



DIVISION OF CHILD SUPPORT ENFORCEMENT

APPLICATION

INSTRUCTIONS

Please complete the entire application, attach all required documents, and sign before a Notary. *(Notary services are provided free of charge at DCSE 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, General Assistance, Food Stamps, 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), requires DCSE to charge an annual processing fee of \$25 for each child support case in which the applicant has never received TANF assistance. DCSE will deduct this fee from child support payments to the custodial party after collections of at least \$500 in each federal fiscal year (Oct. 1 – Sept. 30).

PROCEDURES

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

DCSE 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 necessary.

DCSE 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 activated according to case account status. DCSE 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

Carroll’s Plaza, Suite 101
1114 S. DuPont Hwy.
Dover, DE 19901
(302) 739-8299

SUSSEX COUNTY

9 Academy St.
Georgetown, DE 19947
(302) 856-5386

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

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

WEBSITE

www.dhss.delaware.gov/dcse



APPLICATION FOR CHILD SUPPORT SERVICES

DCSE 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.

<u>I am attaching</u>	<u>I will provide</u>	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
<input type="checkbox"/>	<input type="checkbox"/>	Original and modified support orders including divorce decrees and custody orders. Orders established outside of Delaware must be certified by the Court in which they were established.
<input type="checkbox"/>	<input type="checkbox"/>	Certified payment history/arrears statement, if order is established
<input type="checkbox"/>	<input type="checkbox"/>	Copy of marriage license and divorce decree (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: _____

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 Currently Married Separated Divorced Other _____

2. If Married, Date of Marriage: _____ State & County Where Married: _____
State of last shared address: _____

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

4. If separated, has a private attorney started divorce proceedings &/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 & 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 the father's name on the child's birth certificate? Yes No

Was the mother married to anyone at the time of the child's birth, or within 300 days prior to the child's birth? Yes No

If yes, indicate name of husband:

Date of Marriage: 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? 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 the father's name on the child's birth certificate? Yes No



SECTION II: CHILD(REN) – cont'd

Was the mother married to anyone at the time of the child's birth, or within 300 days prior to the child's birth?
Yes No

If yes, indicate name of husband:

Date of Marriage: 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?
Was genetic testing done?
Was a "Voluntary Acknowledgement of Paternity" signed?
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 the father's name on the child's birth certificate?
Yes No

Was the mother married to anyone at the time of the child's birth, or within 300 days prior to the child's birth?
Yes No

If yes, indicate name of husband:

Date of Marriage: 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, DCSE 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: _____

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: _____

Name of Prison: _____ Address: _____

Does the non-custodial parent receive 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	_____
Sept	_____	Sept	_____	Sept	_____
Oct	_____	Oct	_____	Oct	_____
Nov	_____	Nov	_____	Nov	_____
Dec	_____	Dec	_____	Dec	_____
Total	_____	Total	_____	Total	_____

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

Signature _____ Date _____

Sworn and subscribed before me this _____ day of _____ 20_____.

Notary Public Signature _____ Date _____



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 DCSE 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 DCSE by providing requested documentation.
4. I understand that all child support payments must pass through the DCSE State Disbursement Unit for proper accounting.
5. I understand that DCSE will utilize all available resources to recoup or recover payments sent to me in error.
6. I understand that I am required to notify DCSE in writing within five (5) days of any of the following events:
7. I agree to have DCSE 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 DCSE requirements and administrative enforcements to effectively process my case.
9. Notice Regarding Use of Social Security Numbers (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 ___ 20___.

Notary Public Signature Date