

# PORTER COUNTY PROSECUTING ATTORNEY

## OFFICE OF CHILD SUPPORT ENFORCEMENT

15 N. Franklin - Suite 100  
Valparaiso, Indiana 46388  
Phone: 219-465-3405/Fax: 219-465-3689  
Email: [childsupport@porterco.org](mailto:childsupport@porterco.org)  
Website: [www.porterco.org](http://www.porterco.org)

Brian T. Gensel  
Prosecuting Attorney

Laura A. Bernacki Stafford  
Child Support Director

Attached is the **Application for Title IV-D Child Support Services**. Please fill out the application completely and turn it into the above address.

If you are receiving TANF you are a **MANDATORY PARTICIPANT** in the Federal Child Support Program. **You MUST comply with our office's policies, procedures, and requests for information. Failure to comply may result in immediate sanction (loss) of your benefits.**

If you are not a mandatory participant, there is a one time \$25.00 fee for services. This is payable by money order when you submit your application. The money order shall be made payable to the Indiana State Child Support Bureau.

- Please complete a separate application for each non-custodial parent.
- If your case may involve another State, you will receive additional information regarding that process.
- Please review and sign the attached Description of Services and Agreement of Responsibilities, as well as the first and last page of the Application for Title IV-D Child Support Services (State Form 34882).
- Please allow ninety (90) days before contacting our office for an update on your case.

Our office is open Monday through Friday from 1:00pm until 4:30pm CST.

Thank you for your cooperation.

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### SERVICES PROVIDED BY THE PORTER COUNTY IV-D CHILD SUPPORT PROGRAM

#### PARENT LOCATION

If the non-custodial parent's whereabouts are unknown, our office will attempt to locate a residence or employer.

#### ESTABLISHMENT OF PATERNITY

This may be necessary if the child's parents were not/are not married.

#### ESTABLISHMENT OF CHILD SUPPORT ORDER

Appropriate action will be taken to establish or modify a child support order.

#### ENFORCEMENT OF CHILD SUPPORT ORDER

Appropriate action will be taken to enforce a child support order.

#### SERVICES NOT PROVIDED

Dissolution of marriage.

Custody or parenting time (visitation) issues.

Emancipation.

Enforcement of court ordered unpaid bills, attorney fees, or property settlement issues.

Tax exemption issues.

### RESPONSIBILITIES OF THE CUSTODIAL PARENT

Complete all required documents as requested in a timely manner.

Report all changes of addresses, phone numbers, employers, and custody immediately.

Appear upon notice at the Office, Court Hearings, or DNA testing.

Make all inquiries by mail, fax, or email. Because of the confidentiality of child support cases, case specific information will not be provided over the phone. With all correspondence, please include all parties' names and your social security number. Correspondence that does not contain enough information will not be responded to.

\*\*\*\*\* APPLICANT COPY \*\*\*\*\*

**TITLE IV-D ADVISEMENT AND AGREEMENT OF RESPONSIBILITIES**

**THIS OFFICE CANNOT SERVE AS YOUR PRIVATE ATTORNEY FOR ANY PARTIES.**

I, the undersigned, acknowledge that the Porter County Prosecutor's Office is an agent of the State of Indiana and cannot serve as a private attorney for any parties. The function of this office is to protect and promote the interests of the State at large and the best interest of children. These interests may sometimes conflict with your interest.

I acknowledge that I am not entering into an attorney-client relationship with any attorney in this office. Any information provided to me is not protected by an attorney-client relationship. Also, information provided may be used in the prosecution of civil violation or criminal offenses without regard for the source of the information. I further acknowledge that involvement in the Title IV-D Child Support Program does not protect me from prosecution.

I, \_\_\_\_\_, have read and understand the points below as well as the "Responsibilities of the Custodial Parent" above. By signing this document, I agree to all provisions.

