

COMMONWEALTH OF KENTUCKY
 Cabinet for Health and Family Services
 Department for Income Support
 Child Support Enforcement

APPLICATION FOR CHILD SUPPORT SERVICES

- Check this space if you are the custodial parent. Custodial parent includes the physical custodian.
- Check this space if you are the putative (alleged) father or the noncustodial parent.

FOR OFFICE USE ONLY	
IV-D Number	_____
Date Requested	_____
Date Provided	_____
Date Returned	_____

Full child support services will be provided to you unless you check one of the two spaces shown below:
 I wish to receive only location services. Location Only Case - State Parent Locator Section (SPLS)
 I wish to receive only location services. Parental Kidnapping Case - SPLS
 No other service will be provided by child support staff when you request only location services.

I. NONCUSTODIAL PARENT'S (NCP) INFORMATION

Name (First Name, Middle Name, Last Name, Suffix)		Social Security Number:			
Noncustodial Parent's Maiden Name, if applicable (First Name, Middle Name, Last Name)					
Alias(es) (First Name, Middle Name, Last Name)			Nickname(s) (First Name, Middle Name, Last Name)		
Email Address					
Current Residential Address Street Number & Name Apt/Suite Number City State Country Zip Code			Previous Address Street Number & Name Apt/Suite Number City State Country Zip Code		
Current Mailing Address (Enter if the Noncustodial Parent has a different Mailing Address) Street Number & Name Apt/Suite Number City State Country Zip Code			Date last at that address:		
Home Telephone Number () -		Work Telephone Number () -		Cell Phone Number () -	
Sex: M ___ F ___	Date of Birth	Country of Birth	State of Birth	County of Birth	City of Birth
Race: () American Indian/Alaskan () Asian () Black () Caucasian () Hispanic () Oriental () Unknown () Other					
Hair Color	Eye Color	Weight	Height	Other Identifying Features	



What is the legal relationship status of Noncustodial Parent to child(ren)? (ex. Legal Father, Alleged Putative Father etc.) .			
What is employment status of the Noncustodial Parent? () Full Time () Part Time () Unemployed () Unknown () Seasonal			
Current Employer Name Address Street Number & Name Apt/Suite Number City State Country Zip Code Start Date Salary _____ Per		Previous Employer Name Address Street Number & Name Apt/Suite Number City State Country Zip Code Start Date Ending Pay _____ End Date Per	
How often is the NCP paid? _____			
Occupation _____			
Union Name Union Number Address, if known Apt/Suite Number City State Country Zip Code		Military Branch: Dates: (From) _____ (To) _____	
Arrest/Prison Record In which state did this occur? In which county did this occur? Which facility?		Incarceration Date Release Date	
What is the current marital status of the NCP? () Divorced () Married () Never Married () Separated () Widowed			
Name of Noncustodial Parent's current spouse: (First Name, Middle Name, Last Name)			
Is the NCP currently receiving benefits? If so, select all that apply and list the state when applicable. () Medical Assistance State: _____ () RSDI/SSD () SSI () Food Stamps (SNAP) State: _____ () Black Lung () Veterans Assistance () TANF (AFDC/KTAP) State: _____ () Other : _____ () Child Care Assistance State: _____ () None : _____			
If the NCP is not currently receiving benefits, have benefits been received in the past? If so, select all that apply and list the state when applicable. () Medical Assistance State: _____ () RSDI/SSD () SSI () Food Stamps (SNAP) State: _____ () Black Lung () Veterans Assistance () TANF (AFDC/KTAP) State: _____ () Other : _____ () Child Care Assistance State: _____ () None : _____			
Does the Noncustodial Parent own a car? () Yes () No			
		Make	Model
NCP's Father's name (First Name, Middle Initial, Last Name)		NCP's Mother's name (First Name, Middle Initial, Last Name)	
		NCP's Mother's Maiden Name	
Is NCP's father living? () Yes () No () Unknown		Is NCP's mother living? () Yes () No () Unknown	
Father's Address (if known)? Street Number & Name Apt/Suite Number City State Country Zip Code Home Telephone Number: () -		Mother's Address (if known)? Street Number & Name Apt/Suite Number City State Country Zip Code Home Telephone Number: () -	

