



# APPLICATION FOR CHILD SUPPORT ENFORCEMENT (CSE) SERVICES

\_\_\_\_\_ County

<b>For Office Use Only:</b> Date Sent ____/____/____ Date Received ____/____/____ Fee paid by: <input type="checkbox"/> CP <input type="checkbox"/> NCP <input type="checkbox"/> County CSE How paid: <input type="checkbox"/> Cash/M.O. <input type="checkbox"/> Check # _____
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## 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](http://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