- I understand and agree that the Prosecuting Attorney and staff are not my private counsel.
- I understand and agree that the Prosecuting Attorney and staff work on behalf of the State of Indiana.
- I understand and agree that the Prosecuting Attorney and staff will have sole decision making powers in regard to enforcement actions in my case.
- I understand that I may hire a private attorney at any time.
- I understand and agree that if I behave inappropriately (for example: obscenities, shouting, rude comments or threats), the Prosecuting Attorney's Office reserves the right to limit my communications options with the office, close my case, and file criminal charges where suitable.
- I understand and agree that it is my responsibility to provide all necessary information about the non-custodial parent.
- I understand and agree that I must update the Child Support Division (219-465-3405) within 48 hours of any change in address, employment, phone number, or custody.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\* APPLICANT COPY \*\*\*\*\*

**TITLE IV-D ADVISEMENT AND AGREEMENT OF RESPONSIBILITIES**

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- I understand and agree that it is my responsibility to provide all necessary information about the non-custodial parent.
- I understand and agree that I must update the Child Support Division (219-465-3405) within 48 hours of any change in address, employment, phone number, or custody.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\* OFFICE COPY \*\*\*\*\*



# APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES

State Form 34882 (R14 / 2-15) / CSB 425A  
Approved by State Board of Accounts, 2015

## PRIVACY STATEMENT

\*The records in this series are confidential according to 42 USC 653, 42 USC 654, and 42 USC 663. This agency is requesting disclosure of personal information for agency purposes as required by these statutes. Disclosure of this information is mandatory. Failure to provide any information may prevent this form from being processed.

### INSTRUCTIONS:

1. Take or mail this completed form to your local county Prosecutor's IV-D Child Support Office.
2. If multiple other parents, complete one application for each.

## NOTICE (please read)

The Indiana Child Support Bureau offers child support services to persons desiring to obtain child support from a parent outside the home. These services are: Complete Service or Parent Locator Service Only. **ALL FEES FOR SERVICES ARE NONREFUNDABLE.**

**COMPLETE SERVICE:** The applicant will be entitled to the Parent Locator Service and the services of the local county Prosecutor's IV-D Child Support Office. These services include Establishing Paternity, Establishing and/or Enforcing a support obligation (including health insurance coverage). The complete service does NOT include handling a divorce case, enforcement of custody or parenting time, nor matters other than those associated with the support of dependent children. All support payments must be directed to the State of Indiana for disbursement. **ANY COSTS INCURRED IN EXCESS OF THE APPLICATION FEE, SUCH AS COURT COSTS, WITNESS FEES, GENETIC TEST COSTS, IRS OFFSET FEES AND ADMINISTRATIVE COSTS ASSOCIATED WITH THIS CASE MAY BE CHARGED AGAINST THE APPLICANT.**

In addition, the Tax Refund Offset Project may be used to collect child support arrearages. Application for complete service does not guarantee that your case will be submitted for tax refund offset nor that tax refund monies will be collected. If any children of the non-custodial parent have received TANF in the past, any collection made from an offset will first be applied to any unreimbursed public assistance on any former or current TANF case. If the IRS recalls any portion of an offset refund that has already been paid to you, you are obligated to repay the State of Indiana the amount recalled by the IRS. You authorize that any such repayment may be deducted from support collected on your behalf if other arrangements have not been fulfilled.

**PARENT LOCATOR SERVICE ONLY:** The applicant will be entitled to resources offered by the State and Federal Parent Locator Service until a verified address is provided or all sources for location are exhausted. The payment of the application fee does not guarantee a successful location.

**TERMINATION OF SERVICES:** The applicant may terminate services (if fees, costs and any child support overpayments have been paid in full) by notifying the local county Prosecutor's IV-D Child Support Office handling your case in writing that services are no longer desired. Services may be terminated only in accordance with 45 C.F.R. 303.11.

**APPLICANT'S OBLIGATIONS:** The applicant is expected to fully cooperate with the local county Prosecutor's IV-D Child Support Office in the legal and non-legal preparation of the case, including, but not limited to notifying the local county Prosecutor's IV-D Child Support Office of change of address, supplemental information regarding the other parent, reuniting with the other parent, and other information pertinent to the case.

