



## APPLYING FOR CHILD SUPPORT ENFORCEMENT SERVICES Information You Need to Know

Welcome to the Virginia Division of Child Support Enforcement (DCSE). We establish, collect, enforce and modify child and medical support orders. We work with both parents so that families are stronger and children do well.

**To receive child support services, complete and return the attached application.**

### Signatures

Complete, sign and date:

**The *Child Support Enforcement Services Application* including:**

- Item # 8 - Your responsibility to repay any support paid to you in error.
- Item #9 - *Agreement and Authorization for Receipt of Child Support Services*.
- *Direct Deposit Authorization* form if you have a bank account. If you do not have a bank account, see the *Authorization for Electronic Payments* section below.
- *Statement of Payments Received* if you are owed (or you owe) any arrears.

### DCSE Contact Information – How Do I?

#### Apply for Child Support:

Online [www.dss.virginia.gov/files/division/dcse/intro\\_page/applying\\_css/applying.pdf](http://www.dss.virginia.gov/files/division/dcse/intro_page/applying_css/applying.pdf)  
Call 1-800-468-8894 for the Enterprise Customer Service Center  
Visit To find a local DCSE office, go to: [www.dss.virginia.gov/family/dcseoffices.cgi](http://www.dss.virginia.gov/family/dcseoffices.cgi)

#### Pay Child Support:

Online <https://mychildsupport.dss.virginia.gov/>  
Visit TouchPay payment centers located in all local DCSE offices  
Mail P.O. Box 570, Richmond, VA 23218-0570  
Online, Call or Visit: MoneyGram [www.moneyGram.com/paybills](http://www.moneyGram.com/paybills), 1-800-926-9400, or visit a MoneyGram location

#### Ask Child Support Questions:

Online [www.dss.virginia.gov/family/dcse](http://www.dss.virginia.gov/family/dcse)  
Call 1-800-468-8894 for the Enterprise Customer Service Center  
Visit To find a local DCSE office, go to: [www.dss.virginia.gov/family/dcseoffices.cgi](http://www.dss.virginia.gov/family/dcseoffices.cgi)

### Authorization for Electronic Payments

DCSE sends child support payments by direct deposit to a checking or savings account. The *Direct Deposit Authorization* form is attached to this application for your convenience. Complete the *Direct Deposit Authorization* form and attach either a voided check, deposit slip, bank statement with your name and bank account number or an Account Verification form prepared by your bank with your name and bank account number preprinted on the form. Send the completed form and attachment to:

Division of Child Support Enforcement/SDU  
Attn: EFT Disbursement Unit  
P. O. Box 586  
Richmond VA 23218-0586

**If you do not have a checking or savings account with a bank, please call our Enterprise Customer Service Center at 1-800-468-8894 for assistance.**

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## Fees

The following fees may apply to you:

- An annual \$35 fee for each case in which you have never received Temporary Assistance for Needy Families (TANF) and once we have collected at least \$550 in child support payments during each Federal Fiscal Year (October 1 – September 30).
- A \$25 fee if you reopen a case within 6 months from the date that you requested case closure.
- Other fees that may apply include genetic testing, insufficient funds, attorney, intercept, and other state fees. This is not a complete list of fees that may be charged if applicable.

## Payments

- Payments are applied to cases based on federal and state law. When support is owed on more than one case, payments are divided between all families receiving child support services. Current support due is paid first. If there is more than enough money to pay all current support, the remaining amount is applied to past due support (arrearages).
- If the earnings of the parent paying support are not enough to cover both the child support amount and the cost of ordered health care coverage, the child support amount will be collected first. The cost of health care coverage may not be paid.

## Your Privacy

Federal law 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.

## Attachments

For each child named in this application, attach copies of the following documents if applicable:

- Court Orders related to child, child and spousal, and/or medical support
- Administrative Support Orders related to child and/or medical support
- Birth Certificate(s)
- Documents determining paternity
- Guardianship order appointing you as legal guardian
- Protective Order

## Legal Services

Legal assistance may be provided to DCSE to establish, modify, or enforce a child support obligation. The Division's legal counsel provides assistance to DCSE and not to you personally. At its sole discretion, DCSE will make final decisions governing any legal action which may be taken in your case. DCSE will advise you of actions it has decided to take.

