



**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) 739-8299

**SUSSEX COUNTY**

20105 Office Circle  
Georgetown Professional Park  
Georgetown, DE 19947  
(302) 856-5386

**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 (if applicable)   |
| <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 (if applicable)   |
| <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 (if applicable)  |
| <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 (both sides)   |





**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	_____
<b>Total</b>	_____	<b>Total</b>	_____	<b>Total</b>	_____

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.
2. I will appear at all mediation conferences and Family Court hearings held in Delaware.
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.
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:
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.
8. I will comply with DCSS requirements and administrative enforcements to effectively process my case
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.

Signature of Applicant Date
Sworn and subscribed before me this \_\_\_ day of \_\_\_ Date

Notary Public Signature

Copy to Custodial Party.