## APPLICANT'S AFFIRMATION

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 and providing false information could result in perjury charges being filed against me. I understand that I am to cooperate with the local county Prosecutor's IV-D Child Support Office in order for my case to be processed, and non-cooperation can result in termination of services offered by the IV-D agency. I further understand that payment of the application fee does not guarantee successful action on the case but rather all reasonable attempts will be made in my behalf to obtain successful results for the service requested. I have read and understand the above NOTICE.

I hereby request the following service under the terms outlined above:

- Complete Service       Parent Locator Service Only

Type of Services Requested:

- Paternity Establishment     Support Establishment     Support Modification     Establishment/Enforcement Health Insurance

Signature of applicant

Date signed (month, day, year)

Application taken by:

Fee paid  
\$

Case number

## FOR OFFICIAL USE ONLY:

Case Type	Assigned County of Ownership	Special Handling <input type="checkbox"/> Applicant <input type="checkbox"/> Other Parent
Notes/Description		

**APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES (continued)**

Part of State Form 34882 (R14 / 2-15) / CSB 425A

Is Applicant under age of eighteen (18)?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Guardian must also complete the "Applicant Guardian Data" section.	
<b>APPLICANT DATA</b>					
Full name of applicant ( <i>last, first and middle initial</i> )			Relationship to dependents on this application (e.g. mother, father, other)		
Alias			Maiden		
Previous			Nickname		
Date of birth ( <i>month, day, year</i> )	Gender	Race	Social Security number* / ITIN	Alien Identification number	
Is English primary language? <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>If no, please provide.</i> )		Primary language		Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is special assistance needed? <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>If yes, please specify.</i> )		Specify assistance here ( <i>i.e. Physical, Hearing Impaired, Other</i> )			
Address of applicant ( <i>number and street, rural route number, apartment, or room number, city, state, and ZIP code</i> )					
My mailing address is: <input type="checkbox"/> Same as above <input type="checkbox"/> Different ( <i>If different, print below including COUNTY.</i> )					
Mailing address of applicant ( <i>number and street, rural route number, apartment, or room number, city, state, and ZIP code - please include County</i> )					
Telephone number ( <i>home</i> ) ( ) ( )	Telephone number ( <i>work</i> ) ( ) ( )	Telephone number ( <i>mobile/other</i> ) ( ) ( )	E-mail address		
Preferred Method of Contact: <input type="checkbox"/> Personal E-mail/Work/Other E-mail <input type="checkbox"/> Mobile telephone number <input type="checkbox"/> Home telephone number <input type="checkbox"/> Work telephone number <input type="checkbox"/> Mail					
Is there a history of family violence? <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>If yes, complete next box.</i> )		Was a police report filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date filed ( <i>month, day, year</i> )	City and state filed	
Are you party to an active protective order related to the parties on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>If yes, complete the following boxes.</i> )			County of court order		State of court order
Cause number		Date of court order ( <i>month, day, year</i> )		Covered individuals	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>If yes, complete next box.</i> )		Name of employer			
Address of employer ( <i>number and street, rural route number, apartment, or room number, city, state, and ZIP code</i> )					
Military Status <input type="checkbox"/> Never <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired			List Military Branch here ( <i>Army, Navy, Marines, Air Force or Coast Guard</i> )		
Have you previously received Child Support Services from another state or county for the listed Dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>If yes, complete next box.</i> )					
County and State where services were previously received.			Is there an adoption pending for any child listed on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you requesting child support services for an unborn child? <input type="checkbox"/> Yes <input type="checkbox"/> No			What is the expected due date? ( <i>month, day, year</i> )		
Are you or any listed Dependents currently receiving Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No					
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					
Date of marriage ( <i>month, day, year</i> )		Location of marriage ( <i>county and state</i> )			
Date divorce filed ( <i>month, day, year</i> )		Location of divorce filing ( <i>county and state</i> )			
Date of divorce ( <i>month, day, year</i> )		Location of divorce ( <i>county and state</i> )			
Date legally separated ( <i>month, day, year</i> )		Date separated ( <i>month, day, year</i> )		Location of separation filing ( <i>county and state</i> )	