II. CUSTODIAL PARENT'S (CP) INFORMATION

Name (First Name, Middle Name, Last Name, Suffix)				Social Security Number:			
Custodial Parent's Maiden Name, if applicable (First Name, Middle Name, Last Name)							
Alias(es) (First Name, Middle Name, Last Name)				Nickname(s) (First Name, Middle Name, Last Name)			
Email Address							
Current Residential Address Street Number & Name Apt/Suite Number City State Country Zip Code				Current Mailing Address(Enter if the CP has a different mailing Address) Street Number & Name Apt/Suite Number City State Country Zip Code			
Home Telephone Number () -			Work Telephone Number () -			Cell Phone Number () -	
Sex: M ___ F ___	Date of Birth	Country of Birth	State of Birth	County of Birth	City of Birth		
Race: () American Indian/Alaskan () Asian () Black () Caucasian () Hispanic () Oriental () Unknown () Other							
Hair Color	Eye Color	Weight	Height	Other Identifying Features			
What is the legal relationship status of CP to child(ren)? (ex. Mother, Father, Grandmother, Grandfather etc.).							
What is employment status of the CP? () Full Time () Part Time () Unemployed () Unknown () Seasonal							
Current Employer Name				Previous Employer Name			
Address Street Number & Name Apt/Suite Number City State Country Zip Code Start Date Salary				Address Street Number & Name Apt/Suite Number City State Country Zip Code Start Date Ending Pay			
Per				End Date Per			
How often is the CP paid?							
Occupation							
Union Name Union Number Address, if known Apt/Suite Number City State Country				Military Branch: Dates: (From) (To)			
Zip Code							
What is the current marital status of the CP? () Divorced () Married () Never Married () Separated () Widowed							
Name of CP's current spouse: (First Name, Middle Name, Last Name)							

Is the CP currently receiving benefits? If so, select all that apply and list the state when applicable.

() Medical Assistance State () RSDI/SSD () SSI
 () Food Stamps (SNAP) State: () Black Lung () Veterans Assistance
 () TANF (AFDC/KTAP) State () Other : _____
 () Child Care Assistance State () None : _____

If the CP is not currently receiving benefits, have benefits been received in the past? If so, select all that apply and list the state when applicable.

() Medical Assistance State: () RSDI/SSD () SSI
 () Food Stamps (SNAP) State: () Black Lung () Veterans Assistance
 () TANF (AFDC/KTAP) State: () Other : _____
 () Child Care Assistance State: () None : _____

III. CHILD(REN)'S INFORMATION

Enter information about the child(ren) for whom services are being requested. (Child - 1)

Complete Name (First Name, Middle Name, Last Name, Suffix)		Social Security Number:	
Date of Birth		Sex: M F	
Race: () American Indian/Alaskan () Asian () Black () Caucasian () Hispanic () Oriental () Unknown () Other			
State where child conceived		Place of Birth	
Country of Birth	State of Birth	County of Birth	City of Birth
Was the mother married when this child was conceived? (Yes/No)			
What is the name of the person to whom the mother was married?			
Was the child emancipated or married? (Yes/No)			
Is this child currently receiving benefits? If so, select all that apply and list the state when applicable.			
() Medical Assistance	State:	() RSDI/SSD	
() TANF	State:	() SSI	
() Food Stamps	State:	() Veterans Assistance	
() Child Care Assistance	State:	() Other :	_____
Has this child previously received any benefits? If so, select all that apply and list the state when applicable.			
() Medical Assistance	State:	() RSDI/SSD	
() TANF	State:	() SSI	
() Food Stamps	State:	() Veterans Assistance	
() Child Care Assistance	State:	() Other :	_____

Enter information about the child(ren) for whom services are being requested. (Child - 2)

Complete Name (First Name, Middle Name, Last Name, Suffix)		Social Security Number:	
Date of Birth		Sex: M F	
Race: () American Indian/Alaskan () Asian () Black () Caucasian () Hispanic () Oriental () Unknown () Other			
State where child conceived		Place of Birth	
Country of Birth	State of Birth	County of Birth	City of Birth
Was the mother married when this child was conceived? (Yes/No)			
What is the name of the person to whom the mother was married?			
Was the child emancipated or married? (Yes/No)			
Is this child currently receiving benefits? If so, select all that apply and list the state when applicable.			
() Medical Assistance	State:	() RSDI/SSD	
() TANF	State:	() SSI	
() Food Stamps	State:	() Veterans Assistance	
() Child Care Assistance	State:	() Other :	_____
Has this child previously received any benefits? If so, select all that apply and list the state when applicable.			
() Medical Assistance	State:	() RSDI/SSD	
() TANF	State:	() SSI	
() Food Stamps	State:	() Veterans Assistance	
() Child Care Assistance	State:	() Other :	_____

