

For Office Use Only:

Date Sent ____/____/____

Date Received ____/____/____

Fee paid by: CP NCP County CSS

APPLICATION FOR CHILD SUPPORT SERVICES (CSS)

_____ County

Important Security Information

We share your address and other identifying information with other state and federal agencies only for child support reasons. The information you provide may become available to the other parent. Contact us immediately if the following conditions exist:

- **Your case information should not be given out because of family violence.**
 - Confidentiality laws protect all information provided to CSS. CSS offices throughout the United States and some countries have access to this information through State and Federal Child Support Case Registries. If family/domestic violence is an issue, you must alert CSS to further safeguard this information.
- **Going through the child support process poses a threat to you or your child (ren).**
 - If you have concerns about you or your child (ren)'s safety, there are some protections available in the child support process. Please let your county worker know about your concerns. If you have concerns for you or your child (ren)'s safety, please complete the last page of this application: *Request for Nondisclosure of Personal Information*.

GETTING STARTED

A \$20.00 non-refundable application fee (check, money order or exact cash if applying in person) is required to process this application. Please do not mail cash. **If you have applied for or are receiving TANF this fee may not be required.**

WHAT WE NEED FROM YOU:

To start the process, please supply the following legal documents:

1. One (1) application for each non-custodial/custodial parent
2. Copy of a state-issued birth certificate and social security card for each child
3. Copy of personal identification (i.e. driver's license)
4. A photo of the other parent, if available; it will be returned to you
5. Verification of your income (i.e. pay stubs, tax returns)
6. Copy of Marriage Certificate (if not available, supply date of marriage and/or other evidence of marital status)

7. Copy of Court Order(s) signed by a judge or magistrate (if not available supply date, county, state of filing and court case number):
 - Petition and/or Divorce Decree and/or Separation Agreement
 - Paternity Orders
 - Certified Copy of Child and/or Spousal Support Order
 - All modified orders
 - Allocation of Parental Responsibility Orders
 - Probate Orders
 - Dependency and Neglect Orders
 - Adoption Orders
 - Orders Terminating Parental Rights
8. Complete payment records of all support paid to the custodial party directly, through court or a state disbursement unit
9. Are you related to anyone working in the county Department of Human Services offices?
No:___ Yes:___ If yes, who:_____

Note: Your application may be delayed if you do not provide the necessary documentation.

SERVICES PROVIDED BY CSS

CSS is authorized by law to provide the following services:

1. Establish child/medical support orders and paternity
2. Modify child/medical support orders
3. Enforce child/medical support orders, including spousal maintenance when combined with child support
4. Process payments through the Family Support Registry (FSR); once an FSR account number is assigned to you, you will be able to register on the CSS website (www.childsupport.state.co.us) to view your account information online
5. Collect past due child support from the non-custodial parent's federal and state tax refunds and lottery winnings
6. Collect past due child support from the non-custodial parent through other enforcement remedies
7. Ask another state's child support agency to establish, modify or enforce an order on our behalf.

CSS has authority to hold an IRS joint tax refund prior to release of funds for up to six months. Interest will not be paid on funds that are held.

HOW WE WORK TOGETHER

Please read and initial each of the following statements. By *initialing each statement, you understand and agree*:

_____ CSS represents the People of the State of Colorado. No attorney-client relationship or privilege exists between either party or the CSS staff.

_____ CSS does not handle parental responsibility (custody), parenting time (visitation) or property settlement. Your county may have additional resources to address those issues. Please ask your county worker.

_____ CSS will not accept the Application for Services if all the children associated with the applicant are emancipated.

_____ CSS will not enforce maintenance once current child support ends.

_____ CSS determines the appropriate actions to be used when providing services.

_____ If there is a change that could cause an adjustment to the amount of the order (e.g. financial, medical, etc.), a modification may be initiated by the department or by any one of the parties.

_____ A written request from the applicant to stop CSS services may be made. However, if you are receiving TANF or assigned arrears are owed, the case may remain open. CSS may also close your case by using criteria established by current state and federal regulations (e.g. not being able to locate you, you do not supply a forwarding address, you do not provide required documents to take the next step to work your case, etc.).

_____ CSS will provide to the applicant a yearly statement that summarizes the amount of child support that has been collected. I have an opportunity to receive the information through electronic means, if I choose to do so.

_____ Each individual county determines optional services. Inquire about services available in the county of application.