**APPLICANT GUARDIAN DATA**

Guardian name of applicant <i>(first, middle, last and suffix)</i>		Relationship to dependents on this application (e.g. mother, father, other)	
Guardian address <i>(number and street, rural route number, apartment, or room number, city, state, and ZIP code)</i>			
Country <i>(if outside of US, complete the following box.)</i>		International code	
Guardian mailing address is: <input type="checkbox"/> Same as applicant above <input type="checkbox"/> Same as above <input type="checkbox"/> Different <i>(if different, print below.)</i>			
Guardian address <i>(number and street, rural route number, apartment, or room number, city, state and ZIP code)</i>			
Country <i>(if outside of US, complete the following box)</i>		International code	
Telephone number <i>(home)</i> (    )	Telephone number <i>(work)</i> (    )	Telephone number <i>(mobile/other)</i> (    )	E-mail address

**DEPENDENT INFORMATION**

Last name		First name		Middle name	
Suffix		Alias		Nickname	
Date of birth <i>(month, day, year)</i>	Place of birth	Gender	Race	Social Security number* / ITIN	
Does this child receive SSD or SSI benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		SSD Amount		SSI Amount	
Is the child of this application currently placed in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No			Was this child born out of wedlock? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes, then complete the following box.)</i>		
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes, then complete the following information.)</i>			How was paternity established? <i>(if by Court Order, complete the following information.)</i> <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit		
Date of court order <i>(month, day, year)</i>	Name of court				
County of court	State of court		Court cause number		
Do you have a private attorney handling paternity and/or support matters for the child of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of attorney <i>(first, last, and suffix)</i>				Telephone number of attorney (    )	
Do you have a court ordered support obligation for child(ren) listed on the application? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>(if yes, complete the following information.)</i>					
Name of court					
County of court	State of court		Court cause number		
Is there a court order for custody? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes, complete the following box.)</i>			Name of person granted custody by court		

**DEPENDENT INFORMATION**

Last name		First name		Middle name	
Suffix		Alias		Nickname	
Date of birth <i>(month, day, year)</i>	Place of birth	Gender	Race	Social Security number* / ITIN	
Does this child receive SSD or SSI benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		SSD Amount		SSI Amount	
Is the child of this application currently placed in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No			Was this child born out of wedlock? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes, then complete the following box.)</i>		
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes, then complete the following information.)</i>			How was paternity established? <i>(if by Court Order, complete the following information.)</i> <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit		
Date of court order <i>(month, day, year)</i>	Name of court				

**DEPENDENT INFORMATION (continued)**

County of court		State of court		Court cause number	
Do you have a private attorney handling paternity and/or support matters for the child of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of attorney (first, last, and suffix)				Telephone number of attorney ( )	
Do you have a court ordered support obligation for child(ren) listed on the application? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, complete the following information.)					
Name of court					
County of court		State of court		Court cause number	
Is there a court order for custody? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete the following box.)			Name of person granted custody by court		

**DEPENDENT INFORMATION**

Last name		First name		Middle name	
Suffix		Alias		Nickname	
Date of birth (month, day, year)	Place of birth		Gender	Race	Social Security number* / ITIN
Does this child receive SSD or SSI benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		SSD Amount		SSI Amount	
Is the child of this application currently placed in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No			Was this child born out of wedlock? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, then complete the following box.)		
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, then complete the following information.)			How was paternity established? (If by Court Order, complete the following information.) <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit		
Date of court order (month, day, year)	Name of court				
County of court		State of court		Court cause number	
Do you have a private attorney handling paternity and/or support matters for the child of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of attorney (first, last, and suffix)				Telephone number of attorney ( )	
Do you have a court ordered support obligation for child(ren) listed on the application? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, complete the following information.)					
Name of court					
County of court		State of court		Court cause number	
Is there a court order for custody? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete the following box.)			Name of person granted custody by court		

