

OFFICE OF THE PROSECUTING ATTORNEY

**DIVISION OF CHILD SUPPORT ENFORCEMENT
CIVIC CENTER COMPLEX
SUITE 108 ADMINISTRATION BUILDING
1 NW MARTIN LUTHER KING JR. BLVD.
EVANSVILLE INDIANA 47708-1838
PHONE (812) 435-5326**

CHILD SUPPORT ENROLLMENT PACKET

Welcome to the Vanderburgh County Child Support Division. To open a Child Support case in our Office, please complete the attached form and return to the office with the information listed below. The Child Support Enrollment form is required. Additional documents are not required; however, providing these documents with the enrollment form will expedite the processing of your request. Please be advised that our office cannot make copies of documents for you.

- ✓ Driver's License or State Issued ID
- ✓ One copy of the child's Social Security card
- ✓ One copy of the child's Medicaid card (if applicable)
- ✓ One copy of all court orders and modifications (if applicable)
- ✓ If the Non-Custodial parent lives out of state or if you have ever accepted payments directly from him/her, you must complete a Direct Payment Affidavit when you turn in your enrollment form. You will be required to provide the dollar amount of money the Non-Custodial Parent has paid you. You will be required to present your identification in order for the Affidavit to be properly notarized.

Date Enrollment Form Received _____
Received by _____

CHILD SUPPORT ENROLLMENT FORM

Enrollee Name (Print): _____

Relationship to the Case (Circle 1): Custodial Party/Non-Custodial Parent/DCS
Case Manager

Please mark the reason for your request for services:

- Parent locate services
- Establishment of paternity
- Establishment and enforcement of child support
- Enforcement of an existing child support/medical support order
- Modification of an existing child support/medical support order
- Collection of arrears on existing child support/medical support order
- Other _____

How did you hear about our services:

- Division of Family Resources
- Department of Child Services
- Social media
- Friend/Family
- Other _____

Please provide any additional information regarding your request that you feel is important to processing your enrollment request.



INDIANA CHILD SUPPORT SERVICES ENROLLMENT

State Form 34882 (R17 / 3-20) / CSB 425A
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS:

1. Complete this form by providing the requested information.
2. Take or mail the signed form to your County Child Support Office.

NOTICE TO ENROLLEE

All custodial parties and non-custodial parents may enroll to receive child support services. There is no enrollment fee or residency requirement.

Child Support Services include:

- Parent location,
- Establishment of paternity,
- Establishment, modification, and/or enforcement of child support obligations, and
- Establishment, modification, and/or enforcement of medical support for dependent children.

Information provided for this enrollment is confidential and is protected to prevent unauthorized disclosure.

ENROLLEE INFORMATION

Last name		First name		Middle name	Suffix (<i>Jr., III, etc.</i>)
Other names used		Relationship to dependents on this form (<i>mother, father, guardian, other</i>)		Do you have primary physical custody of dependents on this form? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of birth (<i>month, day, year</i>)	Gender	Race	Social Security Number / ITIN		
Home address (<i>Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code</i>)					
Mailing address, if different from address above (<i>Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code</i>)					
Telephone number (<i>cellular</i>) () ()	Telephone number (<i>home</i>) () ()	Telephone number (<i>work</i>) () ()	E-mail address		
Do you need special assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>If yes, complete next box.</i>)		Specify assistance needed here (<i>i.e., physical, hearing impaired, language interpreter, other</i>)			
Do you believe that pursuing child support services may result in physical or emotional harm to you or your child(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>If yes, your case worker may discuss additional protections offered when providing child support services.</i>)					
Do either of the following apply? <input type="checkbox"/> Active Military Duty <input type="checkbox"/> Currently Incarcerated		Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>If yes, complete the next two boxes.</i>)		Name of employer	
Address of employer (<i>Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code</i>)					
Marital status of enrollee to other parent <input type="checkbox"/> Never married <input type="checkbox"/> Divorced <input type="checkbox"/> Divorce pending <input type="checkbox"/> Married <input type="checkbox"/> Legally separated <input type="checkbox"/> Separated					
Do you have a private attorney handling paternity and/or support matters for dependents listed in this form? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>If yes, complete next box.</i>)			Name of attorney (<i>full name</i>)		
Are you applying for services for an unborn child? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>If yes, complete next box.</i>)			Due date (<i>month, day, year</i>)		

