



CABARRUS COUNTY

Department of Social Services

Dear Sir or Madame:

The following pages: an application for Child Support Services, a disclosure statement, a client questionnaire and our application rights and responsibilities form. Please fill out the application as completely and accurately as possible. When you have read, completed and signed all of these forms, please return them via mail (1303 S. Cannon Blvd, Kannapolis, NC 28083) or in person to our agency.

Once your completed application is received, you will be scheduled for an interview within 30 days after your case is opened*. Your appointment date, time and a list of items that you need to bring with you to the interview will be mailed to you approximately two weeks before your interview appointment date. If you cannot make that appointment, please call to reschedule prior to the appointment date.

*A **NONREFUNDABLE**, income based application fee of either \$ 25.00 or \$ 10.00 must be paid with cash (exact change only, please), a bank certified check or money order before your case can be opened. **WE DO NOT ACCEPT PERSONAL CHECKS.** Please mail or bring in your payment with your application if possible.

If you have any questions, please call: Customer Service at **1-800-992-5457.**

Thank you for inquiring about Child Support Services.

Revised 4-2011 apt

1303 S. Cannon Blvd • Kannapolis, North Carolina 28083 • State Courier#: 05-09-02 • 704.920.1400 • Fax 704.920.1401
www.cabarruscountv.us/Social

Striving to improve the quality of life in the community for all citizens.

APPLICATION FOR CHILD SUPPORT SERVICES

_____, SSN _____ hereby contract with the _____ County Child Support Enforcement Agency to provide appropriate child support services. This application constitutes the contract and its terms. I understand that the Child Support Agency determines which services are necessary for me. If any application fee is required, no services will begin until the fee is paid.

Applicant's Rights and Responsibilities

I understand and agree that:

- ◆ Any payments sent to me in error are my responsibility to repay.
- ◆ The agency will collect any payments sent to me in error. The agency collects **10%** of current support payments due to me and **ALL** money paid toward arrears due to me, until it is paid.
- ◆ The agency may use an attorney to establish or enforce my child support order. **The attorney represents the interests of the agency and no attorney-client relationship exists between the attorney and me.** The attorney cannot handle any other legal matter such as custody or visitation.
- ◆ I have the right to request that my support order be reviewed for a possible adjustment every **three** years or an earlier date if there is a significant change in circumstances.

Tax Refund Intercept

Federal law requires that the agency intercept tax refunds to pay off past due child support.

I understand and agree that:

- ◆ If the noncustodial parent owes past due support that meets the rules for tax intercept, the agency notifies the Internal Revenue Service and the N.C. Department of Revenue to withhold up to that amount from the noncustodial parent's tax refund.
- ◆ Past due support owed to the State may be paid before I receive any past due support.
- ◆ A processing fee may be charged. The fee is deducted from the tax refund.
- ◆ If the refund is intercepted from a joint return, the agency must determine if I can receive any of the money. This process may take up to six months.
- ◆ The IRS may adjust the amount of the refund for up to six years. This may require that I return a portion of the refund previously sent to me.

Use of Social Security Number:

Federal regulations at 42 USC 666 (a)(13) require the mandatory disclosure of your SSN. The number will only be used for the purpose of establishing paternity and establishing, modifying, and enforcing the support obligation.

I have received Program information describing services, fees, rights and responsibilities, collection policies and distribution procedures. I am returning all completed supplemental information with this application.

Applicant Signature

Date

For Office Use Only

_____ IVD Number

Locate Only

Child Support

Medical Support

**APPLICATION SUPPLEMENTAL DATA
CHILD SUPPORT ENFORCEMENT
PART ONE: APPLICANT**

Please complete the following information about yourself, each noncustodial parent and child for whom you wish to receive our services. The more information that you can tell us, the better we will be able to serve you. If you need assistance in completing this information, please contact your local child support enforcement office. **Please notify us immediately if you have a change of address. We can only send support to you if we have a current mailing address.**

APPLICANT INFORMATION

Your Name

First _____ Middle _____ Last _____ Suffix _____ (e.g. Jr.)

