

REQUEST FOR SUPPORT SERVICES

DCSS 0055 (07/24/2016)

CSE Case Number:

INSTRUCTIONS: Read carefully before signing below. Your signature is required in order for us to open a case for you.

In accordance with the Federal Deficit Reduction Act of 2005 the Department of Child Support Services may assess a \$25 Annual Service Fee for each case that has never received public assistance. This fee will be assessed every year on October 1st for each case in which at least \$500 has been disbursed to the family in the prior Federal Fiscal Year, (October 1st - September 30th). The fee will be automatically deducted from the next payment(s) issued to the custodial party after October 1st until the fee has been recovered in full.

I want the local child support agency to help me get a child support order to establish paternity for the child(ren) or enforce a support order I have.

I understand that I am applying for these services under the Child Support Services Program under Title IV-D of the Social Security Act.

I will let the child support agency know right away:

- When each child marries.
- When each child reaches age 18 years or 19 years and is not a full-time student, whichever happens first.
- If my home address, mailing address, or telephone number changes.
- If my employer, including name, address, and telephone number changes.
- If my income changes.
- If my status, cost, or availability of health insurance coverage changes.
- If any information regarding the whereabouts of the other parent(s) changes.
- If the parent(s) moves back in together with the children, or
- If there is any change in custody, childcare or visitation.

I am aware that the local child support agency does not represent me, the other parent, or the children who are the subject of this case. No attorney-client relationship exists between the local child support agency and me, the other parent, or the children. No attorney-client relationship will arise if the local child support agency provides the support services I have requested.

I declare under penalty of perjury that I have read, understand, and agree to all of the terms specified above.

PRINT NAME_____
SIGNATURE_____
DATE