YOUR RESPONSIBILITIES

You are the best source of information regarding the other party. The information you provide may help in the progress of your case. There may be a delay in the progress of your case due to lack of information and/or involvement with another state.

You are required to cooperate with CSS in the processing of your case. Failure to do so may result in case closure.

If you are a caretaker/relative (e.g. grandparent, aunt, uncle, adult sibling, stepparent, etc.) you

are required to open a child support case against both biological parents. CSS will not close only one of the two cases against the biological parents at your request.

You may be required to complete and sign an affidavit agreeing to the amount of child support arrears owed (if there is a current child support order).

If you have special needs or need special accommodations under the Americans with Disabilities Act, you must contact the county of application.

You must notify the CSS office in writing if any of the following changes occur. Failure to do so may affect your child support payments or medical support payments.

1. Change to your legal name, residence/ mailing address, telephone or contact numbers, place of employment, or health insurance or if you know of changes about the other party.
2. If child support payments are made directly to the custodial party instead of through the FSR.
3. If a child no longer lives with the custodial party due to emancipation or child goes to live with the other parent or caretaker.
4. If parenting time (visitation) changes for longer than one month.
5. If you retain a private attorney or private collection agency regarding child support, parenting time (visitation) or parental responsibility (custody).
6. If an action has been filed with a court that CSS was not involved with (e.g. separation, divorce, parental responsibility, etc.).

If a payment is sent in error or is unfunded (i.e. bounced check), it is your responsibility to pay back the unfunded amount. You may repay in full or CSS will deduct 10% or \$10.00 (whichever is greater) from each payment received until the balance is paid in full. The non-custodial parent will still owe the unfunded amount.

Once a Family Support Registry (FSR) account number has been assigned, sending or receiving direct payment may result in case closure. The FSR is the central payment processing center for Colorado.

The provision of your Social Security Number (SSN) is mandatory (§42 U.S.C. 666(a) (13)). However, if you do not have a SSN, your application for services will not be denied. SSNs are used by the CSS Program to locate individuals to establish paternity or support obligations, modify and enforce support obligations and to distribute child support payments.

Please note:

- Arrears owed to the custodial party are before TANF arrears are paid to the State of Colorado, unless there is a federal tax intercept.
- Federal law requires CSS to withhold \$35.00 one time each year from the child support collected on a non-public assistance case, if over \$550.00 is collected during the year.

Are you applying for help with any of the following issues (please check all that apply):

Modify your child support amount_____ Change parent with physical care_____

DNA testing for multiple alleged fathers_____ Collection of alimony/maintenance_____

Print Legal Name:_____

Signature of applicant: _____ Date:_____

For more child support information and additional forms you may visit our website at:

www.childsupport.state.co.us

APPLICANT INFORMATION

Relationship to the child(ren):		Mother	Father	Other, explain		
Legal Name:	Last	First	Middle	Maiden/Other		
Social Security # or ITIN #:			Date of Birth:		Gender:	
Place of Birth:	City	State		County		
Residence Address	Street	Apt/unit	City	State	Zip	
Mailing Address (if different)	Street	Apt/unit	City	State	Zip	
Contact Numbers	Home	Cell	Work	Email address: Would you like to opt into receive text messages concerning your case?		
Emergency contact (if you can't be reached)						
Address	Street	Apt/unit	City	State	Zip	
Employer and or Union						
Address	Street	City	State	Zip		
Occupation/Trade						
Is it ok to contact you at work? Yes or No		Work Schedule:				
What was the situation (Leading up to custody)?						
Is there an attorney involved in this case?		Yes	No			
If yes, Attorney's Information:		Address	City	State	Zip	
Name						
Phone number:						

Have the children ever received public assistance?	Yes	No
Yes: what type was received?	TANF	Medicaid Foster Care
What County/State?		Begin Date: End Date:
If you are the mother, are you pregnant now?	If yes, what is the due date?	
If yes, Who is the father of the expected child?		

