Application for Child Support Services



childsupport.ny.gov

A Program of the Office of Temporary and Disability Assistance

Welcome!

New York's Child Support Program works with parents and guardians to strengthen families and provide children with the financial and medical support they need.

To start the application process:

- 1. Review the **Important Information about Child Support Services**, pages 1-4, and keep this document for your records.
- Complete and sign Part A Application (pages A-1 through A-4).
 You must sign the Application to receive Child Support Services.
- 3. Complete **Part B Child Information** (pages B-1 through B-2) for each child (up to two children) with the Other Party named in this application.
- 4. If you have more than two (2) children with the Other Party named in this application, obtain and complete the separate form, Additional Child Information (LDSS-5143B) for each additional child or photocopy page B-1 of Part B.
- 5. Review **Part C Supporting Documentation** (page C-1) and submit copies of all relevant documents with your application.

Important Information about Child Support Services

Please read and keep pages 1-4 for your records.

Definitions

Child - an individual under age 21 for whom support is sought.

Custodial Parent (CP) – the parent with primary care and custody of the child. In equal shared custody cases, this is the parent eligible to receive child support.

Guardian (G) – a nonparent caregiver with physical custody of at least one child under age 21. If the child lives with the guardian on a day-to-day basis, the guardian has physical custody of the child.

Noncustodial Parent (NCP) - the parent obligated to pay child support.

Alleged Father (AF) – the person who may be the child's father but who has not yet been legally declared to be the father.

Eligibility

In New York State, both parents are required to support their child until the child is 21 years of age. Any **parent** or **guardian** of at least one child under age 21 can apply for child support services. A **child** under age 21 or a **noncustodial parent** or **alleged father** may also apply for child support services.

Safeguarding Confidentiality

The Child Support Program is required to safeguard the privacy, integrity, access to, and use of your personal information (including case data kept in the computer system of the Child Support Program). We share your address and other identifying information with other State and federal agencies only for child support purposes or as otherwise permitted by law. Information can only be released to authorized persons for reasons authorized by law.

Use of Social Security Numbers: Federal law (42 USC § 666) requires that Social Security numbers be used only for locating parents, establishing paternity, and/or establishing, modifying, and enforcing an order of support; the administration of certain public benefit programs; or as otherwise permitted by law. In addition, Social Security numbers will be subject to verification through the Social Security Administration.

Safety Concerns

Please be sure to read and answer the Safety Concerns question on page A-1 of Part A - Application. If you check YES to the question, your local Child Support Program office will discuss your concerns with you and can assist you with filing an Address Confidentiality Affidavit with the court. We can also assist in preventing your address from appearing on documents we send to the court. We will prohibit disclosure of location information **at your request**, or if we learn:

- · You are residing in a domestic violence shelter;
- · You have an order of protection involving the Other Party;
- You have a domestic violence referral or other written statement from a public or private service provider; or
- A court has determined that contact with the Other Party creates a risk of physical or emotional harm to you or the child.

Services

The Child Support Program will provide the child support services appropriate for your case pursuant to federal and New York State law, regulation, and policy. With your assistance and cooperation, services may be provided to you for as long as child support payments are due and owing. The following services are provided, as appropriate:

- Location of the noncustodial parent or alleged father, including obtaining information about addresses, employment, other sources of income and assets, and health care coverage;
- Establishment of Paternity (legal fatherhood) for a child born to unmarried parents through the voluntary acknowledgment process or through a court-based process;
- Establishment and/or Modification of an order of support, including establishment of health insurance coverage or cash medical support, if available, from either parent;
- **Collection** and **Distribution** of child support or combined child and spousal support made payable through the Support Collection Unit, including educational expenses, child care expenses, and cash medical support;
- Enforcement of Support Obligations through income withholding from wages, benefits, or other income; federal and State tax refund intercept; seizure of assets and lottery winnings; credit bureau reporting; suspension of the noncustodial parent's New York State driver license; and referral to New York State Department of Taxation and Finance for collection. Court-ordered health insurance benefits are also enforced by the Child Support Program;
- · Filing and prosecuting Violation Petitions; and
- · Assistance with making an existing order of support payable through the Support Collection Unit.

