

P.O. Box 550 Richmond, VA 23218 http://www.dss.virginia.gov/dcse/ 1-800-468-8894

DCSE USE ONLY

# **Child Support Enforcement Services Application**

<ol> <li>Tell Us About You</li> <li>You are the child or children's ☐ Father ☐ Mother ☐ Caretaker (Please check only one box)</li> </ol>						Date re	Date request received:		
You are the child or children's LI Fathe	er ⊔M	other ⊔ Ca	aretaker	(Please check on	ly one box)				
Full Name:				Date of Birth: Ethn					
Gocial Security Number (Or ITIN): Gender:		Gender:	Place	Place of Birth (City, State, Country):					
Address:						Maiden Name	:		
Email:				Daytime Phone:			Cell Phone:		
Do you <u>already</u> have a court order for	child sup	port? 🗌 Ye	s 🗌 No	If yes, what	court issued th	e order?			
Preferred way for us to contact you is:	□ Cell	Phone □ D	avtime Pl	none 🗆 Ema	il □ Mail (Ple	ase check only	v one box)		
2. Tell Us About the Child or Child			-		(				
	1	T	port		T				
Full Name	Gender	Date of Birth		State of Birth	Ethnicity	Social Sec	curity Number (or ITIN)		
<u> </u>									
The person who has custody of the chi	ld or chil	dren is □ Fa	ther $\square$ N	<b>∕</b> Iother □ Ca	retaker. (Please	check only on	e box)		
<b>3. Tell Us About the Mother</b> . Skip t	hic cacti	ion if you ar	ra tha mi	nther					
Full Name:	.1113 30001	on n you ar		of Birth:		Ethnicity:			
Social Security Number (Or ITIN):  Place of Birth (City, State, Country):									
Address:				,,,		Maiden Name	:		
Email:				Daytime Phone:			Cell Phone:		
				.,					
<b>4. Tell Us About the Father</b> . Skip th	is sectio	n if you are	the fath	ner					
Full Name:				Date of Birth:			Ethnicity:		
Social Security Number (Or ITIN):		P	lace of Birth	(City, State, Countr	y):				
Address:									
Email:				Daytime Phone	2:	Cell Ph	one:		
5. Tell Us about the Release of You	ır Dorco	nal Informa	tion	1		•			
Do you have a Protective Order? $\square$ Ye		ilai iliiOilila	ition						
bo you have a Protective Order? L. Fe	5 LINU								
Do you believe that releasing informat	ion abou	t you or you	r child(rer	n) may result i	n physical or e	motional h	arm to you or them?		
□ Yes □ No									
Attached to this request is a copy of th	e Inform	ation You Ne	eed To Kn	ow. Please ch	eck this box: □	l so we kno	w that you received it.		
6. Authorize and Sign This Docume	ent								
$\square$ I authorize DCSE to withhold from		hild support	pavment	s money paid	to me in error	after notic	e of the error has been		
provided to me.			μω,σ	ooo, para					
l hereby certify that I have personally ۽	orovided	all informati	ion on thi	s document a	nd it is true an	d correct to	the best of my knowledge a		
belief.									
Signature:				Date:					

**7. Send Us the Signed Document:** You can either mail the completed form to the address at the top of the page, or send it electronically by emailing a picture of <a href="mailto:the completed form to this address: askDCSE@dss.virginia.gov">the completed form to this address: askDCSE@dss.virginia.gov</a>. If you have questions, please contact our Enterprise Customer Service Center at 1-800-468-8894.

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### **Next Steps to Protect Your Personal Information**

- 1. If you have a **protective order**, please upload a copy at mychildsupport.dss.virginia.gov, mail it to the District Office where you reside or mail it to PO Box 550, Richmond, VA 23218.
- 2. If you checked the box that releasing information about you or your children could bring harm to you or them, we will send you a form to complete and return to us. Without the follow-up form, the law requires us to put certain information on documents, such as your child support order and documents provided to the other parent.

## Resources to Identify and Address Domestic Violence

Please visit: www.dss.virginia.gov/community/dv

Virginia Family Violence and Sexual Assault Hotline 800-838-8238 (available 24 hours a day, seven days a week)

The National Domestic Violence Hotline 800-799-7233 (TTY for deaf/hard of hearing: 800-787-3224)

### What We Will Do After Receiving Your Application

We will take steps to get your children the support they need, such as:



Locating biological and putative parents



Establishing paternity (legal fatherhood)



Establishing and changing orders for child support and health care coverage

# **Rights and Responsibilities**

### You have the right to:

- Have your information kept confidential per law
- Hire an attorney to represent you
- Request genetic testing to confirm paternity
- Appeal certain actions we take
- Receive notice of major case decisions
- Receive prompt payment of collected support
- Receive copies of orders on your case
- Receive timely notice of scheduled hearings
- Receive copies court and hearing decisions

### You have the **responsibility** to:

- Provide information to process your case
- Complete requested documents
- Cooperate with us
- Share changes in your circumstances
- Ensure all support payments are paid through us



Collecting and distributing child support (and spousal support, if that is part of a child support order)



Collecting and distributing medical support payments for a specific dollar amount ordered by a court

## Fees, Payments, and Disbursements

Fees: Federal law requires us to charge a \$35 annual fee to each case where we have collected at least \$550 in child

support payments between Oct. 1 and Sept. 30 and for which the case has never received TANF benefits.

We charge a \$25 fee if you reopen a case within 6 months from the date that you asked us to close the case.

Other fees may apply, such as genetic test, intercept, or state fees. The foregoing is not a complete list of potential fees.

Payments: Federal and state law decides how we apply payments. When support is owed on more than one case, we divide the

payment among the cases. Current support due is paid first. Past-due support (arrearages) are paid after that.

If the parent paying support does not earn enough to cover both the child support amount and the cost of health care

coverage, the child support amount will be collected first. The cost of health care coverage may not be paid.

Disbursements: You are liable to repay support received erroneously in the event of an agency mistake. Hold such funds and contact us.

Notify the Division when (1) there is a change in custody for a child; (2) you retain or dismiss legal counsel; (3) you change your mailing address, phone number or email address; or (4) you obtain new information about the other parent.

Case Actions: Laws and regulations determine which steps we can take on your case. These laws ensure there is no bias to mothers, fathers and guardians. We have no authority to arrest or jail a parent. We cannot collect support from a parent without assets or income, but we have programs to help that parent obtain job skills and employment. Visit www.dss.virginia.gov/family/dcse for locations and child support information. Each case is different; we cannot guarantee specific results.

Legal Services: We cannot provide you with an attorney or offer legal advice. <u>The Division's legal counsel provides assistance to DCSE and not to you personally</u>. At its sole discretion, DCSE will make final decisions governing any legal action that may be taken in your case. DCSE will advise you of actions it has decided to take. You have the right to retain legal representation for yourself at any time.

Your Privacy: Social Security Numbers: Section 466(a) (13) of the Social Security Act requires all people subject to child support orders to provide their social security numbers. We take your privacy very seriously. Social Security numbers are kept in case records and are only used to locate parents to establish paternity and establish, modify and enforce support obligations.