**DEPENDENT INFORMATION**

Last name		First name		Middle name	
Suffix		Alias		Nickname	
Date of birth (month, day, year)	Place of birth		Gender	Race	Social Security number* / ITIN
Does this child receive SSD or SSI benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		SSD Amount		SSI Amount	
Is the child of this application currently placed in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No			Was this child born out of wedlock? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, then complete the following box.)		
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, then complete the following information.)			How was paternity established? (If by Court Order, complete the following information.) <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit		
Date of court order (month, day, year)	Name of court				

**DEPENDENT INFORMATION (continued)**

County of court		State of court		Court cause number	
Do you have a private attorney handling paternity and/or support matters for the child of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of attorney (first, last, and suffix)				Telephone number of attorney (      )	
Do you have a court ordered support obligation for child(ren) listed on the application? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, complete the following information.)					
Name of court					
County of court		State of court		Court cause number	
Is there a court order for custody? <input type="checkbox"/> Yes <input type="checkbox"/> No    (If yes, complete the following box.)			Name of person granted custody by court		

**PARTICIPANT INFORMATION FOR OTHER PARENT**

Full name of other parent (last, first, middle)			Relationship to Dependents on this application (e.g. Mother, Father, Guardian, Other)		
Alias (last, first, middle)			Maiden		
Previous			Nickname		
Last known mailing address (number and street, PO Box, rural route number, apartment, or room number, city, state and ZIP code - please include County)					
Last known street address: <input type="checkbox"/> Check here if the same.      (If different, complete the information below.)					
Mailing address (number and street, rural route number, apartment, or room number, city, state and ZIP code - please include County)					
Country (If outside of US, complete the following box.)			International code		
Telephone number (home) (      )		Telephone number (work) (      )		Telephone number (mobile/other) (      )	
E-mail address		Date of birth (month, day, year)		Approximate age range	
Gender		Race		Social Security number* / ITIN	
Alien Identification number		Is English primary language? <input type="checkbox"/> Yes <input type="checkbox"/> No    (If no, please provide)		Primary language	
Is special assistance needed? <input type="checkbox"/> Yes <input type="checkbox"/> No    (If yes, please specify)		Specify assistance here (i.e. Physical, Hearing Impaired, Other)		Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the other parent currently incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of incarceration		State of incarceration	
Name of Department of Correction facility		Height		Weight	
Hair color		Facial hair		Color of eyes	
Glasses		Distinguishing marks / tattoos		Other identifying characteristics	
Last known employer		Telephone number of employer (      )		Address of employer (number and street, city, state and ZIP code - please include Country)	
International Code		Military Status <input type="checkbox"/> Never <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired		List Military Branch here (Army, Navy, Marines, Air Force or Coast Guard)	
Deployed Overseas? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the other parent deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No    (If yes, please complete the following information.)		Date of death (month, day, year)	
Place of death (city, county, state, country)		Photo available of other parent? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES (continued)**

Part of State Form 34882 (R14 / 2-15) / CSB 425A

**TO BE COMPLETED BY COUNTY OFFICE**

Application taken by:	Date (month, day, year)	Application request number
<b>APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES - ASSIGNMENT FOR COLLECTION FOR PERSONS NOT RECEIVING PUBLIC ASSISTANCE</b>		
Name of applicant		

**AGREEMENT (TO BE COMPLETED BY THE APPLICANT)**

I understand and agree that support payments collected hereafter from the non-custodial parent named above on behalf of myself and/or the above named children will be paid to the Department of Child Services, Child Support Bureau, and that said support payments will be paid to me by the agency after deduction of any charges due and owing to that agency. Such charges are explained on page one of the "Application for Title IV-D Child Support Services", executed by the applicant. This authorization shall continue in effect until terminated in the manner set forth on page one of the "Application for Title IV-D Child Support Services".

Printed name of applicant

Signature of applicant

X

Date signed (month, day, year)