All services listed above are also provided to parents who live in other counties, states, and some countries.

Your child support case may be closed for reasons including, but not limited to:

- · Paternity cannot be established;
- The noncustodial parent/alleged father cannot be located after diligent effort or is incarcerated with no chance of parole, permanently disabled with no ability to pay support, or institutionalized;
- The recipient of services fails to cooperate or provide information that is essential to the next step in providing services;
- · The recipient of services makes a written or verbal request to close the case; or
- The Child Support Program is unable to contact the recipient of services.

Paternity Establishment

Paternity establishment is the process of determining the legal father of a child. If the parents are not married, the alleged father has no rights or responsibilities to the child until a legal father is determined. In order for the alleged father to be the legal father, the parents must establish paternity for the child. **By establishing paternity for the child, the parents are ensuring that the child has the same rights and benefits as children born to married parents.** In New York State, paternity may be established by either signing a voluntary Acknowledgment of Paternity form or filing a court petition to have the court determine paternity and issue an Order of Filiation.

Child Support Obligations

The basic child support obligation includes a percentagebased obligation, a provision for health insurance coverage and/or cash medical support, child care expenses, and educational expenses for the child, if determined by the court (Family Court Act § 413 and Domestic Relations Law § 240).

Child Support Percentages

50 B	
1 child	17%
2 children	25%
3 children	29%
4 children	31%
5 or more	at least 35%

The percentage guideline is applied to combined parental income up to \$148,000. Above \$148,000 (which will increase in 2020 and every two years thereafter with changes in the Consumer Price Index for All Urban Consumers [CPI-U]) the court determines whether to use the percentage guideline. The court may deviate from the percentage-based obligation based on the factors set forth in Family Court Act § 413(1)(f) and Domestic Relations Law § 240(1-b)(f).

Low Income Obligation: If the noncustodial parent's income is determined to be at or below the federal poverty level for a single person, the presumptive support amount is \$25 per month. When income is at or below the self-support reserve (135% of the federal poverty level), but above the federal poverty level, the presumptive support amount is \$50 per month.

Cost of Living Adjustment (COLA): An order is eligible for COLA when it is at least two (2) years old and the sum of the average annual percentage change in the CPI-U is equal to or greater than ten (10) percent since the order was issued, last modified, or last adjusted. Every two years your account will be reviewed to determine whether your order is eligible for a COLA. COLA adjustments are made without going to court. A notice is sent to both parties when an order is eligible for a COLA, and either party may request the adjustment.

Modification of Orders: The Child Support Program can assist you in filing a petition to modify your order of support, if needed. Either party has the right to seek a modification of the order of support based upon a showing of a substantial change in circumstances or other conditions provided in Family Court Act § 451 (2)(b).

Rights to Information Regarding Legal Proceedings: You have the right to be kept informed of the time, date, and place of any court proceedings involving you. You will be provided with a copy of any order establishing, modifying, adjusting, or enforcing an order of support, or any order dismissing the petition.

Distribution of Payments

Support payments are distributed according to federal and New York State distribution rules.

- If the custodial parent has never received Temporary Assistance, they will receive all support that is collected and due, except for the Annual Service Fee and the recovery of costs for legal services, if applicable.
- If the custodial parent formerly received Temporary Assistance, child support collections received will first be used to pay current support followed by payments for support arrears/past due support owed to the custodial parent and then to support arrears/past due support due to the social services district. Collections received from federal tax refund offset will first be paid to satisfy any support arrears/past due support due the social services district and then to support arrears/past due support owed to the custodial parent.

Recoupment of Overpayments

The Child Support Program collects child support payments on your behalf and sends them to you. In rare instances, an overpayment may occur due to a misdirected payment (money is sent to the wrong person) or an unfunded payment (payment is returned unpaid by the remitter's bank), among other reasons. If these situations occur:

- It is your responsibility to return or repay these funds.
- We will contact you to arrange for repayment of the amount overpaid either in a lump sum payment or, at your request by withholding twenty-five (25) percent of collections until the overpayment is repaid.

