DEPARTMENT OF CHILDREN AND FAMILIES
Division of Family and Economic Security
Bureau of Child Support

Wisconsin Statutes: §49.22
Federal Regulations: 45 CFR 302.33

Parent Application for Child Support Services

Complete all requested information on the pages below. Information provided on this form (including any attachments) may only be shared with others for the purpose(s) of the administration of the child support program and other related programs [Wis. Statutes, § 49.83].

The provision of your social security number or ITTN is mandatory under Section 466(a)(42U.S.C.666(a)). Your social security number/ITTN will be used for identification purposes. If you do not provide your social security number/ITTN, your application will be denied.

Note: If you are the guardian, please fill out the *Guardian Application for Child Support Services* form.

Filling out this form:

- Please include as much information as possible.
- If you do not know or are uncertain of some of the information, you may leave that part blank.
- The more information your worker knows about your case, the better job he or she can do for you.
- If you have any questions about this form, please talk with your child support agency.
- If you have a copy of the child's birth certificate (or the document that established paternity), a copy of the court order, or a placement/visitation schedule, please attach those to this application.

Date Stamp
(for office use only)

Fee Paid $ _____ **Rept. #** _____

LANGUAGE ASSISTANCE You have the right to an interpreter at no cost to you.

☐ Yes ☐ No Do you need an interpreter?

Language required for interpreter

PRIVACY PROTECTION

☐ Yes ☐ No Do you have any concerns for your safety or your family's safety by filling out this application for child support services?

- If Yes, please complete the remainder of the Privacy Protection section
- If No, Skip to the Services section

We understand that filling out an application for child support services can be difficult, especially if you have concerns about your safety. If you would like to continue with child support services, check one of the boxes below and you will be granted Privacy Protection. Privacy Protection prevents the CSA from releasing your address, phone number, employer, or other location information that would put you or your children at risk of harm.

☐ A protective order has been filed or entered against / in

Name	County

☐ I believe that the release of identifying information may result in physical or emotional harm to my child(ren) or me.

Name of person I need protection against

☐ I am participating in the Safe at Home/Address Confidentiality Program in the State of

State

SERVICES

☐ Yes ☐ No Are you applying for services for an unborn child? If yes, provide the due date.

Due Date

Services Requested (**check one**)

Full Services

☐ Child Support Services

Check this box if you would like full **case management services,** which include locating an absent parent, establishing court orders, establishing paternity, and enforcement of child support orders. For more information, please see https://dcf.wisconsin.gov/cs/overview. While a custody and placement order may be established as a part of your case, that service is not directly provided by the child support agency. Child support services also do not include enforcement of maintenance-only (alimony) orders.

Limited Services

☐ Paternity Only (legal fatherhood)

Check this box if you would only like services to locate a potential father (if applicable), establish paternity and update the child's WI birth record with the legal father's name. This type of case will be closed upon establishment of paternity. **Paternity-only services do not include custody and placement.** If you decide you would like additional services at a later date (e.g. establishment and enforcement of an order), you will need to submit a new application at that time. If you or the other parent are receiving public assistance, the child support agency (CSA) may still open a full-service case involving custody, placement, child support, and/or other orders as appropriate. Additionally, if the other parent requests full services, the case will automatically receive full services.

☐ Only Locate (a parent) – **$25 fee due**

Check this box if you only want help locating the other parent, and don't want other case management services. Location is not guaranteed. See Applications for Parent Locate-Only Services at https://dcf.wisconsin.gov/cs/apply for more information.

SECTION 1 – Information about YOU, the parent applying for services

1. Name of parent applying for services (last, first, middle, suffix, e.g., Jr.)

Maiden name or alias (if any)	Relationship to child(ren)
☐ Yes ☐ No Are both parents' names on the child's birth certificate?	
Date of birth / Social Security Number/ITIN	☐ Male ☐ Female

2. Place of birth

City	State
County	Country

3. Check services you are receiving or have received in the past

☐ Yes ☐ No Child Support Services
☐ Yes ☐ No Kinship Care
☐ Yes ☐ No W-2, including child care
☐ Yes ☐ No Other (please list)

State(s) providing these services

Dates services received

4. Contact information. Check a box to indicate your preferred contact number

☐ Home phone number	☐ Cell phone number
☐ Work phone number	Work hours
☐ Yes ☐ No Can you accept text messages?	

SECTION 1 – Information about YOU, the parent applying for services (Continued)

5. Primary email address | Secondary email address

6. Mailing address (Street or PO Box, City, State, Zip Code)

7. Home address (if different from above)

8 Job Information

Employer name	Telephone number
Address	Fax number
Job title	Start date

☐ Yes ☐ No Do you hold an occupational / professional license? | If Yes, what type?

☐ Yes ☐ No Is health insurance available? | ☐ Yes ☐ No If Yes, are the children covered?

If Yes, what is your out-of-pocket cost per ☐ week ☐ month?
$

How often are you paid?
☐ weekly ☐ bi-weekly ☐ monthly | What is your gross income per payday?
$

9. ☐ Yes ☐ No Are you, or have you been, a member of the Armed Forces?