Enter information about the child(ren) for whom services are being requested. (Child - 3)

Complete Name (First Name, Middle Name, Last Name, Suffix)		Social Security Number:	
Date of Birth		Sex: M F	
Race: () American Indian/Alaskan () Asian () Black () Caucasian () Hispanic () Oriental () Unknown () Other			
State where child conceived		Place of Birth	
Country of Birth	State of Birth	County of Birth	City of Birth
Was the mother married when this child was conceived? (Yes/No)			
What is the name of the person to whom the mother was married?			
Was the child emancipated or married? (Yes/No)			
Is this child currently receiving benefits? If so, select all that apply and list the state when applicable.			
() Medical Assistance	State:	() RSDI/SSD	
() TANF	State:	() SSI	
() Food Stamps	State:	() Veterans Assistance	
() Child Care Assistance	State:	() Other :	
Has this child previously received any benefits? If so, select all that apply and list the state when applicable.			
() Medical Assistance	State:	() RSDI/SSD	
() TANF	State:	() SSI	
() Food Stamps	State:	() Veterans Assistance	
() Child Care Assistance	State:	() Other :	

Enter information about the child(ren) for whom services are being requested.(Child - 4)

Complete Name (First Name, Middle Name, Last name, Suffix)		Social Security Number:	
Date of Birth		Sex: M F	
Race: () American Indian/Alaskan () Asian () Black () Caucasian () Hispanic () Oriental () Unknown () Other			
State where child conceived		Place of Birth	
Country of Birth	State of Birth	County of Birth	City of Birth
Was the mother married when this child was conceived? (Yes/No)			
What is the name of the person to whom the mother was married?			
Was the child emancipated or married? (Yes/No)			
Is this child currently receiving benefits? If so, select all that apply and list the state when applicable.			
() Medical Assistance	State:	() RSDI/SSD	
() TANF	State:	() SSI	
() Food Stamps	State:	() Veterans Assistance	
() Child Care Assistance	State:	() Other :	
Has this child previously received any benefits? If so, select all that apply and list the state when applicable.			
() Medical Assistance	State:	() RSDI/SSD	
() TANF	State:	() SSI	
() Food Stamps	State:	() Veterans Assistance	
() Child Care Assistance	State:	() Other :	

*Add page for additional children.

IV. BACKGROUND INFORMATION

Answer whether you are the putative father, noncustodial parent, or the custodial parent.

Why is the NCP absent? () Desertion () Divorce () Separation () Parents Not Married				
If the children's parents were married, on what date were they married?				Date:
When were the children's parents last together?				Date:
If the children's parents are divorced, when and where were they divorced?				
Date	Country	State	County	City
If the parents were not married has paternity been established? () Yes () No				
If yes, when and where?				
Date	Country	State	County	City

Have you previously requested (or) received Child Support Services for this child(REN)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when and where?		
Date	Country	State
		County
		City
Has the noncustodial parent paid any medical expenses for the child(ren)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Unknown
Has the noncustodial parent shared in the child(ren)'s support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Unknown

V. COURT ORDER INFORMATION (Attach copy of any and all orders and/or affidavit of paternity)

Is there currently a child or medical support order for the child(ren)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, enter Information from most recent order		
Date of Order	Country	State
		County
		City
Child Support order amount \$		per
Medical support ordered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any prior child support orders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

VI. MEDICAL SUPPORT INFORMATION

Is the child(ren) covered by medical insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who is providing coverage?		
<input type="checkbox"/> CP	<input type="checkbox"/> NCP	<input type="checkbox"/> Commonwealth of Kentucky
<input type="checkbox"/> Other/ Name: _____		SSN: _____
If no, is medical insurance available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of the Company:		
Address		
Apt/Suite Number,		
City		
State		
Zip Code		
Policy Number:		
Policy Effective Date:		
Types of Coverage		
<input type="checkbox"/> Hospital	<input type="checkbox"/> Medical	<input type="checkbox"/> Dental
<input type="checkbox"/> Vision	<input type="checkbox"/> Drugs	<input type="checkbox"/> Cancer Only
<input type="checkbox"/> VA Health Benefits	<input type="checkbox"/> Other (Accident/Casualty)	
Attach a copy of Medical Insurance Card (Front + Back)		

Mail the completed form to:

202 E. STEPHEN FOSTER AVE., P.O. BOX 69, BARDSTOWN, KY 40004
Office Address

I certify under penalty of law that the information I have provided is true to the best of my knowledge and belief and that the services I have requested are for the sole purpose of establishing paternity, if needed; obtaining and enforcing a support obligation; or requesting a modification review according to the Kentucky Child Support Guidelines. I understand that child support services will be provided based on the best interest of the child(ren) listed on this application. I agree to inform the area child support office or the IV-D contracting official's office to which I am providing this application of any changes in the information submitted on this application. I also understand as explained to me in the Authorization and Acknowledgment of No Legal Representation (Form CS-11), which I have signed, the IV-D Contracting Officials employed by the Cabinet for Health and Family Services represent the state and not me, and that an attorney-client relationship does not exist between any of the IV-D Contracting Officials and me. I further understand that the Cabinet for Health and Family Services will assess a nonrefundable annual fee of \$25.00 for child support services when \$500.00 has been disbursed during the federal fiscal year.

SIGNATURE _____ DATE _____

Complete the entire form carefully and accurately. Incorrect information will delay the processing of your application.

INFORMATION ABOUT THE KENTUCKY CHILD SUPPORT PROGRAM

Available Services:

- Location of noncustodial parents.
- Establishment of paternity.
- Establishment of child/medical support orders.
- Enforcement of child/medical support orders.
- Collection and disbursement of current and/or past-due child/medical support obligations.
- Enforcement and collection of spousal support when there is an existing spousal support order, the spouse or ex-spouse is living with the child, and CHFS is collecting support for the child.
- Review for possible modification of child/medical support obligations.
- Case closure if we are unable to contact you for 60 days.
- Termination of support order.

Rights:

- All parties to the child support cases have equal status.
- Any party to the case can ask questions, raise issues, and request a review with or without assistance from an attorney.
- All parties have a right to have the support order reviewed every 36 months or sooner if there are on-going changes that cause a 15% increase or decrease in the support obligation amount.

Responsibilities:

- The applicant must provide complete and accurate information regarding yourself, the other parent, and the child(ren).
- You must notify us when your address changes.

State Fees:

- An annual fee of \$25.00 is collected from the applicant after \$500.00 has been collected within the Federal fiscal year.

Distribution Policy:

- We are required to distribute payments received within two (2) working days of receipt of the payment.
- Applicants may choose to receive their child support payments by check, direct deposit, or on a debit card.

*****KEEP THE THREE FOLLOWING PAGES FOR YOUR RECORDS*****

Child Support Services Fact Sheet for Non-KTAP Applicants

What type of child support services does the Cabinet for Health and Family Services provide? If you are a custodial parent, noncustodial parent, or the custodian of a dependent child, CHFS provides the following services:

- Location of noncustodial parents.
- Establishment of paternity.
- Establishment of child/medical orders.
- Enforcement of child/medical orders.
- Collection of current and/or past due child/medical support obligations.
- Enforcement and collection of spousal support where there is an existing spousal support order, the spouse or ex-spouse is living with the child, and CHFS is collecting support for the child.
- Review for possible modification of child/medical support obligation.

Location only services may be requested if the location of the noncustodial parent is the only service you need or when the noncustodial parent disobeys a custody or visitation order by kidnapping the child(ren). CHFS will not attempt location efforts if it has reason to believe an allegation of child abuse or domestic violence could be harmful to the child(ren).

What child support related services are not provided by CHFS? By law, CHFS cannot address other problems that are often associated with establishing and/or enforcing child support such as divorce, property settlements, visitation and custody, establish or modify spousal support, or provide legal advice or counsel.

Who is eligible to receive child support services? Anyone who has physical custody of a child and needs help establishing who is the father of the child, establishing a child support order, or collecting current or past-due child support payments is eligible to receive child support services. You do not have to be the child's parent to qualify for child support services. Services are available to aunts, uncles, grandparents, or court-appointed guardians—anyone living with and caring for a child who needs financial help supporting him or her. If you may be the father you can request establishment of paternity.

What does "Assignment of Rights" mean? Kentucky Revised Statute (KRS) 205.720(1) requires that your right to support payments be assigned (transferred) to CHFS when applying for child support services. This means that CHFS is allowed to collect and receive all child support payments on your behalf and to initiate any actions existing under the laws of Kentucky.

