

**APPLICATION FOR CHILD SUPPORT
ENFORCEMENT (CSE) SERVICES**
_____ County

For Office Use Only:

Date Sent ____/____/____

Date Received ____/____/____

Fee paid by: CP NCP County CSE

How paid: Cash/M.O. Check # _____

GETTING STARTED

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

WHAT WE NEED FROM YOU:

To start the process please supply the following legal documents that apply to your situation:

1. One (1) application for each non-custodial parent
2. Copy of Birth Certificate and Social Security card for all Children applying for services
3. Provide copy of personal identification (i.e., Driver's License)
4. A photo of the other parent, if available, to be returned
5. Verification of income (i.e., pay stubs, tax returns)
6. Copy of Marriage Certificate (if not available, supply date of marriage and court)
7. Copy of Court orders signed by a judge or magistrate, (if not available supply date, county, state of filing and court case number)
 - Divorce Decree or Petition, Separation Agreement
 - Paternity Orders
 - Certified Copy of Child and/or Spousal Support Order
 - All modifications
8. Complete payment records of all support paid to the custodial party directly or through a court

SERVICES PROVIDED BY CSE:

CSE is authorized by law to provide the following services:

1. Establishment of paternity (if necessary)
2. Establishment and/or modification of a child/medical support order
3. Enforcement of a child/medical support order, including spousal maintenance when combined with child support
4. Payments are processed through the Family Support Registry (FSR)
5. May collect overdue child support from the non-custodial parent's IRS and State tax refunds or lottery winnings.
 - If an IRS intercept occurs, a \$25 fee will be deducted from the intercept
 - CSE has authority to hold an IRS joint tax refund prior to release of funds for up to six (6) 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:

INITIAL

___ CSE represents the People of the State of Colorado. No attorney–client relationship or privilege exists between either party and the CSE staff.

INITIAL

___ CSE does **not** handle parental responsibility (custody), parenting time (visitation), or property settlement.

INITIAL

___ CSE determines the appropriate actions to be used when providing services.

INITIAL

___ If you believe that there is a change (i.e. financial, medical ...) which could cause an adjustment to the amount of the order, you may submit a written request for a review.

INITIAL

___ A written request from the applicant to stop CSE services may be made. However, if TANF and/or Medicaid is still being received or arrears are owed, the case may remain open. CSE may also close your case by using criteria established by current state and federal regulations (i.e. not being able to locate you, if you do not supply a forwarding address ...).

INITIAL

___ Each individual county determines optional services. Inquire about these services that may be available in the county of application.

YOUR RESPONSIBILITIES

INITIAL

___ 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.

INITIAL

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

INITIAL

___ If you are a caretaker/relative (i.e. grandparent, aunt, uncle, adult sibling or stepparent ...) you are required to open a child support case against both biological parents. CSE will **not** close one of the two cases against the biological parents at your request.

INITIAL

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

INITIAL

___ If you have special needs or need special accommodations under the American Disabilities Act, contact the county with which you are applying.

INITIAL

___ You must notify CSE in writing if any of the following changes occur. Failure to do so may result in child support payments or medical support discontinuing.

1. Legal name change, 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 direct payments are made to the custodial party
3. When a child no longer lives with the custodial party (i.e. marries, is adopted, joins the armed forces or is deceased ...)
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 CSE was not involved with (i.e. separation, divorce, parental responsibility...)

INITIAL

___ Arrears owed to the custodial party will be paid first before TANF arrears will be paid to the State of Colorado, unless there is an IRS tax intercept.

INITIAL

___ 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 CSE 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.

INITIAL

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

INITIAL

___ Federal law requires CSE to withhold \$25.00 one time each year from the child support collected on a non-public assistance case, if over \$500.00 is collected during that year.

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

Confidentiality laws protect all information provided to CSE. CSE 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 CSE to further safeguard this information and an additional order of the court may be needed.

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

CUSTODIAL PARTY (CP) INFORMATION:

Legal Name: _____
Last First Middle Maiden/Other

Social Security #: _____ Date of Birth: _____ Gender: M F

Place of Birth: _____
City State County

Residence address: _____
Street Apt./Unit City State Zip

Mailing address (if different): _____

Phone Numbers:

Home _____ Work _____ Cell _____ Fax _____

Message # _____ Email _____

Employer and/or Union: _____
Name

Address City Zip

Occupation or Trade _____

Is it okay to make contact at work? Yes No Work Schedule: _____

Relationship to the child(ren): Mother Father Other, explain _____

When was custody of the child(ren) obtained? _____

What was the situation (leading to obtaining custody)? _____

Is there currently an attorney involved in this child support case? Yes No

If yes: Attorney's: _____
Name

Address City State Zip Telephone

Have the child(ren) received public assistance? Yes No Type received: TANF Medicaid Foster Care