DEPENDENT #1 INFORMATION

Last name		First name		Middle name	Suffix (<i>Jr., III, etc.</i>)
Date of birth (<i>month, day, year</i>)	Place of birth (<i>City and State</i>)	Gender	Race	Social Security Number / ITIN	
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (<i>If yes, then complete the next two boxes.</i>)		How was paternity established? <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit (<i>If by court order, complete the next box.</i>)		Where was paternity established? (<i>County and state</i>)	
Is there a court ordered child support obligation for this dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (<i>If yes, complete the next box.</i>)		Where was child support ordered? (<i>County and state</i>)		Enrolled in Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	

DEPENDENT #2 INFORMATION

Last name		First name		Middle name	Suffix (<i>Jr., III, etc.</i>)
Date of birth (<i>month, day, year</i>)	Place of birth (<i>City and State</i>)	Gender	Race	Social Security Number / ITIN	
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (<i>If yes, then complete the next two boxes.</i>)		How was paternity established? <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit (<i>If by court order, complete the next box.</i>)		Where was paternity established? (<i>County and state</i>)	
Is there a court ordered child support obligation for this dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (<i>If yes, complete the next box.</i>)		Where was child support ordered? (<i>County and state</i>)		Enrolled in Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	

DEPENDENT #3 INFORMATION

(Attach separate page with information requested below for all additional dependents.)

Last name		First name		Middle name		Suffix (Jr., III, etc.)	
Date of birth (month, day, year)		Place of birth (City and State)		Gender		Race	
Social Security Number / ITIN		Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, then complete the next two boxes.)</i>		How was paternity established? <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit <i>(If by court order, complete the next box.)</i>		Where was paternity established? (County and state)	
Is there a court ordered child support obligation for this dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, complete the next box.)</i>		Where was child support ordered? (County and state)		Enrolled in Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No			

OTHER PARENT INFORMATION

(Attach separate page with information requested below for all additional parents, or additional potential parents if paternity has not been established.)

Last name		First name		Middle name		Suffix (Jr., III, etc.)	
Other names used		Relationship to dependents on this form <i>(mother, father, potential father, guardian, other)</i>		Does this parent have primary physical custody of dependents on this form? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of birth (month, day, year)		Gender		Race		Social Security Number / ITIN	
Height	Weight	Hair Color		Other distinguishing characteristics (eye color, tattoos, etc.)			
Home address (Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code)							
Mailing address, if different from address above (Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code)							
Telephone number (cellular) ()		Telephone number (home) ()		Telephone number (work) ()		E-mail address	
Does this parent need special assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete next box.)</i>		Specify assistance needed here (physical, hearing impaired, language interpreter, other)					
Do either of the following apply? <input type="checkbox"/> Active Military Duty <input type="checkbox"/> Currently Incarcerated		Current or last known employer		Employer telephone number ()			
Address of employer (Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code)							
Does this parent have a private attorney handling paternity and/or support matters for dependents listed in this form? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete next box.)</i>				Name of attorney (full name)			

AFFIRMATION AND AGREEMENT

- I hereby swear and affirm under the penalties of perjury that the information contained in this form is true and correct to the best of my knowledge. Providing false information could result in perjury charges being filed against me.
- I understand that child support services DO NOT include establishment or enforcement of parenting time or parenting time credits, the assignment of the right to claim a child as a dependent for federal or state tax purposes, nor any matters other than those associated with establishment of paternity (if needed) and the financial support of dependent children.
- I am advised that attorneys and staff at the Child Support Bureau and County Child Support Office providing these child support services represent the State of Indiana and do not represent the enrollee or any other person or entity. Communications between the enrollee or other participants and the Child Support Bureau or County Child Support Office are not confidential communications protected by the attorney/client privilege under IC 34-46-3-1.
- I understand that I must cooperate with the County Child Support Office in order for my case to be processed, and non-cooperation can result in termination of child support services. I further understand that this enrollment to receive child support services does not guarantee successful action on the case but rather that all reasonable attempts will be made to obtain successful results.
- I understand that I may terminate services by notifying the County Child Support Office handling my case in writing that services are no longer desired. Services may only be terminated in accordance with 45 C.F.R. 303.11. Termination of these services does not modify or terminate existing child support orders or obligations.
- I authorize the Indiana State Central Collection Unit (INSCCU) to endorse and negotiate any checks received by INSCCU for payment of support on my child support case.

Printed name of parent / guardian (if enrollee is an unemancipated minor)	Signature of parent / guardian (if enrollee is an unemancipated minor) X _____
Printed name of enrollee	I agree that if I am overpaid, the state may recoup the amount of the overpayment from future child support payments owed to me. <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of enrollee X _____	Date signed (month, day, year)