



DIVISION OF CHILD SUPPORT SERVICES

APPLICATION

INSTRUCTIONS

Please complete the entire application, attach all required documents, and sign before a Notary. (*Notary services are provided free of charge at DCSS offices.*) Complete a Separate application for each non-custodial parent from whom you seek support.

A \$25 application fee is required - payable by check or money order - unless:

- (1) You currently receive Medicaid, Temporary Aid to Needy Families (TANF) General Assistance, Food Stamps (SNAP), or Child Care Subsidy,
- (2) You previously received federally funded Foster Care Services, Temporary Aid to Needy Families (TANF), Medicaid, or
- (3) The child for whom you seek support is enrolled in a federal Head Start program.

In addition, the Deficit Reduction Act of 2005 §454(6)(B) and the Bipartisan Budget Act of 2018 requires DCSS to charge an annual processing fee of \$35 for each child support case in which the applicant has never received TANF assistance. DCSS will deduct this fee from child support payments to the custodial party after collections of at least \$550 in each federal fiscal year (Oct. 1 - Sept. 30).

PROCEDURES

DCSS will accept your application regardless of age, color, disability, ethnicity, gender, nationality, race, religion, or sexual orientation.

DCSS will make every effort to establish paternity and child support orders in a timely manner through the Family Court of the State of Delaware. Your cooperation in providing all required information, as well as your involvement in this process, is required.

DCSS utilizes all appropriate remedies to enforce child support orders including issuance of income withholding orders, interception of tax refunds, and license suspensions. Enforcement remedies are automatically initiated according to case account status, DCSS will attempt to collect arrears owed to the State of Delaware until paid in full.

OFFICE LOCATIONS

NEW CASTLE COUNTY

Churchman's Corporate Center
84-A Christiana Rd.
New Castle, DE 19720
(302) 577-7171

KENT COUNTY

905 S. Governors Ave., 2nd Floor
Dover, DE 19904
(302) 577-7171

SUSSEX COUNTY

20105 Office Circle
Georgetown Professional Park
Georgetown, DE 19947
(302) 577-7171

Please submit your completed & notarized application to your local DCSS office.

In New Castle County, applications should be mailed to: P.O. Box 15012, Wilmington, DE 19850.

WEBSITE

<http://www.dhss.delaware.gov/dcsc>

(Edited: 02/06/2017)



APPLICATION FOR CHILD SUPPORT SERVICES

DCSS USE ONLY

Date application requested: _____

Date application mailed: _____

Date application received: _____

NONDISCLOSURE OF INFORMATION (to protect address information):

Is there a Protection From Abuse (PFA) order preventing the release of your address? Yes No

If no, would the safety or liberty of you or your child(ren) be unreasonably put at risk by the release of your address or other identifying information? Yes No

REQUIRED DOCUMENTS

I understand that the verification of certain information is required in order for my case to be processed. I have provided or will provide copies of the documents listed below, if they are appropriate in my case. I understand that failure to provide copies of these documents will delay the processing of my case.

I am attaching **I will Provide** **Please check one of the boxes, for each line below.**

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Birth certificate for each child |
| <input type="checkbox"/> | <input type="checkbox"/> | Acknowledgement of Paternity Form <i>(if applicable)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Original and modified support orders including divorce decrees and custody orders. <i>Orders established outside of Delaware must be certified by the Court in which they were established.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Certified payment history/arrears statement, if order is established |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of marriage/civil union license and divorce decree/annulment <i>(if applicable)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of social security cards for each case member |
| <input type="checkbox"/> | <input type="checkbox"/> | Protective order preventing release of address <i>(if applicable)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Copies of applicant's three (3) most recent: Pay stubs or W-2 forms |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of medical insurance card <i>(both sides)</i> |



SECTION I: CUSTODIAL PARTY INFORMATION

Name: _____ Social Security Number: _____
(Last) (First) (Middle Initial)

Address: _____
(Street) (City) (State) (Zip Code)