OTHER PARENT INFORMATION

Relationship to the child(ren):	Mother	Father	Possible Father (paternity NOT established)		
Is Parent Deceased?					
Legal Name:	Last	First	Middle	Maiden/Other	
Social Security # or ITIN #:	Date of Birth		Gender		
Place of Birth:	City	State		County	
Current or last known Address	Street	Apt/unit	City	State	Zip
Mailing Address (if different)	Street	Apt/unit	City	State	Zip
Contact Numbers	Home	Work	Cell	Email address	
Emergency contact (if other parent can't be reached)	Name				
Address	Street	Apt/unit	City	State	Zip
Current or last known employer and or Union					
Address	Street	City		State	Zip

Occupation/Trade				
Physical Description: Height: Identifying Marks (scars, tattoos, piercings)		Weight:	Hair Color:	Eye Color:
Race: Caucasian	African American	Hispanic	Asian	Other
In Prison: Currently or previously		Which facility: DOC #		Date of release:
In the military:		Branch of Service		
Are they disabled?		If yes, do they receive SSI?		
List any assets they may have: i.e. Real estate, bank accounts, license to work a profession(plumber, electrician)				
List any vehicles(model, make, year, color)		Driver's License Number:		
Other parent's mother's information	Name/Maiden Name	Address	Phone	
Other Parent's Father's information	Name	Address	Phone	
List any other biological Child(ren)				
Child(ren)'s other biological parent:				
Is there any other information that will help us locate the other parent?				
Does the other parent have an attorney: Yes No		If yes, Name:	Address	Phone #:

CHILD (REN)'S INFORMATION

	Child 1	Child 2	Child 3
Legal Name			
Gender (M or F)			
Date of Birth			
Social Security Number			
City & State of Birth			
State or County of Conception			
Who are listed as the Parents on the Birth Certificate?			
Child Support Order #, County and State			
	Child 4	Child 5	Child 6
Legal Name			
Gender (M or F)			
Date of Birth			
Social Security Number			
City & State of Birth			
State or County of Conception			
Who are listed as the Parents on the Birth Certificate?			
Child Support Order #, County and State			

PARENT OF THE APPLICATION, RELATIONSHIP STATUS

Were the Parents of the child (ren) ever married to one another?	If yes, Date and State of Marriage, Common Law or Civil Union.	
Date Separated:	Date Divorced:	In what city, county, state?
Date of last contact with the other parent:		

If Paternity has been established, How?	Genetic Testing	Acknowledgement of Paternity	Court Order
Did this person ever live with the child (ren) in the State of Colorado?		If yes, When and Where?	

MEDICAL INSURANCE INFORMATION

A copy of the benefit card used to process medical claims MUST be provided.

Is your child (ren) on Medicaid?	Yes	No
Does your child (ren) have health insurance coverage other than Medicaid?	Yes	No
If yes, name the children covered by the other insurance:		

Other insurance company's information:

Insurance Company Name:			
Address:		Policy Number:	
Phone number:		Group Number/Member ID:	
Date Insurance began:	Type of coverage: Medical	Dental	Vision
	Other		

Who provides other insurance coverage?

Name	Social Security Number
Relation to the covered child(ren)	
Address:	Phone number:

Please complete only if you have concerns for you or your child (ren)'s safety.

Request for Nondisclosure of Personal Information

If you have safety concerns for you or your family because your personal information including address, date of birth or social security number is shared with a court and is available to the other party, or you have had domestic violence issue and/or a restraining order, you may request an Affidavit of Nondisclosure of Personal Information (NDI).

You will be required to provide an alternate address at which you can receive mail. This address must be in Colorado. You must keep the county child support enforcement office informed of any change to this address. This address will be provided to the court and the other party.

Requesting NDI is a very serious matter and the Division of Child Support Services strongly encourages anyone experiencing domestic violence issues to contact the State of Colorado's Address Confidentiality Program. Their web site is www.acp.state.co.us for more information. This program provides an alternate address for qualified recipients. The address is located in Denver, Colorado and is a legal address at which service of process can be accomplished.

If you wish to request an Affidavit of Nondisclosure, complete the following information which is needed to prepare an affidavit. When your case has been initiated, you will receive an affidavit in the mail which you need to complete and return to the Child Support Enforcement Unit immediately. This only keeps information out of the court file, nothing else. If the other party knows where you live, this will NOT help you in keeping your current address confidential.

A request for nondisclosure of personal information on court documents is **NOT A PROTECTIVE ORDER.**

I _____, understand that I must provide an alternate address where I am willing to accept service of process and can receive mail. This address will be provided to the court and the other party. The address must be in Colorado. All legal documents will be sent to this alternative address.

