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Company Name _____		Is this a self-employed company name?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Address: _____							
AND/OR							
Primary Employer _____		Telephone No.:		_____			
Employer Address: _____							
Secondary Employer _____							
Is health insurance available?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, insurance company name: _____			
Policy #: _____		Are any children listed in Section D covered?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, provide copy of insurance card if available.	
Job Title _____		Salary \$ _____		per <input type="checkbox"/> week		<input type="checkbox"/> month	
Begin Date: _____		Is the father currently employed with Primary Employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Does the father have a professional license?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please specify: _____			
Does father belong to a Union?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please specify: _____			
Child care expenses paid by father: \$ _____				per _____			
Other Income: FITAP/KCSP \$ _____		Unemployment \$ _____		SSI \$ _____		Social Security \$ _____	
Veterans Benefits \$ _____		Food Stamp Benefits \$ _____					

SECTION D

1. CHILD INFORMATION

Child (First, Middle and Last Name) _____ Date of Birth _____ Place of Birth (City & State) _____

Social Security Number _____ Race _____ Sex _____

Current State of Residence _____ State of Residence past six months _____

Were the mother and father of this child legally married to each other when the mother became pregnant or at the time of birth?
 Yes No If yes, Date of Marriage _____ (provide copy of Marriage License) Date of Separation: _____

Date of Divorce (provide copy of Divorce Decree): _____

If no, is father's name on the Birth Certificate? Yes No If yes, provide copy.

If no, has the biological father signed an Acknowledgment of Paternity? Yes No If yes, provide copy.

Does paternity need to be established? Yes No If yes, an Affidavit in Support of Establishing Paternity must be completed.

Explain any extraordinary medical expenses relating to the child. _____

Is there a court order for child and/or medical support for the child? Yes No If yes, provide copy and complete the following:

Date of Order _____ Amount \$ _____ Issuing court: _____

Have charges of nonsupport been filed? Yes No If yes, where? _____

When was the last time support was paid? _____

2. CHILD INFORMATION

Child (First, Middle and Last Name) _____ Date of Birth _____ Place of Birth (City & State) _____

Social Security Number _____ Race _____ Sex _____

Current State of Residence _____ State of Residence past six months _____

Were the mother and father of this child legally married to each other when the mother became pregnant or at the time of birth?
 Yes No If yes, Date of Marriage _____ (provide copy of Marriage License) Date of Separation: _____

Date of Divorce (provide copy of Divorce Decree): _____

If no, is father's name on the Birth Certificate? Yes No If yes, provide copy.

If no, has the biological father signed an Acknowledgment of Paternity? Yes No If yes, provide copy.

Does paternity need to be established? Yes No If yes, an Affidavit in Support of Establishing Paternity must be completed.

Explain any extraordinary medical expenses relating to the child. _____

Is there a court order for child and/or medical support for the child? Yes No If yes, provide copy and complete the following:

Date of Order _____ Amount \$ _____ Issuing court: _____

Have charges of nonsupport been filed? Yes No If yes, where? _____

When was the last time support was paid? _____

3. CHILD INFORMATION

Child (First, Middle and Last Name) _____ Date of Birth _____ Place of Birth (City & State) _____

Social Security Number _____ Race _____ Sex _____

Current State of Residence _____ State of Residence past six months _____

Were the mother and father of this child legally married to each other when the mother became pregnant or at the time of birth?
 Yes No If yes, Date of Marriage _____ (provide copy of Marriage License) Date of Separation: _____

Date of Divorce (provide copy of Divorce Decree): _____

If no, is father's name on the Birth Certificate? Yes No If yes, provide copy.

If no, has the biological father signed an Acknowledgment of Paternity? Yes No If yes, provide copy.

Does paternity need to be established? Yes No If yes, an Affidavit in Support of Establishing Paternity must be completed.

Explain any extraordinary medical expenses relating to the child. _____

Is there a court order for child and/or medical support for the child? Yes No If yes, provide copy and complete the following:

Date of Order _____ Amount \$ _____ Issuing court: _____

Have charges of nonsupport been filed? Yes No If yes, where? _____

When was the last time support was paid? _____

4. CHILD INFORMATION

Child (First, Middle and Last Name) _____ Date of Birth _____ Place of Birth (City & State) _____

Social Security Number _____ Race _____ Sex _____

Current State of Residence _____ State of Residence past six months _____

Were the mother and father of this child legally married to each other when the mother became pregnant or at the time of birth?
 Yes No If yes, Date of Marriage _____ (provide copy of Marriage License) Date of Separation: _____

Date of Divorce (provide copy of Divorce Decree): _____

If no, is father's name on the Birth Certificate? Yes No If yes, provide copy.

