PLEASE RETURN COMPLETED APPLICATION TO:

CHILD SUPPORT ENFORCEMENT
1020 RUBY VISTA DR SUITE 101
ELKO NV 89801

PLEASE INCLUDE BIRTH CERTIFICATES, COURT ORDERS, OR ANY DOCUMENTS THAT MAY APPLY TO YOUR CASE.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT OUR OFFICE AT:
1-800-229-4188

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

STATE OF NEVADA
CHILD SUPPORT ENFORCEMENT
1020 RUBY VISTA DRIVE, STE 101
ELKO, NV 89801 fax 775-753-1228
PH 775-738-1187, Option 2

DIVISION OF WELFARE AND SUPPORTIVE SERVICES

APPLICATION FOR CHILD SUPPORT SERVICES

CASE NUMBER: _____

PLEASE CAREFULLY READ THE FOLLOWING INFORMATION.

Child Support Enforcement (CSE) Program Services:

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

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:
Employer Name & Address (City, State, & Zip Code)			Job Title
Are you: ☐ Single ☐ Married ☐ Divorced ☐ Living with a boyfriend or girlfriend			
What is **your** relationship to the children? (Mother, father, grandparent, etc.) Date children began living with you (month/year)?			

MEDICAL/HEALTH INSURANCE INFORMATION:

Do you and the children have satisfactory medical/health insurance (not Medicaid)? ☐ Yes ☐ No Monthly cost?	
Is medical/health insurance available with your employer? ☐ Yes ☐ No Monthly cost?	**Please attach a copy of your medical/health insurance card.**

PUBLIC ASSISTANCE (DIVISION OF WELFARE AND SUPPORTIVE SERVICES) INFORMATION:

Did you apply for TANF cash assistance? ☐ No If Yes, where? (City, State) When? (Month/Year)
Have you or the children received TANF cash assistance in the past? ☐ Yes ☐ No If Yes, where? (City, State) What year(s)?

CHILDREN INFORMATION:

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: ☐ Never 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	

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: ☐ Never 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?
Social Security No.	Birth Place: Birth Date:	Race	How long has child lived in Nevada?
Child's Parents: ☐ Never 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?
Social Security No.	Birth Place: Birth Date:	Race	How long has child lived in Nevada?
Child's Parents: ☐ Never 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?
Social Security No.	Birth Place: Birth Date:	Race	How long has child lived in Nevada?
Child's Parents: ☐ Never 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	

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

Name (Last, First, Middle)		Other Names Used:	
Resident Address (City, County, State & Zip Code)			☐ Current Address ☐ Last Known Address ☐ Relative's Address
Mailing Address (If different than above)			☐ Current Address ☐ 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 or tattoos:			
Is the parent: ☐ Mother ☐ Father Is the parent: ☐ Single ☐ Married ☐ Divorced ☐ Living with a boyfriend or girlfriend			
Has the parent been in jail or prison? ☐ Yes ☐ No If Yes, where? (City, State) When?			
At any time was the mother married to this non-custodial parent? ☐ Yes ☐ No	Date of Marriage	Date of Divorce	
Was the mother married to someone else? ☐ Yes ☐ No		Are there other possible fathers? ☐ Yes ☐ No	
Existing Child Support Order? ☐ Yes ☐ No If Yes, from what City, State? **Attach a copy**			
Last support payment date: ☐ direct to you ☐ from another child support office; City, State:			

EMPLOYMENT/INCOME INFORMATION:

Employer Name & Address (City, State) ☐ Current Employer ☐ Former Employer	Type of work:
Union Member ☐ Yes ☐ No If Yes, what union? Union Address (City, State) and phone no.:	Local #:
Military Service ☐ Yes ☐ No If Yes, what branch? ☐ Army ☐ Navy ☐ Air Force ☐ Marines ☐ Coast Guard ☐ Reserves	
Other Income: ☐ Unemployment ☐ Worker's Compensation ☐ Social Security ☐ Retirement ☐ Self-employed	

MEDICAL/HEALTH INSURANCE INFORMATION:

Does the parent have medical/health insurance for the children? ☐ Yes ☐ No Are the children covered? ☐ Yes ☐ No	
Name & address of insurance company (City, State)	
Policy No.	Group No.

RESOURCE INFORMATION:

Vehicles (car, boat, trailer, RV, etc.)? Make: Model: Year: License #: State:
Property Owned (home, land, buildings, etc.)? Address/Location (City, State):
Bank Accounts (Checking, Savings, CD, IRA, Retirement, etc.)? Location (Bank name, City, State)

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)

_____ _____
Signature of Applicant Date

Case Name: _____ Case Number: _____

DOMESTIC OR FAMILY VIOLENCE STATEMENT

I believe the release of my and/or the child(ren)'s address and/or other identifying information would unreasonably put me and/or the child(ren)'s health, safety, or liberty at risk.

☐ NO

☐ YES. Explain fully and attach filed copies of all relevant court orders and other documentation.

_____

_____

_____

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_____

_____

(If additional space is needed, continue on a separate sheet of paper.)

Disclosure of Information:

Any information contained in this application can be used in other cases in which you are involved, such as a change in child custody where you become a noncustodial parent. Information contained in CSE program cases is not given to anyone not directly involved in the administration of the program.

If the CSE program requests assistance of another state, the Uniform Interstate Family Support Act of 1996 (UIFSA) requires personal identifying information be provided to that state about you and the children in your custody, such as resident address. Nevada law provides protection for you and the children in your custody if there is serious risk of family violence or child abduction. A court can order personal identifying information not be given if the health, safety or liberty of you or the children in your custody would be at risk.

Declaration:

I declare under penalty of perjury that the information I have provided on this statement is true and correct.

_____ _____

Name of Applicant (Please Print) Signature of Applicant Date