If Yes, what is your status?
☐ Active ☐ Retired | If Yes, what branch?

Start of service | End of service | ☐ Yes ☐ No Are you receiving Veterans Benefits?

10. Race / ethnicity. This information nis for federal reporting purposes only and is voluntary

Race
☐ Asian
☐ Black/African American
☐ Caucasian/White
☐ Native American/Alaskan Native
☐ Native Hawaiian/Other Pacific Islander
☐ Other (Please list all others)

Ethnicity
☐ Hispanic/Latino

11 ☐ Yes ☐ No Are you, the other parent, or the child an enrolled member of a Wisconsin tribe?

If Yes, which tribe?

12. ☐ Yes ☐ No Do you have a disability?

If Yes, describe

☐ Yes ☐ No Does the other parent have a disability?

If Yes, describe

13. **IMPORTANT** If a child is conceived or born during a marriage, **your spouse is the legal parent**. If you believe someone other than your spouse may be the natural parent, please provide the information about that person below.

Name

Date of birth | Social Security Number/ITIN

Street address, city, state, zip code

SECTION 2 – Information about the Other Parent

Information in this Section must be about the spouse of the marriage, legal parent, or potential father, not the person above.

14. Other parent's name (last, first, middle, suffix, e.g., Jr.)

Maiden name or alias (if any)

Date of birth	Social Security Number/ITIN	☐ Male ☐ Female

15. Place of birth

City	State
County	Country

16. Home phone number	Cell phone number	Work phone number	Work hours

17. Primary email address	Secondary email address

18. Mailing address (Street or PO Box, City, State, Zip Code)

19. Home address (if different from above)

20. ☐ Yes ☐ No Has the other parent ever lived in Wisconsin?

21. Job Information (add a comment if the parent is retired)

Employer name	Telephone number
Address	Fax number
Job title	Start date

☐ Yes ☐ No Does the other parent hold an occupational/professional license?	If Yes, what type?
☐ Yes ☐ No Is health insurance available?	☐ Yes ☐ No If Yes, are the children covered?

What is the out-of-pocket cost per ☐ week ☐ month?

$

How often is the other parent paid? ☐ weekly ☐ bi-weekly ☐ monthly	What is the other parent's gross income per payday? $

22. ☐ Yes ☐ No Is the other parent, or has the other parent been, a member of the Armed Forces?

If Yes, what is their status? ☐ Active ☐ Retired	If Yes, what branch?
Start of service	End of service
☐ Yes ☐ No Are they receiving Veterans Benefits?	☐ Yes ☐ No Are they receiving Social Security?

SECTION 2 – Information about the Other Parent (Continued)

23. Please provide the information below and any other information you believe may help find this person. Include all addresses where relatives may live, and type of income and assets this parent may have. Include any additional information on separate pages. **Please include a picture of this parent, if available.**

Distinguishing marks (tattoos/scars/birth marks)

Height	Weight	Race	Hair Color	Eye Color

☐ Yes ☐ No ☐ Don't know Has the other parent ever been arrested or convicted?

Date of arrest or conviction	City and State of arrest or conviction	Name of Parole/Probation Officer

Name of the other parent's mother (last, first, middle, maiden)

Name of the other parent's father (last, first, middle)

SECTION 3 – Information about the Children

These children must have the **same parents**– the parents must be the parents listed on this form in Section 1 and 2. If there are more than three (3) children, please provide the information about the children on additional pages. If there are children with other partners, please complete the information in Section 5.

24. Name of first child (last, first, middle, suffix, e.g., Jr.) | Date of birth

Social Security Number/ITIN	☐ Male ☐ Female	Race (optional)

☐ Yes ☐ No ☐ Don't know Are both parents' names on the birth certificate?

City of birth	County of birth	State of birth	Country of birth

☐ Yes ☐ No Does the child receive Social Security Benefits?	If yes, what is the monthly amount? $
☐ Yes ☐ No Is this child now in high school?	If yes, when are they scheduled to graduate? Month: Year:

Name of school

Address of school (street, city, state, zip code)

☐ Yes ☐ No Does this child live with you? If no, provide the name and relationship of the person with whom the child lives.

Name	Relationship to the child

Who has **legal custody** of this child?

☐ Me (sole custody)
☐ Other Parent (sole custody)
☐ Both Parents (joint custody)
☐ Not yet decided by the court
☐ Other Person (provide name and relationship):

Name Relationship to the child

SECTION 3 – Information about the Children (Continued)

25. Name of second child (last, first, middle, suffix, e.g., Jr.) | Date of birth

Social Security Number/ITIN | ☐ Male ☐ Female | Race (optional)

☐ Yes ☐ No ☐ Don't know Are both parents' names on the birth certificate?

City of birth | County of birth | State of birth | Country of birth

☐ Yes ☐ No Does the child receive Social Security Benefits? | If yes, what is the monthly amount? $

☐ Yes ☐ No Is this child now in high school? | If yes, when are they scheduled to graduate? Month: Year:

Name of school

Address of school (street, city, state, zip code)

☐ Yes ☐ No Does this child live with you? If no, provide name and relationship of the person the child lives with.