What County/State _____ Begin/End Date _____

If you are the mother, are you pregnant? Yes No If yes: What is the due date? _____

Who is the father? _____

Emergency Contact (if CP can't be reached): _____
Name

Address City State Zip Telephone

NON-CUSTODIAL PARENT (NCP) INFORMATION:

Legal Name: _____
Last First Middle Maiden/Other

Relationship to the Child(ren): Mother Father Alleged Father (paternity not established)

Social Security #: _____ Date of Birth: _____ Gender: M F

Place of Birth: _____
City State County

Current or Last Known residence address: _____
(Circle one) Street Apt./Unit

City State Zip

Mailing address (if different): _____

Phone Numbers:

Home _____ Work _____ Cell _____ Fax _____

Message # _____ Email _____

Employer and/or Union: _____
Name

Address City Zip

Occupation or Trade _____

Physical Description: Height _____ Weight _____ Hair Color _____ Eye Color _____

Identifying Marks (i.e., scars, tattoos, piercing ...) _____

Race: Caucasian African American Hispanic Asian Other _____

In prison? Yes No Date of release _____

Which facility? _____ DOC# _____

In the military? Yes No Branch _____

Disabled? Yes No If yes, receive Social Security? Yes No

List any assets (i.e., real estate, bank accounts, and license to work a profession ...)

List any vehicle(s)? (Model, make, year and color) _____

Driver's License Number: _____ State: _____

List any other biological child(ren)? _____

Child(ren)'s other biological parent _____

NCP's Mother's information: _____
Name Address Telephone

NCP's Father's information: _____
Name Address Telephone

Is there any other information that may help us locate the other party? _____

Emergency Contact (if NCP can't be reached): _____
Name

Address City State Zip Telephone

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 Country 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 Country of Conception			
Who are listed as the parents on the Birth Certificate?			
Child Support Order # County and State			

PARENT RELATIONSHIP STATUS

Were the parents of the child(ren) ever married? Yes No Date of Marriage _____

Date Separated _____ Date Divorced _____ In what city, county and state? _____

Date of last contact with other parent _____

If paternity has been established, how? Genetic Testing Acknowledgement of Paternity Court

Did this person ever live with the child (ren) in the State of Colorado? Yes No

When and where? _____

Is domestic violence a concern? Yes No

Is there a restraining order? Yes No

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 of child(ren) covered by other insurance: _____

Other insurance company's information:

- Name: _____
- Address: _____
- Telephone Number: _____
- Policy Number: _____
- Group Number: _____
- Date Insurance began: _____
- Type of Coverage(s) Provided: Medical Dental Vision Other _____

Who provides other insurance coverage:

- Name: _____
- Social Security Number: _____
- Relation to the covered child(ren): _____
- Address: _____
Street City State Zip
- Telephone numbers: _____
Work Home Cell Message



Colorado Department
of Human Services
people who help people

WAIVER OF APPLICATION FEE

I am requesting that the Child Support Enforcement application fee be waived due to financial hardship.

Name of Applicant _____

Social Security Number _____

Number of People in Household _____

Monthly Household Income _____

Signature of Applicant _____

Date _____

County Office Use Only

Reviewed by _____

Date _____

____ Approved

____ Denied _____



Colorado Department of Human Services
people who help people

DISTRICT COURT, _____ COUNTY, COLORADO

COURT CASE NO. _____ DIVISION _____

AFFIDAVIT OF PATERNITY AND PARENTAGE ADVISEMENT AND ADMISSION

I, _____, declare that the following statements are true and complete to the best of my knowledge.

_____ is the biological father of the following child(ren):

CHILD'S LEGAL NAME	DOB	STATE/COUNTRY OF CONCEPTION

INFORMATION ABOUT THE FATHER:

Full Legal Name: _____

SSN _____ Date of Birth _____

Did the father ever live with the child(ren) in the state of Colorado? Yes No

If yes, which child(ren)?

Were you married at the time the child(ren) were conceived? Yes No

Name of your husband at the time: _____

Which child(ren)? _____

ADVISEMENT

You and your child(ren) may be required to have genetic tests to determine paternity of the child(ren).

If the person you named is found not to be the father, then you may be held responsible for repayment of the cost of genetic testing.

Because this matter may proceed administratively, a court hearing on the issue of paternity may not be held.

1. I state that I am the biological mother of the child(ren) named above and I am making this admission of my own free will.
2. I understand that statements contained in this affidavit may be used in legal action to determine paternity and a support obligation.
3. I state that all of the statements above are true and complete, to the best of my knowledge.

Print Legal Name _____

Signature _____ Date _____

Subscribed and sworn before me in _____ County,

Colorado, on _____.

My commission expires: _____

Notary Public: _____



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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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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 _____



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: _____