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Date of Birth: _____ Maiden/Previous Name(s): _____

Race: _____ Sex: male female

Employer: _____ Work Phone Number: _____

Employer Address: _____

1. What is your relationship to the non-custodial parent?
 Never Married or Never Party to Civil Union Currently Married or Party to Civil Union
 Separated Divorced Other _____

2. If Married/Party to Civil Union, Date: _____ State County of Marriage/Civil Union: _____
State of last shared address: _____

3. Date and Place of Divorce/Separation/Annulment: _____
Court: _____ County: _____ State: _____

4. If separated, has a private attorney started divorce proceedings and/or is court action currently pending? Yes No
If yes, list Attorney's name, phone number, address, the County and State in which the court action is pending:
Attorney: _____ Phone: _____
Address: _____

Court: _____ County: _____ State: _____

5. Do you have a court order for child support already established? Yes No
If yes, provide the Court, County and State in which the order was established, with a copy of the support order.
Court: _____ County: _____ State: _____

6. Have you ever received Temporary Assistance for Needy Families (TANF-formerly AFDC), State Medical Assistance, or previously applied for Child Support Services? Yes No
If yes, indicate type of service, County and State: _____



SECTION II: CHILD(REN)

1. Child's Name: (Last) (First) (Middle)

Date of Birth: Social Security Number: Sex: M F

City & State of Conception: City & State of Birth:

Race: Your relationship to the child: Is this child adopted? Yes No

Is the father's name on the child's birth certificate? Yes No

Was the mother married or in a civil union at the time of the child's birth, or within 300 days prior to the child's birth?
If yes, indicate name of husband/partner: Yes No

Date of Marriage/Civil Union: County & State: Please provide a copy of the marriage certificate.

Is there a court order that states the husband is not the father of the child? Yes No

If yes, please provide a copy of that order.

Are the child's parents divorced? Yes No

Date of Divorce: County & State: Please provide a copy of the divorce certificate.

If the parents were not married when the child was born:

Has paternity been established for the child by a court order for custody, adoption, visitation, paternity, or child support? If yes, please circle type of court order. Yes No

Was genetic testing done? Yes No

Was a "Voluntary Acknowledgement of Paternity" signed? Yes No

If you answered yes to any of the above, please provide a copy of the document.

If paternity has not been established, during the first two years of the child's life, did any man continuously live with the child and represent the child as his own? Yes No

Is there an existing child support order for this child? Yes No

If yes: Amount \$ Per Effective Date:

Name of Court: County & State:

2. Child's Name: (Last) (First) (Middle)

Date of Birth: Social Security Number: Sex: M F

City & State of Conception: City & State of Birth:

Race: Your relationship to the child: Is this child adopted? Yes No

Is the father's name on the child's birth certificate? Yes No



SECTION II: CHILD(REN) - cont'd

Was the mother married or in a civil union at the time of the child's birth, or within 300 days prior to the child's birth?

If yes, indicate name of husband/partner: [] Yes [] No

Date of Marriage/Civil Union: [] County & State: [] Please provide a copy of the marriage certificate.

Is there a court order that states the husband is not the father of the child? [] Yes [] No

If yes, please provide a copy of that order.

Are the child's parents divorced? [] Yes [] No

Date of Divorce: [] County & State: [] Please provide a copy of the divorce certificate.

If the parents were not married when the child was born:

Has paternity been established for the child by a court order for custody, adoption, visitation, paternity, or child support? If yes, please circle type of court order. [] Yes [] No

Was genetic testing done? [] Yes [] No

Was a "Voluntary Acknowledgement of Paternity" signed? [] Yes [] No

If you answered yes to any of the above, please provide a copy of the document.