Legal Services

Applicants may request legal services to establish paternity or to establish, modify, or enforce a child support order. If you request legal services, you will be advised by the Child Support Program of the cost of such services, which vary by local Child Support Program office (see next section).

- The attorney assigned to your case is the legal representative of the Commissioner of the social services district and **does not represent you personally.**
- Matters of custody, visitation, or other issues not related to child support will not be handled by the attorney of the social services district.
- Any information, written or oral, which you provide to the social services district's attorney or staff **may not remain confidential**, including information indicating welfare fraud or child abuse.

Cost Recovery for Legal Services

Legal services are provided to applicants upon completion of the *Right to Recovery Agreement for Legal Services* (LDSS-4920).

- Costs for legal services will be recovered from support collected by the Child Support Program at the rate of 25% of your current support obligation.
- If you are the noncustodial parent, the cost for legal services will be recovered at the rate of 25% of the current support obligation or payment you are required to make, and will be added to the support obligation that you pay until the cost is reimbursed.
- · All support arrears/past due support will be paid in full before costs for legal services are settled.

Annual Service Fee

If the custodial parent is receiving child support services and has never received assistance through the Temporary Assistance for Needy Families (TANF) program in New York State or any other state, and child support is being paid to the family, an annual service fee of \$35 will be assessed if more than \$550 of support is collected during the federal fiscal year (October 1 – September 30). If the custodial parent has child support accounts with more than one noncustodial parent on which more than \$550 is collected, separate \$35 fees will be assessed for each account.

Customer Service

You may obtain additional information about child support as well as payment and account information online at <u>childsupport.ny.gov</u> or by calling the New York State Child Support Helpline at 888-208-4485 (TTY: 866-875-9975 – Relay Service <u>http://www.fcc.gov/encyclopedia/trs-providers</u>). A personal identification number (PIN) is required to set up your online child support account. You will receive your PIN by mail when your child support account is established.

It is in your best interest to regularly check your account to ensure that your payments are received on time and in full. **You must keep your address and contact information up to date**, which you may do by calling the Child Support Helpline or by contacting your local Child Support Program office. The contact information for your local Child Support Program office, including an email link, can be found at <u>https://www.childsupport.ny.gov/DCSE/LocalOffices</u>.

Part A – Application

Special Assistance	
1a. What is your primary spoken language?	
🗌 English 🔲 Español 🗌 बाঙाल िि ्र ्याः 🗌 中文 🗌 Kreyòl Ayisye	n 🗌 한국어 🗋 РУССКИЙ 🗌 Other
1b. What is your primary reading language?	
2. Do you need language assistance? 🗌 Yes 🗌 No	
3. Do you have a disability that prevents you from completing this Applic	ation or being interviewed? 🗌 Yes 🗌 No
If YES, please indicate what assistance you need?	
Safety Concerns (See page 1 of the Important Information also	ut Child Support Services for additional information
Safety Concerns (See page 1 of the Important Information abo Do you feel your safety or the safety of your child is at risk if you seek Ch	
A unlight information	
Applicant Information	
I am the (check one): Custodial Parent Guardian - Relationship:	
	Child
If you are the custodial parent, the guardian, or the child, complete a sep	arate application for each noncustodial parent or alleged father.
Child Support History Are you currently in receipt of Child Support Services? Yes No	
	State Case #
Have you previously received Child Support Services?	
	State Case #
Public Assistance History	and the second s
Are you currently an applicant of, or in receipt of public assistance benefi	ts? 🗌 Yes 🔲 No
	State Case #
If Yes, STOP. An LDSS-5145 Referral for Child Support Services is re	
Did you previously receive public assistance benefits under the Temporary	
If yes, where? County S	Case #
Date you last received assistance (Month/Day/Year)	
Legal Name	Alias or Other Known Name
First Middle Last	Suffix (e.g., Maiden Name)
SSN/ITIN Gender	Binary/Other
Race-Ethnic Affiliation (Optional)	White, non-Hispanic
Asian Black or African-American Hispanic or Latina/ Native American or Alaskan Native Native Hawaiian or Pacific	
	iling Address (if different than residential address)
	care of:
Street Str	eet
Floor/Apt. City State ZIP Flo	or/Apt. City State ZIP