Maiden Name(if appropriate) _____ Other names used currently, or in the past: _____

Date of Birth _____ **Race** _____ **Sex** _____ **Social Security Number** _____

Mailing Address:

Street _____

City _____ County _____ State _____ Zip Code _____

Home Address (if different from mailing address):

Street _____

City _____ County _____ State _____ Zip Code _____

Home Phone: _____ **Work Phone** _____ **May we contact you at work?** Yes No

Cell Phone: _____

APPLICANT INCOME INFORMATION

Employer's Name and address:

Employer's Phone: _____

Income

List all sources in monthly gross amounts

<u>Amount</u>	<u>Source</u>
\$ _____	_____
_____	_____
_____	_____
\$ _____ Total	

Federal Benefits? Yes No If yes, check all that apply:
 Social Security VA RR Retirement Civil Service
 Postal Military Retirement Other _____

Unemployment? Yes No
Other Income: Please list source and amount:

LIST THE NAME(S) OF THE NONCUSTODIAL PARENT(S) FROM WHOM YOU NEED SUPPORT.

1. _____ 2. _____
3. _____ 4. _____

I certify that all of the information supplied by me is true and correct to the best of my knowledge and belief.

Applicant's Signature and Date

CHILD SUPPORT APPLICATION SUPPLEMENTAL DATA
PART TWO: CHILD(REN)

Complete the following information for each child.

CHILD(REN) INFORMATION	
Child's Name	Child's Noncustodial Parent _____
First _____ Middle _____ Last _____	Suffix _____ (e.g. Jr.)
Date of Birth _____	Race _____ Sex _____ Social Security Number _____
Relationship to you: <input type="checkbox"/> Child <input type="checkbox"/> Other (specify) _____	
Birthplace: _____	
City	County
State	
Where was child conceived? City _____ State _____ Child born out of wedlock? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Father named on child's birth certificate:	
First _____	Middle _____ Last _____
Is father named on birth certificate the biological father? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has paternity been legally established? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state when , where and how below:	
When? _____	Where? _____
How? (Check one) <input type="checkbox"/> By marriage <input type="checkbox"/> In court <input type="checkbox"/> Voluntary Acknowledgment	
Did father sign Affidavit of Parentage at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No Have paternity/genetic tests been performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has father verbally acknowledged paternity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to whom? _____	
Does this child receive SSI or SSA? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CHILD(REN) INFORMATION	
Child's Name	Child's Noncustodial Parent _____
First _____ Middle _____ Last _____	Suffix _____ (e.g. Jr.)
Date of Birth _____	Race _____ Sex _____ Social Security Number _____
Relationship to you: <input type="checkbox"/> Child <input type="checkbox"/> Other (specify) _____	
Birthplace: _____	
City	County
State	
Where was child conceived? City _____ State _____ Child born out of wedlock? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Father named on child's birth certificate:	
First _____	Middle _____ Last _____
Is father named on birth certificate the biological father? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has paternity been legally established? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state when , where and how below:	
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Has father verbally acknowledged paternity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to whom? _____	
Does this child receive SSI or SSA? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**CHILD SUPPORT APPLICATION SUPPLEMENTAL DATA
PART THREE: NONCUSTODIAL PARENT**

NONCUSTODIAL PARENT INFORMATION	
Noncustodial Parent's Name	
First _____ Middle _____ Last _____ Suffix _____ (e.g. Jr.)	
Maiden Name (if appropriate) _____ Alias/nickname/other names used: _____	
Date of Birth _____ Race _____ Sex _____ Social Security Number _____ (or age, if DOB is unknown)	
Relationship to you: <input type="checkbox"/> Spouse <input type="checkbox"/> Former Spouse <input type="checkbox"/> None <input type="checkbox"/> Other (specify) _____	
Marriage Date: _____ Separation/Divorce Date: _____	
Mailing Address: Is this address <input type="checkbox"/> Current or <input type="checkbox"/> Last Known? (Check one) Home Phone: _____	
Cell Phone: _____	
Street _____	
City _____ County _____ State _____ Zip Code _____	
Home Address (if different from mailing address): Is this address <input type="checkbox"/> Current or <input type="checkbox"/> Last Known? (Check one)	
Street _____	
City _____ County _____ State _____ Zip Code _____	
Birthplace: City _____ County _____ State _____	
Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Identifying Marks: _____	
Driver License Number: _____ State: _____	
Vehicle Make/Model/Year: _____ License Plate: Number and State: _____	
Usual Occupation: _____	
Father's name: _____ Address: _____	
Mother's name: (including maiden name) _____ Address: _____	
Most Recent Spouse's Name (other than yourself): _____	
Marriage Date: _____ Separation/Divorce Date: _____	