If no, has the biological father signed an Acknowledgment of Paternity? Yes No If yes, provide copy.

Does paternity need to be established? Yes No If yes, an Affidavit in Support of Establishing Paternity must be completed.

Explain any extraordinary medical expenses relating to the child. _____

Is there a court order for child and/or medical support for the child? Yes No If yes, provide copy and complete the following:

Date of Order _____ Amount \$ _____ Issuing court: _____

Have charges of nonsupport been filed? Yes No If yes, where? _____

When was the last time support was paid? _____

YOUR RIGHTS AND RESPONSIBILITIES

I understand the following conditions:

1. Support Enforcement Services has the authority to take whatever action is necessary to establish paternity and enforce a support obligation. Support Enforcement Services does not guarantee that efforts on my behalf will be successful.
2. If I do not cooperate with Support Enforcement Services, my case may be closed after advance notice is provided. The information I provide may affect the relative priority assigned to my case and any change in priority will only result from additional information received by Support Enforcement Services. I must notify Support Enforcement Services if my street/mailling address should change; failure to do so could be considered as failure to cooperate and reason to close my case.
3. A nonrefundable fee of \$25.00 is charged for full service, unless I receive FITAP, KCSP, or Medicaid benefits. No action will be taken on my case until this fee is paid. A nonrefundable fee of \$10.00 is charged for parent locate only cases. An additional fee of \$4.00 is charged if I do not provide the noncustodial parent's social security number.
4. A \$25.00 annual fee will be imposed in each case where an individual has never received FITAP assistance and for whom the State has collected at least \$500.00 of support. CP's Initials: _____
5. I understand that it is mandatory that all recipients of child support payments receive payments via Direct Deposit or the Direct Payment Card. I acknowledge that I have been advised that fees will be associated with the Chase Direct Payment Card and I have been provided a [Direct Deposit Authorization form](#).
6. I must notify Support Enforcement Services of any direct support payments received from the noncustodial parent. I must also report if the child(ren) receiving services are no longer residing with me.
7. The state staff attorney, District Attorney, and/or private contract attorney providing services pursuant to this application:
 - a. Does not represent me in any actions that may occur.
 - b. Represents only the State and the State's interest.
 - c. Cannot give me any legal advice. I must contact my own attorney or the local legal services for legal advice.
8. Any information provided, orally, in writing, or in other form, is not protected by the attorney-client privilege and could be used by the State in a civil or criminal action against me. Whenever the interests of the Louisiana Department of Social Services conflict or are adverse to me, I should retain independent counsel to advise me of my rights. Any monies paid by me herein are not attorney fees.
9. Either party to a child support order may request a review of the child support order every three years to determine if the amount of support is consistent with the Louisiana child support award guidelines.
10. In accordance with Section 466(a)(13) of the Social Security Act [42 U.S.C. 666(a)(13)], disclosure of social security numbers is required. The information may be used for purposes of establishing paternity, modifying, and enforcing support obligations. Social security numbers may also be released for reasons directly connected to programs within the Department of Social Services.
11. Support Enforcement Services has authority to deposit and distribute all monies collected pursuant to this authorization in accordance with LA R.S. 46:236.1.1 through 236.1.10.
12. Support Enforcement Services does not calculate interest on delinquent child support payments. However, if an individual obtains a judgment for interest owed and requests enforcement on the delinquency, the judgment may be enforced.
13. **Support Enforcement Services may withhold up to 10% from future child support payments from all of my child support cases to correct an overpayment.** Yes No CP's Initials: _____
14. By applying for child support services, I understand that medical support services will be provided unless the child(ren) are covered under a medical insurance policy other than Medicaid.

Either party to a child support order may request a review of actions taken, or when there is evidence that an action should have been taken on a case. The purpose of the administrative review is to determine if the action or proposed action is appropriate and in compliance with all applicable federal and state laws and regulations. A request for an administrative review should be forwarded to the office that is handling the case.

If I believe that I have been discriminated against because of race, color, or national origin, it is my right to file a complaint either through my local Office of Family Support or directly to the State Office of Family Support, or to the federal government. If I wish to file such a complaint, I may secure the complaint form from my local Support Enforcement Services office.

I swear that I have read the above or that it has been read to me and certify that my answer to each question is true and correct. I understand that if I have given false information or answer to any material question herein, I may be subject to criminal and civil prosecution for knowingly giving such false information or answer.

Witnesses:

Signature of Applicant

Typed or Printed Name of Witness

Signature

Typed or Printed Name of Witness

Signature

Typed or Printed Name and Title & Notary ID No.

Signature

COLLATERALS/WITNESSES: (Friends/ relatives to verify your relationship with the father).

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Phone: _____

ANALYST'S COMMENTS

Section A

Section B

Section C

Section D

Agency Representative