If paternity has not been established, during the first two years of the child's life, did any man continuously live with the child and represent the child as his own? [] Yes [] No

Is there an existing child support order for this child? [] Yes [] No

If yes: Amount \$ [] Per [] Effective Date: []

Name of Court: [] County & State: []

3. Child's Name: [] (Last) [] (First) [] (Middle)

Date of Birth: [] Social Security Number: [] Sex: [] M [] F

City & State of Conception: [] City & State of Birth: []

Race: [] Your relationship to the child: [] Is this child adopted? [] Yes [] No

Is the father's name on the child's birth certificate? [] Yes [] No

Was the mother married or in a civil union at the time of the child's birth, or within 300 days prior to the child's birth?

If yes, indicate name of husband/partner: [] Yes [] No

Date of Marriage/Civil Union: [] County & State: [] Please provide a copy of the marriage certificate.

Is there a court order that states the husband is not the father of the child? [] Yes [] No

If yes, please provide a copy of that order.

Are the child's parents divorced? [] Yes [] No

Date of Divorce: [] County & State: [] Please provide a copy of the divorce certificate.



SECTION II: CHILD(REN) - cont'd

If the parents were not married when the child was born:

Has paternity been established for the child by a court order for custody, adoption, visitation, paternity, or child support? *If yes, please circle type of court order.*

Yes No

Was genetic testing done?

Yes No

Was a "Voluntary Acknowledgement of Paternity" signed?

Yes No

If you answered yes to any of the above, please provide a copy of the document.

If paternity has not been established, during the first two years of the child's life, did any man continuously live with the child and represent the child as his own?

Yes No

Is there an existing child support order for this child?

Yes No

If yes: Amount \$ _____ Per _____ Effective Date: _____

Name of Court: _____ County & State: _____

SECTION III: MEDICAL SUPPORT

Do you or your child(ren) currently receive Medicaid?

Yes No

Do you have insurance available that covers the child(ren) for whom you are applying:

Yes No

If yes, please provide further details below.

Health Insurance Company: _____

Address of Health Insurance Company: _____

Policy#: _____ Health Insurance Cost \$ /Monthly _____

Person(s) Covered: _____

Dental Insurance Company: _____

Address of Dental Insurance Company: _____

Policy#: _____ Dental Insurance Cost \$ /Monthly _____

Person(s) Covered: _____

When a support order is entered or modified, DCSS must seek to ensure that one, or both of the parents, is responsible for providing health insurance (whether or not it is currently available) for the child(ren). Medical support will only be enforced against the parent responsible for the coverage if health insurance is determined to be available at a reasonable cost.



SECTION IV: NON-CUSTODIAL PARENT (NCP)

Name: _____ Social Security Number: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip Code)

This address is: Current Last Known as of _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Date of Birth: _____ City/State of birth: _____

Previous/Alias Name(s): _____ Race: _____ Sex: M F

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Employer: _____ Employer Phone Number: _____

Employer Address: _____

This employer is: Current Last Known as of _____

Current, or prior, military service? Yes No

If yes, branch: Army Navy Air Force Marines Coast Guard - from _____ to _____

Has the non-custodial parent ever been in prison? Yes No

If yes, date(s) of incarceration: _____ to _____

Name of Prison: _____ Address: _____

Does the non-custodial parent received a pension, disability benefits, social security, or have any other source of income? Unknown Yes No

If yes, indicate source: _____ Amount: \$ _____ Per _____

Does the non-custodial parent provide insurance for the child(ren)? Unknown Yes No

If yes, name of **Health Insurance** Company: _____

Address of Insurance Company: _____

Policy Number: _____

If yes, name of **Dental Insurance** Company: _____

Address of Insurance Company: _____

Policy Number: _____



AFFIDAVIT OF PAYMENTS (Complete this section only if you currently have a child support order)

Custodial Parent: _____

Non-Custodial Parent: _____

List any agency that has collected child support payments on behalf of your child(ren): _____

Address: _____
 (Street) (City) (State) (Zip Code)

Phone Number(s): _____

Has the NCP ever made support payments directly to you? Yes No

If yes, list only those payments paid directly.

Do not list payments received by an agency and forwarded to you according to the terms of the order.