A-1

Contact information								
Home Phone #	Cell Phone #	8	Other Pl	hone #		Email Addre	ISS	
Preference Home	Cell 🗌 Oth	er	Best tir	ne to call [] Mornir	ng 🗌 After	noon	
Secondary Contact								
First	Middle		Last			Suffix	Relationship	
Street		City			State	ZIP	Phone #	
Marital Status to Other Pa	rtv							
Were you ever married to th		□ Yes □ No	Date of	Marriage				
,			1	L				-
Place of Marriage City			State	Cou	ntry			
Separated Date of Leg	al Separation			Name of Co	ourt 🗌			State
Divorced Date of Div	orce			Name of Co	ourt			State
Divorce Pending Nam	e of Court			State				
Marital Status to Someone					12122 2			
Has the Applicant ever been		eone other than t	he Other	-	_	ned in this ap	oplication?	Yes 🗌 No
From	To			Name of Sp	ouse			
From	То			Name of Sp	ouse			
Health Care Coverage Info	rmation							
Does the Applicant's employ		offer or provide b	oalth ins	urance benef	ite? 🗆	Yes 🗌 No	🗌 Unknown	
Is the Applicant enrolled?		()						
is the Applicant enfolied:			overage		overage			
	No							
	🗌 Unknown							

Continue to Page A-3

Other Party Information	- UDA	
The Other Party is (check one): Noncustodial Parent Alleged Father Legal Name		Guardian Guardian
First Middle Last	Suffix (e	e.g., Maiden Name)
SSN/ITIN Gender		th (Month/Day/Year)
Race-Ethnic Affiliation (Optional) Asian Black or African-American Native American or Alaskan Native Native Hawaiian or Pacific Islander Primary Language English	White, non-Hispanic	
Primary Language English Spanish Other (specify)		
	r Color	
Photo Ves (Attach Photo) No		
Social Media Information		
Facebook Twitter	Instagram	
Other Party's Parent Information Name Address	Phone #	Relationship
Name Addroso	Phone #	Relationship
Name Address		
Disco of Dista City		1
Place of Birth City State Country		
Date of Last Contact Relationship of Other Party to Applicant Month/Day/Year Spouse Former Spouse Parent Partner Former Partner Other	t	
Residential Address Current Last Known Mailing Add In care of: In care of: In care of: In care of:	dress (if different than re	sidential address)
Street Street		
Floor/Apt. City State ZIP Floor/Apt.	City	State ZIP
Contact information Home Phone # Cell Phone # Other Phone #	Email Address	i
Preference Home Cell Other Best time to call	Morning 🔲 Afterno	on
Employment Is the Other Party currently employed? Yes No Unknown Date la	st employed	
Is the Other Party self-employed? Yes No Unknown Employer/Business Name:		
	Current 🗌 Last Kno	own
Employer/Business Address: Street City	State ZIP P	hone #
Let Title (Occupation)		
Job Title/Occupation: Annual Salary \$	7	Mookly honofit
	┘ Yes No Unknow	Weekly benefit
	Unknown Name:	*

Marital Status to S	omeone other than Applicant				
Is the Other Party n	narried to someone other than the Appli	cant? 🗌 ໂ	res 🗌 No		
Name of Spouse		Address			
Email Address		Phone #			
Incarceration State Is the Other Party in		nown			
Name of Facility		Inmate #			
Facility Address C	ity	State	ZIP	Country	
Health Care Cover	age Information				
Does the Other Par	ty's employer/organization offer or prov	ide health in	surance benef	fits? 🗌 Yes 🗌 No	Unknown
Is the Other Party e	nrolled? 🗌 Yes (specify): 🗌 Individua	al Coverage	Family C	overage 🗌 No 🗌	Unknown
Vehicle Informatio	n				
Make	Model		Year	Color	
Own Lease	Business Vehicle License I	Plate		State	
Additional Informa	ation (e.g., assets, other contacts)				

Application/Affirmation for Child Support Services

By signing below, I understand and agree that:

I am applying for Child Support Services pursuant to New York State Social Services Law Section 111-g and under Title IV-D of the federal Social Security Act. I hereby subscribe and affirm under penalty of perjury that the information I have provided in this application and any accompanying documents has been examined by me and to the best of my knowledge and belief is true and correct. I will cooperate with the Child Support Program in its efforts to provide services, and I agree to tell my local Child Support Program office immediately of any new or changed information that relates to the information I have provided.