Alternate Mailing Address: _____

Care of- if applicable _____

City, State and Zip Code: _____

Signed: _____

Date: _____



Colorado Department
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INCOME & EXPENSE AFFIDAVIT

Name: _____ SSN _____
 Address: _____ DOB: _____
 City: _____ State _____ Zip _____ Phone: _____

Identify your employer in box below. If you are not currently employed provide information about your most recent employer. Show your hourly wage or monthly income at the time your job ended.

Employer Name: _____ Phone: _____
 Address: _____
 City: _____ State _____ Zip _____ Date Terminated: _____

1. Monthly Gross Income: (HOURLY WAGE = \$ _____) \$ _____ per month
 (Include income from salaries, wages, commissions, bonuses, dividends, pensions, interest trust income, Social Security benefits, worker's compensation benefits, independent contract payments, self-employment, proprietorship of a business, business draw, rental income, unemployment insurance, disability benefit payments and in-kind payments such as free rental or meals.) Attach pay-stubs and most recent year's I.R.S. income tax return including Form 1040 and all attachments submitted with it to the I.R.S.

A. Pre-existing court-ordered child support paid by you monthly \$ _____

B. Court-ordered spousal support paid by you monthly \$ _____

2. MONTHLY ADJUSTED GROSS INCOME \$ _____

3. Number of all children whom you are legally obligated to support (not including step children) and there is no court-ordered child support obligation. Attach birth certificates showing your parenthood. _____

4. Number of overnights the children in this matter spend with you each year as stated in your custody or visitation court order (if ordered) _____

5. CREDITS PERMITTED BY COLORADO CHILD SUPPORT GUIDELINES

A. Monthly Amount of work-related Child Care costs—monthly average. Attach proof. \$ _____

B. Extraordinary Medical Expenses—monthly average. Attach proof (include uninsured expenses costing over \$100.00 monthly for the children of this matter only). \$ _____

C. Medical and/or Dental insurance payment—monthly average (include amount paid monthly for children of this matter only). Attach proof of enrollment and of cost \$ _____

I affirm this information is true and complete to the best of my knowledge: _____
 Signature

Signed before me _____

Notary Public _____ My Commission expires _____

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A request for nondisclosure of personal information on court documents is **NOT A PROTECTIVE ORDER.**

I, _____ understand that I must provide an alternate address where I am willing to accept service of process and can receive mail. This address will be provided to the court and the other party. The address must be in Colorado. All legal documents will be sent to this alternative address.

Alternate Mailing Address: _____

Care of - if applicable: _____

City, State and Zip Code: _____

Signed: _____

Date: _____



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AFFIDAVIT OF PREVIOUS PUBLIC ASSISTANCE

Date: _____

Custodial Party Name (print): _____

SS#: _____ Provision of your SS# is voluntary. However, if you fail to provide your SS#, we will not be able to process your affidavit. Your SS# will be used to ensure that your affidavit is properly updated to your case so that a \$25 service is not charged on your case.

Non-Custodial Parent Name (print): _____

Custodial Party Address: _____

Re: Self Authenticating Affidavit

Federal and State laws require state Child Support Enforcement offices to collect an annual \$25 fee for child support cases meeting the following conditions:

1. The custodial party has never received cash public assistance (AFDC or TANF) from Colorado or any other state. TANF or AFDC cash assistance does NOT include Food Stamps, WIC, child care, Medicaid, and/or Kid Care;
2. The custodial party has received at least \$500 in child support payments during the current federal fiscal year. The federal fiscal year starts October 1 and continues until September 30 of the following calendar year.

To aid us in determining if your case(s) should be assessed the \$25 fee, please answer the following questions:

Have you ever received TANF or AFDC case assistance from Colorado or any other state? TANF or AFDC cash assistance does NOT include Food Stamps, WIC, child care, Medicaid, and/or Kid Care.

_____ Yes, I have received TANF or AFDC cash assistance in the state of _____, from _____ (date) to _____ (date).

I certify under penalty of perjury and pursuant to the laws of the State of Colorado that the preceding is true and correct.

Signature: _____ Date: _____



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AFFIDAVIT OF ARREARS/DIRECT PAYMENTS

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 _____

Signed before me _____

Notary Public _____ My Commission expires _____



Mail or deliver the application form to the following address.

Pitkin County
108 8th St. Ste 300
Glenwood Springs, CO 81602

Local Number: (970) 945-9191

Fax Number: (970) 928-0465

Hours: 9:00 AM - 4:00 PM