How is the child support obligation amount calculated? The monthly support obligation is set based on the Kentucky Child Support Guidelines found in KRS 403.212. The Guidelines are based on the principle that both parents are financially responsible for the support of their child(ren). You may estimate your child support obligation online through the Kentucky Child Support Interactive Website at: <https://csws.chfs.ky.gov/csws/>

When should I begin receiving payments? Once your support obligation is set, you will generally receive payments within six weeks. If you choose to request child support services, all child support must be paid to the Child Support Enforcement Program through its Centralized Collection Unit. This allows us to keep track of when child support is paid or not paid.

As payments are made, they will be sent to you until the support obligation owed for the month is paid. If the noncustodial parent pays more than the amount owed for the month, any extra amount will be applied to past-due support owed to you and/or CHFS. If past-due support is not owed to you or CHFS, the extra amount will be held by CHFS until the first of the following month when it will then be forwarded to you.

CHILD SUPPORT SERVICES FACT SHEET FOR NON-K-TAP APPLICANTS

How long will I receive child support? KRS 403.213(3) requires support payments to continue until the child emancipates (reaches the age of 18). If the child emancipates because of age, but not due to marriage, while still a high school student, the court-ordered support will continue while the child is a high school student, but not beyond completion of the school year during which the child reaches the age of 19. Child support may end sooner if the child emancipates because of marriage, induction into military service, death, or upon termination of parental rights.

What can I do if the noncustodial parent does not pay his/her child support obligation? If full child support services are requested, the Kentucky Child Support Program has various enforcement remedies from which to choose in order to collect current or past-due child support obligations from the noncustodial parent. Some examples include, but are not limited to, the following: withhold income directly from paycheck, deny, revoke, suspend a driver's or professional license or certificate; place a lien on personal or real property, deny or revoke a passport, furnish the noncustodial parent's name for publication in a local newspaper, seize lottery winnings or funds held by a bank or other financial institution, and intercept federal and state tax refunds.

Can Kentucky enforce the child support order if the noncustodial parent lives in another state? Yes, all states must provide child support services regardless of where the other parent lives. The Uniform Interstate Family Support Act (UIFSA) requires states to work together to establish and enforce a child support order.

Who can request a review for modification? If there is a support order for your child(ren), either parent (any person who has physical custody of the child) has the right to send a written request for a review of the order for possible modification if there is a continuing change in circumstances that may increase or decrease the monthly support obligation by 15% or more. A review for possible modification is an objective review of a child support order to determine if the order is fair and based on the Kentucky Child Support Guidelines.

Will the CHFS attorney represent me in court? CHFS county attorneys are contracted to provide legal services to and for the CHFS and the Commonwealth of Kentucky. They do not represent you or your personal interest.

How do I stop child support services? You may stop child support services at any time by sending a written request to discontinue services to the child support office listed below or online through the Kentucky Child Support Interactive Website at: <https://csws.chfs.kv.gov/csws/> If your support order was initially issued on or after January 1, 1994, and there is an income withholding order in effect, payments will continue to be directed through the Child Support Enforcement's Centralized Collection Unit as required by federal and state law.

How do I submit the enclosed forms? Complete all applicable items on the enclosed forms and submit to your caseworker at the address below. Alternatively, you may complete the application online through the Kentucky Child Support Interactive Website at: <https://csws.chfs.kv.gov/csws/>. Information provided must be complete and accurate. If possible, provide the Social Security number and a copy of the birth certificate of the child(ren), copy of the divorce decree, and copies of any orders concerning paternity, child or medical support. In order to work your case adequately, all possible information about the noncustodial parent is needed, including social security number, last known home address, work place and work address. The Application for Direct Deposit (Form CS-168) is optional.

How do I apply for direct deposit? If you want your child support payments deposited directly into your checking or savings account, you may complete this action online through the Kentucky Child Support Interactive Website at: <https://csws.chfs.kv.gov/csws/> or, complete the enclosed Application for Direct Deposit and return it to the address or FAX number listed on the form. If your account number or bank changes, or you would like to stop direct deposit at any time, you may use this same form to notify our office of the change; update the information online; or, send a written statement to the following address or FAX number: ATTN: EFT Coordinator, Child Support Enforcement Program, P. O. Box 2150, Frankfort, KY 40602-2150, FAX: 502-564-7938.

What do I do if I move? You must notify us when your address changes. If you need to report an address change or you have questions concerning payment information, contact your caseworker at the telephone number or address listed below or online through the Kentucky Child Support Interactive Website at <https://csws.chfs.kv.gov/csws/>

(502) 349-1818
Telephone Number

202 E. Stephen Foster Ave. Bardonia
Office Address