I will not accept court-ordered child support payments directly from the noncustodial parent or, if any are received, I will immediately forward them to the New York State Child Support Processing Center, P.O. Box 15363, Albany, NY, 12212-5363.

I have received the **Important Information about Child Support Services** which includes information about the recoupment of overpayments. I understand that in rare instances an overpayment can occur due to a misdirected payment (money is sent to the wrong person) or an unfunded payment (payment is returned unpaid by the remitter's bank), among other reasons. I further understand it is my responsibility to return or repay these funds and you will contact me to request reimbursement. I may repay the overpayment amount in one lump sum payment or I may request you withhold twenty-five percent (25%) of collections until the overpayment is repaid. Consent to withhold 25% of future collections is optional.

- I authorize the Child Support Program to send correspondence electronically, including when available, by email, text messages or other methods. To ensure confidentiality, I understand that it is my responsibility to provide a secure, valid, and active email address and cell phone number.
- Check this box if you wish to request legal services. A Right to Recovery Agreement for Legal Services (LDSS-4920) will be provided to you for completion.

Signature of Applicant	Date of Application	
Print Name		
	For Agency Use Only	-

Worker Code

	Date	Applica	tion R	eceived
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NY Case Identifier

Reminder: review Safety Concerns on page A-1 and evaluate need for FVI.

Part B	– Child	Information
(for each	child with	the Other Party)

SN/ITIN Gender Date of Birth (Month/Day/Year) Due Date SN/ITIN Gender Date of Birth (Month/Day/Year) Due Date ame of Parent Image: Complexity State Im	Name of Child #01	(10) each		Diller Faily)	
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Part B – Child Information (continued)

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Part C – Supporting Documentation

Please provide copies of all available supporting documents to your local Child Support Program office. Supporting documentation allows the Child Support Program to proceed with your child support case, including establishing paternity and establishing, modifying, and/or enforcing your child support order, as appropriate. Supporting documentation also aids the court in determining the income of each parent and the basic child support obligation. CHECK (<) the boxes indicating which documents you are providing.

Please do not send original documents in the mail.

General Documents
Applicant's Identification (e.g., driver license, passport)
🗌 Child Support Petitions 🔹 Order(s) of Support 📄 Marriage Certificate 📄 Separation Agreement 📄 Divorce Decree
Custody Order(s) Order of Protection / Restraining Order Health Insurance Benefit Cards
Summary Plan Descriptions of Health Insurance Benefits Other
Custodial Parent Documents
□ Recent Paystub □ Most recently filed Federal Tax Returns and all Schedules □ W-2
Social Security Card / IRS Letter for ITIN Social Security / Supplemental Security Income Award Letter(s)
Other
Child Documents (for each child)
□ Birth Certificate □ Order Establishing Paternity (Order of Filiation) □ Acknowledgment of Paternity
🗋 Affidavit Alleging Paternity 🛛 Social Security Card 🔅 Proof of Child Care Expenses 🗌 Proof of Educational Expenses
Proof of Unreimbursed Health Care Expenses Social Security/Supplemental Security Income Award Letter(s)
Adoption Subsidy Agreement (payment between adoptive parents and LDSS) or Placement Agreement (Child placed for purpose of adoption)
Other
Noncustodial Parent/Alleged Father Documents
🗌 Social Security Card / IRS letter for ITIN 🛛 🗌 Recent Paystub 🗌 Most recently filed Federal Tax Returns and all Schedules
🗌 W-2 🔹 Unemployment Insurance Benefit Notice 👘 Social Security / Supplemental Security Income Award Letter(s)
Military Service (DD-214) Incarceration, Probation or Parole Information
Temporary Assistance for Needy Families (TANF) Benefit Notice
Information About Professional, Business, Occupational, Recreational or Driver Licenses
Other