NONCUSTODIAL PARENT INCOME INFORMATION															
Employer's name and address: <input type="checkbox"/> Current or <input type="checkbox"/> Last Known (Check one) _____ _____ _____ Employer's Phone: _____	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center; padding: 5px;">Income</th> </tr> <tr> <th colspan="2" style="text-align: center; padding: 5px;">List all sources in monthly gross amounts</th> </tr> <tr> <th style="text-align: center; padding: 5px;"><u>Amount</u></th> <th style="text-align: center; padding: 5px;"><u>Source</u></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">\$ _____</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">\$ _____</td> <td style="padding: 5px; text-align: right;">Total</td> </tr> </tbody> </table>	Income		List all sources in monthly gross amounts		<u>Amount</u>	<u>Source</u>	\$ _____	_____	_____	_____	_____	_____	\$ _____	Total
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\$ _____	_____														
_____	_____														
_____	_____														
\$ _____	Total														
Is noncustodial parent self employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Has noncustodial parent ever been employed by a Federal Government Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of agency _____															
Federal Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply: <input type="checkbox"/> Social Security <input type="checkbox"/> Postal <input type="checkbox"/> VA <input type="checkbox"/> RR Retirement <input type="checkbox"/> Civil Service <input type="checkbox"/> Military <input type="checkbox"/> Retirement <input type="checkbox"/> Other _____															
Unemployment? <input type="checkbox"/> Yes <input type="checkbox"/> No Other Income: Please list source and amount: _____															

PART FOUR: NONCUSTODIAL PARENT (CONT.)
NONCUSTODIAL PARENT MILITARY AND ARREST RECORD

Military Service? Yes No If yes, what branch? _____ **Rank** _____

Active Duty Reserve Retired Separated AWOL Unknown

Last known duty station _____ Service Start Date _____ Service End Date _____

Currently in prison/jail? Yes No

Prison/Jail Name: _____

Prior Arrest Record: Yes No If yes, when and where? _____

Offense _____ **Convicted?** Yes No Conviction Type Felony Misdemeanor Date _____

Is noncustodial parent currently on parole/probation? Yes No If yes, where? _____

Name of Parole/Probation Officer: _____

PART FIVE: SUPPORT ORDER INFORMATION

Do you get support? Yes No If yes, do you have a Court Order or Voluntary Agreement to support? (check one)

Please attach a copy of your court order or agreement to support.

Type(s) of Support Child Support Medical Support Spousal/Alimony Support (check all that apply)

How is support paid? (Check one) Centralized Collections Direct to you To _____
 (landlord, daycare center, etc.)

Court docket number _____ **Order Effective Date** _____ **County** _____ **State** _____

Amount Ordered \$ _____ per _____ Amount of past due support \$ _____

Children included in the order agreement _____

Use this space to tell us any additional information that you think will help us get support for you.

CABARRUS COUNTY CHILD SUPPORT CLIENT QUESTIONNAIRE

DATE: _____

CLIENT NAME: _____

1) MARK THE SERVICES YOU ARE REQUESTING

_____ CURRENT SUPPORT

_____ MEDICAL INSURANCE

_____ PRIOR MAINTENANCE (BACK SUPPORT)
Note: Receipts are required for Prior Maintenance

2) DAY CARE / CHILDCARE

_____ DO YOU HAVE DAY CARE / CHILD CARE EXPENSES ?
IF YOU ANSWERED "YES", WHAT IS THE NAME OF YOUR PROVIDER
AND THE MONTHLY COST FOR EACH CHILD ?
Note: Receipts are required for verification

3) MEDICAL INSURANCE

_____ ARE THE CHILDREN COVERED BY PRIVATE MEDICAL INSURANCE THAT IS NOT
MEDICAID OR MEDICAID HEALTH CHOICE ?

_____ IF YOU ANSWERED "YES" ABOVE, WHO CURRENTLY PROVIDES THE MEDICAL
INSURANCE FOR THE CHILD(REN) ?

4) RESPONSIBILITY FOR OTHER NATURAL CHILDREN

_____ ARE YOU RESPONSIBLE FOR ANY OTHER BIOLOGICAL CHILDREN UNDER 18
YEARS OF AGE (AND IN SCHOOL) IN YOUR HOME ?

LIST THEIR NAMES AND AGES:

_____ DOES THE OTHER PARENT LIVE WITH YOU IN YOUR HOME ?

_____ IF YOU ANSWERED "YES" ABOVE, WHAT IS THEIR MONTHLY GROSS INCOME ?

_____ DOES THE OTHER PARENT HAVE ANY OTHER BIOLOGICAL CHILDREN ?
LIST THEIR NAMES AND AGES:

