

# Application for Child Support Services



# 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.
2. 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 percentage-based 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

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 [childsupport.ny.gov](http://childsupport.ny.gov) or by calling the **New York State Child Support Helpline at 888-208-4485 (TTY: 866-875-9975 – Relay Service <http://www.fcc.gov/encyclopedia/trs-providers>)**. 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 <https://www.childsupport.ny.gov/DCSE/LocalOffices>.

## Part A – Application

### Special Assistance

1a. What is your primary spoken language?

☐ English ☐ Español ☐ বাংলা ☐ ربيبة ☐ 中文 ☐ Kreyòl Ayisyen ☐ 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 Application or being interviewed? ☐ Yes ☐ No

If YES, please indicate what assistance you need?

### Safety Concerns (See page 1 of the Important Information about Child Support Services for additional information)

Do you feel your safety or the safety of your child is at risk if you seek Child Support Services? ☐ Yes ☐ No

### Applicant Information

I am the (check one): ☐ Custodial Parent ☐ Guardian - Relationship:

☐ Noncustodial Parent ☐ Alleged Father ☐ Child

If you are the custodial parent, the guardian, or the child, complete a separate application for each noncustodial parent or alleged father.

#### Child Support History

Are you currently in receipt of Child Support Services? ☐ Yes ☐ No

If yes, where? County  State  Case #

Have you previously received Child Support Services? ☐ Yes ☐ No

If yes, where? County  State  Case #

#### Public Assistance History

Are you currently an applicant of, or in receipt of public assistance benefits? ☐ Yes ☐ No

If yes, where? County  State  Case #

**If Yes, STOP. An LDSS-5145 Referral for Child Support Services is required.**

Did you previously receive public assistance benefits under the Temporary Assistance for Needy Families (TANF) program? ☐ Yes ☐ No

If yes, where? County  State  Case #

Date you last received assistance (Month/Day/Year)

#### Legal Name

First  Middle  Last  Suffix  Alias or Other Known Name (e.g., Maiden Name)

#### SSN/ITIN

#### Gender

☐ Female ☐ Male ☐ Non-Binary/Other

#### Date of Birth (Month/Day/Year)

#### Race-Ethnic Affiliation (Optional)

☐ Asian ☐ Black or African-American ☐ Hispanic or Latina/o ☐ White, non-Hispanic  
☐ Native American or Alaskan Native ☐ Native Hawaiian or Pacific Islander ☐ Other

#### Residential Address

In care of:

Street

Floor/Apt.  City  State  ZIP

#### Mailing Address (if different than residential address)

In care of:

Street

Floor/Apt.  City  State  ZIP



**Contact information**

Home Phone #

Cell Phone #

Other Phone #

Email Address

**Preference** ☐ Home ☐ Cell ☐ Other**Best time to call** ☐ Morning ☐ Afternoon**Secondary Contact**

First

Middle

Last

Suffix

Relationship

Street

City

State

ZIP

Phone #

**Marital Status to Other Party**Were you ever married to the Other Party? ☐ Yes ☐ No Date of Marriage**Place of Marriage**

City

State

Country

☐ Separated

Date of Legal Separation

Name of Court

State

☐ Divorced

Date of Divorce

Name of Court

State

☐ Divorce Pending

Name of Court

State

**Marital Status to Someone other than Other Party**

Has the Applicant ever been married to someone other than the Other Party of the child named in this application?

☐ Yes☐ No

From

To

Name of Spouse

From

To

Name of Spouse

**Health Care Coverage Information**

Does the Applicant's employer/organization offer or provide health insurance benefits?

☐ Yes☐ No☐ Unknown

Is the Applicant enrolled?

☐ Yes (specify):☐ Individual Coverage☐ Family Coverage☐ No☐ Unknown**Continue to Page A-3**



**Other Party Information**

**The Other Party is (check one):** ☐ Noncustodial Parent ☐ Alleged Father ☐ Custodial Parent ☐ Guardian

**Legal Name**

First Middle Last Suffix Alias or Other Known Name  
(e.g., Maiden Name)

**SSN/ITIN** **Gender** **Date of Birth (Month/Day/Year)**

☐ Female ☐ Male ☐ Non-Binary/Other

**Race-Ethnic Affiliation (Optional)**

☐ Asian ☐ Black or African-American ☐ Hispanic or Latina/o ☐ White, non-Hispanic  
☐ Native American or Alaskan Native ☐ Native Hawaiian or Pacific Islander ☐ Other

**Primary Language** ☐ English ☐ Spanish ☐ Other (specify) \_\_\_\_\_

**Description**

Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight \_\_\_\_\_ lbs. Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

☐ Marks ☐ Scars ☐ Tattoos Describe \_\_\_\_\_

Photo ☐ Yes (Attach Photo) ☐ No

**Social Media Information**

Facebook \_\_\_\_\_ Twitter \_\_\_\_\_ Instagram \_\_\_\_\_

**Other Party's Parent Information**

Name Address Phone # Relationship

Name Address Phone # Relationship

**Place of Birth** City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

**Date of Last Contact**

Month/Day/Year

**Relationship of Other Party to Applicant**

☐ Spouse ☐ Former Spouse ☐ Parent  
☐ Partner ☐ Former Partner ☐ Other \_\_\_\_\_

**Residential Address** ☐ Current ☐ Last Known

In care of:

\_\_\_\_\_

Street \_\_\_\_\_

\_\_\_\_\_

Floor/Apt. City State ZIP

**Mailing Address (if different than residential address)**

In care of:

\_\_\_\_\_

Street \_\_\_\_\_

\_\_\_\_\_

Floor/Apt. City State ZIP

**Contact information**

Home Phone # Cell Phone # Other Phone # Email Address

**Preference** ☐ Home ☐ Cell ☐ Other

**Best time to call** ☐ Morning ☐ Afternoon

**Employment**

Is the Other Party currently employed? ☐ Yes ☐ No ☐ Unknown Date last employed \_\_\_\_\_

Is the Other Party self-employed? ☐ Yes ☐ No ☐ Unknown

Employer/Business Name:

\_\_\_\_\_ ☐ Current ☐ Last Known

Employer/Business Address:

Street City State ZIP Phone #

\_\_\_\_\_

Job Title/Occupation: Annual Salary

\_\_\_\_\_ \$ \_\_\_\_\_ Weekly benefit

Is the Other Party receiving NYS Unemployment Insurance Benefits (UIB)? ☐ Yes ☐ No ☐ Unknown \$ \_\_\_\_\_

Is the Other Party a member of a labor union/organization? ☐ Yes ☐ No ☐ Unknown Name: \_\_\_\_\_

**Marital Status to Someone other than Applicant**Is the Other Party married to someone other than the Applicant? ☐ Yes ☐ No

Name of Spouse  Address

Email Address  Phone #

**Incarceration Status**Is the Other Party incarcerated? ☐ Yes ☐ No ☐ Unknown

Name of Facility  Inmate #

Facility Address City  State  ZIP  Country

**Health Care Coverage Information**Does the Other Party's employer/organization offer or provide health insurance benefits? ☐ Yes ☐ No ☐ UnknownIs the Other Party enrolled? ☐ Yes (specify): ☐ Individual Coverage ☐ Family Coverage ☐ No ☐ Unknown**Vehicle Information**

Make  Model  Year  Color

☐ Own ☐ Lease ☐ Business Vehicle License Plate  State

**Additional Information (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**

Date Application Received  NY Case Identifier  Worker Code

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



## Part B – Child Information

(for each child with the Other Party)

**Name of Child #01**

First  Middle  Last  Suffix

SSN/ITIN  Gender ☐ Female ☐ Male ☐ Non-Binary/Other Date of Birth (Month/Day/Year)  Due Date

**Name of Parent**

Parent 1 First  Middle  Last

Parent 2 First  Middle  Last

**Child's Birthplace**

Hospital  City  State  Country

**Other Party's Relationship to the Child**

☐ Parent ☐ Stepparent ☐ Alleged Father

**Parents' Marital Status**

Were the parents listed above married at or after the time of the child's birth?

☐ Yes, to each other ☐ Yes, but not to each other ☐ No ☐ Unknown

If **Yes, to each other**, go to the **Order of Support Information** questions. **Otherwise**, go to the **Paternity Establishment** questions.

**Paternity Establishment**

Was paternity established?

☐ Yes - Complete the **Paternity Establishment** questions.

☐ No - Go to the **State of Jurisdiction** questions.

You **do not** need to complete the **State of Jurisdiction** questions.

☐ Unknown - Go to the **State of Jurisdiction** questions.

How was paternity established?

☐ Established in Court on  Name of Court

☐ Acknowledgment of Paternity on

In what county, state, and country was paternity established?

County  State  Country

Where was the child conceived? State  Country

**State of Jurisdiction**

Did the alleged father (AF) provide prenatal expenses or support for the child? ☐ Yes ☐ No ☐ Unknown

Did the AF reside with the child in New York State? ☐ Yes ☐ No ☐ Unknown

Does the child reside in New York State as the result of acts or directives of the AF? ☐ Yes ☐ No ☐ Unknown

**Order of Support Information**

Is there an order of support for this child? ☐ Yes ☐ No ☐ Unknown If "Yes," what is the date of the order?

Is health insurance ordered? ☐ Yes ☐ No ☐ Unknown

**Obligation Amount**

\$  ☐ Weekly ☐ Every two weeks ☐ Monthly ☐ Twice per month ☐ Other

**Court that Issued the Order**

☐ Family ☐ Supreme ☐ Other

County  State  Country

**Health Care Coverage Information**

Does the child have health care coverage? ☐ Yes ☐ No ☐ Unknown

If "Yes," identify the type of coverage: ☐ Private - Go to **Health Insurance Benefits** questions.

☐ Public - Go to **Public Health Care Coverage** questions.

**Health Insurance Benefits**

Who provides the child's private health care coverage?

☐ Custodial Parent ☐ Guardian ☐ Noncustodial Parent/ Alleged Father ☐ Stepparent ☐ Unknown ☐ Other

Name of Health Insurance Carrier  Policy #  Group #

Street  Floor/Apt./Suite  City  State  ZIP

**Public Health Care Coverage**

Indicate the type of public health care coverage:

☐ Medicaid ☐ Child Health Plus (CHPlus) CHPlus monthly contribution: \$

☐ Other

**Part B – Child Information (continued)****Name of Child #02**

First  Middle  Last  Suffix

**SSN/ITIN****Gender**

☐ Female ☐ Male ☐ Non-Binary/Other

**Date of Birth (Month/Day/Year)****Due Date**

☐ Unborn

**Name of Parent**

Parent 1 First  Middle  Last

Parent 2 First  Middle  Last

**Child's Birthplace**

Hospital  City  State  Country

**Other Party's Relationship to the Child**

☐ Parent ☐ Stepparent ☐ Alleged Father

**Parents' Marital Status**

Were the parents listed above married at or after the time of the child's birth?

☐ Yes, to each other ☐ Yes, but not to each other ☐ No ☐ Unknown

If **Yes, to each other**, go to the **Order of Support Information** questions. **Otherwise**, go to the **Paternity Establishment** questions.

**Paternity Establishment**

Was paternity established?

☐ Yes - Complete the **Paternity Establishment** questions.

You **do not** need to complete the **State of Jurisdiction** questions.

☐ No - Go to the **State of Jurisdiction** questions.

☐ Unknown - Go to the **State of Jurisdiction** questions.

How was paternity established?

☐ Established in Court on  Name of Court

☐ Acknowledgment of Paternity on

In what county, state, and country was paternity established?

County  State  Country

Where was the child conceived? State  Country

**State of Jurisdiction**

Did the alleged father (AF) provide prenatal expenses or support for the child? ☐ Yes ☐ No ☐ Unknown

Did the AF reside with the child in New York State? ☐ Yes ☐ No ☐ Unknown

Does the child reside in New York State as the result of acts or directives of the AF? ☐ Yes ☐ No ☐ Unknown

**Order of Support Information**

Is there an order of support for this child? ☐ Yes ☐ No ☐ Unknown If "Yes," what is the date of the order?

Is health insurance ordered? ☐ Yes ☐ No ☐ Unknown

**Obligation Amount**

\$  ☐ Weekly ☐ Every two weeks ☐ Monthly ☐ Twice per month ☐ Other

**Court that Issued the Order**

☐ Family ☐ Supreme ☐ Other

County  State  Country

**Health Care Coverage Information**

Does the child have health care coverage? ☐ Yes ☐ No ☐ Unknown

If "Yes," identify the type of coverage: ☐ Private – Go to **Health Insurance Benefits** questions.

☐ Public – Go to **Public Health Care Coverage** questions.

**Health Insurance Benefits**

Who provides the child's private health care coverage?

☐ Custodial Parent ☐ Guardian ☐ Noncustodial Parent/ Alleged Father ☐ Stepparent ☐ Unknown ☐ Other

Name of Health Insurance Carrier  Policy #  Group #

Street  Floor/Apt./Suite  City  State  ZIP

**Public Health Care Coverage**

Indicate the type of public health care coverage:

☐ Medicaid ☐ Child Health Plus (CHPlus) CHPlus monthly contribution: \$

☐ Other



## 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    ☐ Proof of MA, SNAP and/or Shelter Residency
- ☐ Information About Professional, Business, Occupational, Recreational or Driver Licenses
- ☐ Other