



APPLICATION FOR INDIANA TITLE IV-D CHILD SUPPORT SERVICES

State Form 34882 (R16 / 4-19) / CSB 425A

INSTRUCTIONS:

1. Complete this form by providing the requested information.
2. Take or mail the signed form to your County Prosecutor's Title IV-D Child Support Office.

NOTICE TO APPLICANT

Custodial parties and non-custodial parents may apply for child support services. There is no application fee or residency requirement.

Child Support Services are provided by the Child Support Bureau through County Prosecutors' Title IV-D Child Support Offices. Services include:

- Parent locate services,
- Establishment of paternity,
- Establishment, modification, and/or enforcement of child support obligations, and
- Establishment, modification, and/or enforcement of medical support for dependent children.

Information provided in this application is confidential and is protected to prevent unauthorized disclosure.

APPLICANT INFORMATION

Last name		First name		Middle name	Suffix (<i>Jr., III, etc.</i>)
Other names used		Relationship to dependents on this application (<i>mother, father, guardian, other</i>)		Do you have primary physical custody of dependents on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of birth (<i>month, day, year</i>)	Gender	Race	Social Security Number / ITIN		
Home address (<i>Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code</i>)					
Mailing address, if different from address above (<i>Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code</i>)					
Telephone number (<i>cellular</i>) () ()	Telephone number (<i>home</i>) () ()	Telephone number (<i>work</i>) () ()	E-mail address		
Do you need special assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>If yes, complete next box.</i>)		Specify assistance needed here (<i>i.e., physical, hearing impaired, language interpreter, other</i>)			
Do you believe that pursuing child support services may result in physical or emotional harm to you or your child(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>If yes, additional documentation may be requested by your case worker.</i>)					
Do either of the following apply? <input type="checkbox"/> Active Military Duty <input type="checkbox"/> Currently Incarcerated		Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>If yes, complete the next two boxes.</i>)		Name of employer	
Address of employer (<i>Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code</i>)					
Marital status of applicant to other parent <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Divorce pending <input type="checkbox"/> Divorced <input type="checkbox"/> Legally separated <input type="checkbox"/> Separated					
Do you have a private attorney handling paternity and/or support matters for dependents listed in this application? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>If yes, complete next box.</i>)				Name of attorney (<i>full name</i>)	
Are you applying for services for an unborn child? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>If yes, complete next box.</i>)				Due date (<i>month, day, year</i>)	

DEPENDENT #1 INFORMATION

Last name		First name		Middle name	Suffix (<i>Jr., III, etc.</i>)
Date of birth (<i>month, day, year</i>)	Place of birth (<i>City and State</i>)	Gender	Race	Social Security Number / ITIN	
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (<i>If yes, then complete the next two boxes.</i>)		How was paternity established? <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit (<i>If by court order, complete the next box.</i>)		Where was paternity established? (<i>County and state</i>)	
Is there a court ordered child support obligation for this dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (<i>If yes, complete the next box.</i>)		Where was child support ordered? (<i>County and state</i>)		Enrolled in Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	

DEPENDENT #2 INFORMATION

Last name		First name		Middle name	Suffix (<i>Jr., III, etc.</i>)
Date of birth (<i>month, day, year</i>)	Place of birth (<i>City and State</i>)	Gender	Race	Social Security Number / ITIN	
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (<i>If yes, then complete the next two boxes.</i>)		How was paternity established? <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit (<i>If by court order, complete the next box.</i>)		Where was paternity established? (<i>County and state</i>)	
Is there a court ordered child support obligation for this dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (<i>If yes, complete the next box.</i>)		Where was child support ordered? (<i>County and state</i>)		Enrolled in Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	

DEPENDENT #3 INFORMATION

(Attach separate page with information requested below for all additional dependents.)

Last name		First name		Middle name		Suffix (<i>Jr., III, etc.</i>)	
Date of birth (<i>month, day, year</i>)		Place of birth (<i>City and State</i>)		Gender		Race	
Social Security Number / ITIN		Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, then complete the next two boxes.)</i>		How was paternity established? <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit <i>(If by court order, complete the next box.)</i>		Where was paternity established? (<i>County and state</i>)	
Is there a court ordered child support obligation for this dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, complete the next box.)</i>		Where was child support ordered? (<i>County and state</i>)		Enrolled in Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No			

OTHER PARENT INFORMATION

(Attach separate page with information requested below for all additional parents, or additional potential parents if paternity has not been established.)

Last name		First name		Middle name		Suffix (<i>Jr., III, etc.</i>)	
Other names used		Relationship to dependents on this application <i>(mother, father, potential father, guardian, other)</i>		Does this parent have primary physical custody of dependents on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of birth (<i>month, day, year</i>)		Gender		Race		Social Security Number / ITIN	
Height	Weight	Hair Color		Other distinguishing characteristics (<i>eye color, tattoos, etc.</i>)			
Home address (<i>Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code</i>)							
Mailing address, if different from address above (<i>Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code</i>)							
Telephone number (<i>cellular</i>) ()		Telephone number (<i>home</i>) ()		Telephone number (<i>work</i>) ()		E-mail address	
Does this parent need special assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete next box.)</i>		Specify assistance needed here (<i>physical, hearing impaired, language interpreter, other</i>)					
Do either of the following apply? <input type="checkbox"/> Active Military Duty <input type="checkbox"/> Currently Incarcerated		Current or last known employer		Employer telephone number ()			
Address of employer (<i>Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code</i>)							
Does this parent have a private attorney handling paternity and/or support matters for dependents listed in this application? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete next box.)</i>				Name of attorney (<i>full name</i>)			

APPLICANT'S AFFIRMATION AND AGREEMENT

- I hereby swear and affirm under the penalties of perjury that the information contained in this application is true and correct to the best of my knowledge. Providing false information could result in perjury charges being filed against me.
- I understand that child support services DO NOT include establishment or enforcement of parenting time or parenting time credits, the assignment of the right to claim a child as a dependent for federal or state tax purposes, nor any matters other than those associated with establishment of paternity (if needed) and the financial support of dependent children.
- I am advised that attorneys and staff at the Child Support Bureau and County Prosecutor's IV-D Child Support Office providing these child support services represent the State of Indiana and do not represent the applicant or any other person or entity. Communications between the applicant or other participants and the Child Support Bureau or County Prosecutor's IV-D Child Support Office are not confidential communications protected by the attorney/client privilege under IC 34-46-3-1.
- I understand that I must cooperate with the County Prosecutor's IV-D Child Support Office in order for my case to be processed, and non-cooperation can result in termination of child support services. I further understand that this application for services does not guarantee successful action on the case but rather that all reasonable attempts will be made to obtain successful results.
- I understand that I may terminate services by notifying the County Prosecutor's IV-D Child Support Office handling my case in writing that services are no longer desired. Services may only be terminated in accordance with 45 C.F.R. 303.11. Termination of IV-D child support services does not modify or terminate existing child support orders.
- I authorize the Indiana State Central Collection Unit (INSCCU) to endorse and negotiate any checks received by INSCCU for payment of support on my child support case.

Printed name of parent/guardian (<i>if applicant is an unemancipated minor</i>)		Signature of parent/guardian (<i>if applicant is an unemancipated minor</i>) X_____	
Printed name of applicant		I agree that if I am overpaid, the state may recoup the amount of the overpayment from future child support payments owed to me. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of applicant X_____		Date signed (<i>month, day, year</i>)	