## Notify the Division When

- There is a change in the custody of your child(ren)
- You choose to retain the services of a private attorney or proceed on your own
- You change your address, phone number and/or email address
- You obtain new information on the other parent

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## Case Actions

- We cannot guarantee the results of our efforts. We will take all appropriate actions on your case to establish and/or collect support
- We have no authority to arrest or jail either parent
- We cannot collect support from a parent that has no income. However, we have programs that can help the parent ordered to pay support in obtaining job skills and employment
- We cannot give legal advice nor can we provide you with an attorney
- We will process case actions according to federal and state laws

## Division Services

Upon application for child support enforcement services, DCSE will provide the following services as appropriate:

- Locate biological and putative parents
- Establish paternity
- Establish and modify orders for child support and health insurance coverage
- Enforce orders for child, child and spousal, and/or medical support
- Collect and distribute child support (and spousal support if it is part of a child support order)
- Collect and distribute medical support payments for a specific dollar amount ordered by a court

We will determine the action(s) to take on each case based on the best interests of the child(ren) and without regard to which party has applied for services.

## Rights and Responsibilities

You have the right to:

- Have your personal information kept confidential to the extent allowed by law
- Hire an attorney to represent you
- Appeal certain actions taken by DCSE
- Receive notice regarding major decisions about your case
- Receive prompt payment of your collected support
- Receive copies of orders pertaining to your case
- Receive timely notices of scheduled hearings and copies of decisions made in court or in administrative hearings

Your responsibilities:

- Provide us with information needed to establish and enforce your case
- Complete requested documents
- Cooperate with DCSE
- Keep us informed of changes in your circumstances
- Ensure all support payments are paid through DCSE
- Repay any excess amounts received in error

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COMMONWEALTH OF VIRGINIA  
 DEPARTMENT OF SOCIAL SERVICES  
 DIVISION OF CHILD SUPPORT ENFORCEMENT  
 800-468-8894

For Office Use Only	
Date the Application was:	
Requested	Mailed
Received by the Division	

## CHILD SUPPORT ENFORCEMENT SERVICES APPLICATION

### 1. Release of Personal Information and Domestic Violence

The Division of Child Support Enforcement (DCSE) does not routinely release an address to the other parent on a child support case; however, the law requires that certain information appear on documents unless there is a threat of harm to a party on the case. If you feel that releasing your address, phone number, employer, or other location information would put you and/or your children at risk of physical or emotional harm, please check the appropriate box(es) below.

- I have a Protective Order dated \_\_\_\_\_ in \_\_\_\_\_ County, State of \_\_\_\_\_ .  Yes  No Please attach a copy of the order if available.
- Complete this section if any of the following apply to you:
  - Do you feel unsafe around the other parent?  Yes  No
  - Has the other parent ever threatened to harm you and/or the child(ren)?  Yes  No
  - Has the other parent ever hit you?  Yes  No
  - Do you feel controlled or isolated by the other parent?  Yes  No
  - Would you be afraid to meet in person with the other parent?  Yes  No
  - Would you have concerns if the other parent knew your address or contact information?  
 Yes  No
  - Has the other parent ever stalked you?  Yes  No
  - Has the other parent ever deliberately destroyed any of your possessions?  Yes  No

If you answered yes to any of these questions, you may be a victim of domestic violence.

- I believe releasing information about me or my children may result in physical or emotional harm to us.  
 Yes  No.
- We will send you an *Affidavit/Certification of Nondisclosure* (Affidavit) to complete and return to us if you checked "Yes" to the statement above. Once we receive the completed Affidavit from you, we will update your case. This update will prevent disclosure of your location on court petitions, the Administrative Support Order and documents provided to the other parent.

### 1a.Domestic Violence Resources

- The Virginia Department of Social Services Website:  
<http://www.dss.virginia.gov/community/dv/index/cgi>.
- Domestic Violence Hotline 1-800-838-8238 (available 24/7)
- The National Domestic Violence Hotline 1-800-799-7233 or 1-800-787-3224 (TTY)

## 2. Special Assistance

Please indicate any special assistance we may need to provide to you and/or the other parent:

	Parent to receive support	Other Parent
Hearing Impaired	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visually Impaired	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limited English	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	Explain _____	Explain _____
First Language	_____	_____

## 3. Parent to Receive Support

Last		First	Middle	Maiden or Other
Relationship to the child(ren)		Is the child(ren) living with you now? <input type="checkbox"/> Yes <input type="checkbox"/> No		Your relationship to other parent
Physical address			Date of birth	
Mailing address			City/State/Country of birth	
Race	Gender	Social Security Number		Marital status
Current employer		Employer address		
Email address	Cell phone number	Home number	Work number	

#### 4. Parent to Pay Support

Last		First	Middle	Maiden or other
Relationship to the child(ren)		Is the child(ren) living with this parent now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to the applicant	
Physical address			Date of birth	
Mailing address			City/State/Country of birth	
Race	Gender	Driver's license #	Driver's license state of issue	
Social security number	Marital status	Identifying marks	Occupation	
Email address	Cell phone number	Home number	Work number	
Height	Weight	Hair color	Eye color	
Does this parent have a business or professional license?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of license	
Current employer		Employer phone #	Start work date	
Employer address		Salary \$	Pay period	
Bank name :		Checking account number	Savings/Other account number	
Does this parent own any property or have other income?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Address/Location	
Is this parent currently serving in the military?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Branch	
Is this parent a student?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of school	
Has this parent ever been incarcerated?		<input type="checkbox"/> Yes <input type="checkbox"/> No	When and where?	