Name | Relationship to the child

Who has **legal custody** of this child?

☐ Me (sole custody) ☐ Other Parent (sole custody)
☐ Both Parents (joint custody) ☐ Not yet decided by the court
☐ Other Person (provide name and relationship):

Name | Relationship to the child

26. Name of third child (last, first, middle, suffix, e.g., Jr.) | Date of birth

Social Security Number/ITIN | ☐ Male ☐ Female | Race (optional)

☐ Yes ☐ No ☐ Don't know Are both parents' names on the birth certificate?

City of birth | County of birth | State of birth | Country of birth

☐ Yes ☐ No Does the child receive Social Security Benefits? | If yes, what is the monthly amount? $

☐ Yes ☐ No Is this child now in high school? | If yes, when are they scheduled to graduate? Month: Year:

Name of school

Address of school (street, city, state, zip code)

☐ Yes ☐ No Does this child live with you? If no, provide the name and relationship of the person with whom the child lives.

Name | Relationship to the child

Who has **legal custody** of this child?

☐ Me (sole custody) ☐ Other Parent (sole custody)
☐ Both Parents (joint custody) ☐ Not yet decided by the court
☐ Other Person (provide name and relationship):

Name | Relationship to the child

SECTION 4 - Current Legal Status—Attach copies of any Letters of Guardianship, Court Orders, Judgments, Decrees, or Stipulations

27. What is the **current** relationship between you and the other parent (in Section 2)?

☐ Married ☐ Divorced ☐ Never Married
☐ Separated ☐ Annulled

Provide date and city, county, state of marriage, legal separation, divorce and/or annulment and court case number

Date	City, County, State	Court Case Number (if applicable)

28. If you have a Child Support Order for the child or children listed in Section 3, please provide the information below, including the court case number

County/State of Order and Court Case Number	Monthly Amount Ordered
	$
	$
	$

SECTION 5 – Information about Other Children

28. List any other child you or the other parent (in Section 2) have with another partner. If there are more than five (5) other children, please include the information about the other children on attached pages.

Name of child	Child's parent	Child's date of birth

Please read, sign, and date this page

Fee: If you have **never** received a cash benefit from W-2, AFDC, SSI Caretaker Supplement, or Kinship Care, you will be charged a $35 fee each year you receive $550 or more in support. The fee will be taken out of the support payment. This fee is charged on all cases whether or not you apply for services.

More information on fees associated with the child support program can be found here: https://dcf.wisconsin.gov/cs/fees.

Tax Intercept Information: I understand that the Wisconsin Child Support Program will submit any certifiable past-due child support debts to the tax/lottery intercept programs.

I understand that if I receive the other parent's intercepted tax refund money, which is later recalled by the federal Internal Revenue Service (IRS) or the state Department of Revenue (DOR), I must immediately return the money. Tax returns may be recalled for various reasons, including payor error on the tax return or fraudulent filers using a payor's identification in an attempt to collect a refund. If I cannot repay all the money at once, I will follow a payment plan until the amount is repaid in full. (If the tax refund money is recalled, you will receive a letter with information about how to return the money and how to set up a payment plan.)

If a tax intercept collection is at least $10, I understand that a fee of 10%, up to $25, will be deducted from the tax intercept collection.

Child Support Orders: I understand that a child support order where support is ordered as a percentage of the payor's income rather than a dollar amount cannot be enforced by the local child support agency.

If I am opening a new child support case or reopening a closed child support case with the child support agency and have a percentage order, I understand that the child support agency is not responsible for reconciling the order for the period before the date that this application is accepted.

The child support agency is required to change the percentage order into a dollar amount order. By submitting this application, I am agreeing to cooperate with the agency in changing the order.

Disclaimer: The State of Wisconsin will bring any necessary administrative or court actions to establish paternity (legal fatherhood), and to establish and enforce a support order. However, the **child support attorney does not represent you or either parent,** but rather represents the state's interest in enforcing support.

Information about rights and responsibilities of parents who receive child support services may be found at: https://dcf.wisconsin.gov/cs/parent-rights.

Overpayment: I understand that if I receive an overpayment (more support than I am due), the state may withhold part of future support payments, at a reasonable amount, until the overpaid amount is returned to the state.

More information about how child support payments are distributed can be found here: https://dcf.wisconsin.gov/cs/ncp/pay/hierarchy

I hereby request child support services under Title IV-D of the Social Security Act. I understand that I must cooperate with the child support agency by providing all requested information and by keeping my appointments with the agency or required by the court.

_____ _____

Signature Date

Please attach copies of any court orders, judgments, decrees, or stipulations involving child support. Any changes in this information should be sent, **in writing**, to the child support agency where you applied for services.

The Department of Children and Families is an equal opportunity employer and service provider. If you have a disability and need to access services, receive information in an alternate format, or need information translated to another language, please call the Child Support Program at 608-422-6250. Individuals who are **deaf, hard of hearing, deaf-blind or speech disabled** can use the free Wisconsin Relay Service (WRS) – 711 to contact the department.

https://dcf.wisconsin.gov/cs/home