The information below is for the YEAR: _____

| <u>Amount Owed</u> | | <u>Balance</u> | | <u>Amount Paid</u> | |
|--------------------|-------|----------------|-------|--------------------|-------|
| Jan | _____ | Jan | _____ | Jan | _____ |
| Feb | _____ | Feb | _____ | Feb | _____ |
| Mar | _____ | Mar | _____ | Mar | _____ |
| Apr | _____ | Apr | _____ | Apr | _____ |
| May | _____ | May | _____ | May | _____ |
| Jun | _____ | Jun | _____ | Jun | _____ |
| Jul | _____ | Jul | _____ | Jul | _____ |
| Aug | _____ | Aug | _____ | Aug | _____ |
| Sep | _____ | Sep | _____ | Sep | _____ |
| Oct | _____ | Oct | _____ | Oct | _____ |
| Nov | _____ | Nov | _____ | Nov | _____ |
| Dec | _____ | Dec | _____ | Dec | _____ |
| Total | _____ | Total | _____ | Total | _____ |

Certification: I hereby certify that the statements I have give in this document are true and correct. I further agree to notify DCSS immediately of any changes in my address, telephone number, income, expenses, or employer.

Signature _____ Date _____

Sworn and subscribed before me this _____ day of _____

_____ Date _____

Notary Public Signature



CERTIFICATION BY CUSTODIAN

By signing this document, I agree to the following:

- 1. I understand that, under Family Court Civil Rule 87.2, a petition for new support will be filed in the county where the child(ren) and I reside. I may submit to DCSS a written request to file in a different county. If I elect to file my support petition in a county other than where the child(ren) and I reside, I agree to absorb all expenses associated with attending the hearing(s), such as travel expenses, parking fees, and childcare costs.
2. I will appear at all mediation conferences and Family Court hearings held in Delaware. I understand that failure to appear in Family Court for scheduled hearings or mediations may result in dismissal of the petition and/or sanctions that could affect the receipt of state assistance.
3. I will cooperate with DCSS by providing requested documentation.
4. I understand that all child support payments must pass through the DCSS State Disbursement Unit for proper accounting. I understand that the Non-Custodial Parent may not receive credit for payments delivered to me directly, and I will report any direct payments I received to a DCSS worker.
5. I understand that DCSS will utilize all available resources to recoup or recover payments sent to me in error, including but not limited to, withholding future child support payments.
6. I understand that I am required to notify DCSS in writing within five (5) days of any of the following events:
- If I retain the services of a private attorney.
- If I have a change in name.
- If I move or change my address.
- If the custody of the child(ren) changes and I am no longer the primary custodian.
7. I agree to have DCSS act on my behalf to enter into negotiations with the Non-Custodial Parent or his/her attorney to settle any child support claims I may have. I further request DCSS to file any necessary legal documents against the Non-Custodial Parent. Under Delaware law, a Deputy Attorney General who handles my case is deemed to represent the stage agency, DCSS, and not me individually.
8. I will comply with DCSS requirements and administrative enforcements to effectively process my case
These services are available to me under the Child Support Services Program:
- Locate parent(s) responsible to provide support.
- Enforce support order.
- Modify existing order.
- Establish paternity
- Establish medical (health insurance) order
- Establish child support order
Service will be implemented in accordance with my Case Status. I can stop services by notifying DCSS in writing. I understand that enforcement action cannot be declined if I am receiving TANF or Medicaid benefits, or if there are child support arrears owed to the state.
9. Notice Regarding Use of Social Security Number (SSN): Federal child support mandates [42 USC §666(a)(13)] require the collection of SSNs for all individuals involved in paternity and child support orders. SSNs are used under the state's child support services program to locate individuals for purposes of establishing paternity and establishing, modifying and enforcing support obligations.

Signature of Applicant Date
Sworn and subscribed before me this ___ day of ___ Date

Notary Public Signature

Copy to Custodial Party.