5. Information About the Children			
Child's name	Child 1	Child 2	Child 3
Add additional pages if necessary to add more children			
Social security number			
Date of birth			
City/State/Country of birth			
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Were parents married to each other at the time of the child's birth?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date and place of parent's marriage			
Are the parents still married to each other?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Divorce			
If the parents were not married, how was paternity established?	<input type="checkbox"/> Acknowledgement <input type="checkbox"/> Genetic Test <input type="checkbox"/> Court <input type="checkbox"/> Not Established	<input type="checkbox"/> Acknowledgement <input type="checkbox"/> Genetic Test <input type="checkbox"/> Court <input type="checkbox"/> Not Established	<input type="checkbox"/> Acknowledgement <input type="checkbox"/> Genetic Test <input type="checkbox"/> Court <input type="checkbox"/> Not Established
Anticipated high school graduation date			
Is the child currently home schooled or pursuing a GED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this child severely & permanently mentally or physically disabled? if so, answer the questions below:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If disabled, did the disability exist prior to the child reaching age 18	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the child able to live independently and support him/herself?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide the name of the person the child is living with.			
If you answered yes to the 3 items above, provide supporting documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No Documentation attached	<input type="checkbox"/> Yes <input type="checkbox"/> No Documentation attached	<input type="checkbox"/> Yes <input type="checkbox"/> No Documentation attached

6. Information about your Support Orders	
Is there a current order for child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of the current child support order
Name of court or agency issuing order (provide copy of order)	Amount of the current child support order and pay frequency \$ per
Name of the person the order is payable to	
Is there a current order for spousal support? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of current spousal support order
Name of court or agency issuing the order (provide copy of order)	Amount of the current child support order and pay frequency \$ per

7. Medical Insurance			
Current insurance information for child(ren) included on this application			
Type of insurance	Health Insurance <input type="checkbox"/>	Dental Insurance <input type="checkbox"/>	Vision Insurance <input type="checkbox"/>
Name of insurance company			
Policy ID #			
Group #			
Policyholder name			
Effective date of coverage			
Monthly cost for individual health insurance coverage (parent only)			
Additional cost to insure children on this application			
Are the children on this application covered by Medicaid?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you covered by Medicaid?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is your current spouse covered by Medicaid?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Number of children covered			

## 8. Disbursements

You are personally liable to repay any child support you receive that is paid in error. Money sent to you in error must be returned to DCSE.

Yes  No I authorize DCSE to withhold from future child support payments money paid to me in error after notice of the error has been provided to me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 9. Agreement and Authorization for Receipt of Child Support Services

- I request child support services from the Commonwealth of Virginia.
- I agree to cooperate with the Division of Child Support Enforcement (DCSE).
- I authorize DCSE to use all legal means necessary to provide services.
- I understand all support payments are to be paid through the DCSE.
- I understand that DCSE cannot guarantee results.
- I have read and understand the role of the DCSE.
- I understand fees may be charged and payments will be distributed based on federal and state laws.
- I have read and understand my rights and responsibilities.

By signing the application, you authorize DCSE to:

1. Explore, pursue and utilize all sources of information available in support of our investigation. Information needed includes, but not limited to, the paying parent's social security number, addresses, and employer information.
2. Seek, enforce and collect current support or arrears from any party who has a legal duty to pay support. Enforcement tools include, but may not be limited to, income withholdings, liens on assets, orders to withhold and deliver, seizure and sales of assets, federal and state income tax refund intercepts, credit bureau notifications, and suspension of professional licenses, driver's licenses, and/or recreational licenses.
3. Endorse and cash checks, money orders, and other forms of payment which are payable to the parent that receives support.

I declare under penalty of perjury that the information I have given in this document is true and correct to the best of my knowledge and belief. I agree to notify DCSE of any change in my residential or mailing address, telephone number(s), email, income, expenses or employment. I have either read or have had read to me this application and all information contained in it. I have received a copy of the Rights and Responsibilities and I agree to meet all obligations and duties imposed upon me by submitting and signing this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

10. Applicant Comments

Return this completed application to your local Division of Child Support District Office. District Office locations and additional child support information can be found on our website at: [www.dss.virginia.gov/family/dcse/](http://www.dss.virginia.gov/family/dcse/). If you have questions, please contact our Enterprise Customer Service Center at 1-800-468-8894.

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