

How to apply for IV-D services:

Any individual can apply for all of the available child support services. This application is used to process support under the Title IV-D Child Support Program, funded through the Federal and State governments and managed in New Jersey by the Department of Human Services, Division of Family Development in partnership with the Superior Court Family and Probation Divisions.

Before we can help you collect support or provide you with the appropriate service for you and your child or children, you should read the program information on the following pages which should answer any questions that you may have about child support services in New Jersey and your responsibilities as a client of the Child Support Agency (CSA).

You must complete and sign the Child Support Services Application and the Child Support Case Information form and return both documents to us at your earliest convenience. The sooner you give us permission to work on your case and provide us with the required information, the faster the Child Support Agency starts to take steps to collect support for your children.

After you have read and completed the application, you should take the application to the following places for processing:

The Family Division, in your county of residence to have a court order established. You must know where the other parent or party lives.

or

The County Welfare Agency, in your county of residence, if you don't know where the other parent or party lives or works, and you need help in locating them for court purposes

We look forward to working with you to help get the child support your family deserves.

For location-only services:

Division of Social Services

***To establish paternity or a
support order:***

Family Division

For support enforcement:

Probation Division

Part A - HOW THE CHILD SUPPORT PROGRAM WORKS

Part A answers some questions you might have about the child support program.

What are child support services? Child support services include: locating the parent who has a duty to support your child(ren), legally determining if a person is the biological parent of your child, obtaining an order for child support and medical support services (if available at a reasonable cost), collecting support payments, keeping accurate records of payments and enforcing the support order.

Who provides these services? In New Jersey, the Department of Human Services (DHS) - Division of Family Development (DFD) - Office of Child Support Services (OCSS) (the State Title IV-D agency), County Welfare Agencies (CWA), the Administrative Office of the Courts (AOC), the County Family Divisions of the Superior Court, and County Probation Division work together to provide support services to your family.

What does the Office of Child Support Services do? - The DFD/OCSS is responsible for ensuring that the state's child support program is operated properly, efficiently and effectively, and that all of its agents are in compliance with all aspects of the Federal Law.

What does the County Welfare Agency Child Support Unit do? - The CWA locates obligors and files non-support complaints on active Temporary Assistance for Needy Families (TANF) with the Family Division

What does the Family Division do? - The Family Division is responsible for the establishment of paternity, support and medical orders.

What does the Probation Division do? The Probation Division monitors and enforces court orders, including those for child support, medical support and alimony. The Probation Division may become involved in the case after a support order is entered. All support orders are payable through the New Jersey Family Support Payment Center (NJFSPC), unless the court orders otherwise.

Does Probation represent me in court? No. Probation does not represent you. It is the part of the court system that sees that the court's orders are obeyed. Probation does not side with either parent. If you have to come to court, you can either represent yourself or hire an attorney.

Who can apply for these services? Any parent or person with custody of a child who needs help to establish a child support or medical support order or to collect support payments can apply for child support enforcement services. People who have received assistance under the *Temporary Assistance for Needy Families (TANF)*, *Medicaid*, and *Federally assisted Foster Care* programs are automatically referred for child support enforcement services.

- Although the majority of custodial parents are mothers, keep in mind that either the mother or father may have primary custody of the child.
- Either parent can get help to have a child support order reviewed at least every three years, or whenever there is a substantial change of circumstances, to ensure that the order remains fair.
- An unmarried father can apply for services to establish paternity -- a legal relationship with his child.

A *non-custodial parent* whose case is not in the CSE Program can apply for services and make payments through the Program. Doing so ensures that there is a record of payments made.

- Location services are available for non-custodial parents whose children have been hidden from them in violation of a custody or visitation order.

Is there a fee for this service? Yes, there may be a nominal fee. Please see Part D of the application.

Who is the obligee? The obligee is the person who receives the court ordered support.

Who is the obligor? The obligor is the person who is ordered to pay the court ordered support.

What is NJKiDS ? *NJKiDS* (New Jersey Kids Deserve Support) is the computer system used by Child Support Staff, to monitor, track and store information about your case.

How do I establish paternity? Paternity can be established in the following ways:

- If the child is born during a marriage the husband is presumed to be the father and paternity does not have to be established.
- If the child is born outside of a marriage a Certificate of Parentage can be signed by both parents.
- A complaint can be filed with the Family Division to get a legal determination of paternity. Paternity can be established either by consent or genetic testing.

How does the court set the amount of my child support and medical support? Generally, the court sets the amount of support using the New Jersey child support guidelines. The support amount is based on the income of both parents and the average amount that intact families spend on their children. The support guidelines are in Appendix IX-A of the New Jersey Court Rules. The Court Rules can be found in either the law library at the county courthouse or the county's public library. The Court Rules are also on the New Jersey Judiciary website, <http://www.njcourtsonline.com>.

How are payments received? In almost all cases, the obligor must make payments through the New Jersey Family Support Payment center (NJFSPC). Once payment is received the obligor's account is credited and payment is sent by direct deposit, debit card or check to the obligee. **The obligee should not accept payments directly from the obligor without the court's prior approval.** If the obligee is on public assistance, the check goes to the agency that provides the assistance. However, the obligee will receive the first \$50 of each month's current child support payment.

What if the obligor doesn't pay? If the obligor doesn't pay, the Probation Division will take steps to enforce the order. These steps will include: requiring the obligor's employer to take the support amount out of his or her income, having the past-due amount taken out of the obligor's tax refund or lottery winnings, returning the case to court, reporting the delinquency to a credit reporting agency, or executing on the obligor's property such as bank accounts, insurance proceeds or real estate.

What if the obligor moves to another state? If the obligor moves out of New Jersey, the Probation Division may be able to get an out of state employer to withhold the support amount from the obligor's income. If this doesn't work, you may have to file a petition asking the other state to enforce your support order through it's courts. The Probation Division will inform you if this is necessary and will help you file the papers. Although there is no cost for filing the petition, some states charge a small fee for processing payments and may deduct the fee from the collection before it is sent to you.

How long will it take for a support order to be established? That depends on the circumstances of your case and the services you request. After you file the application for services it takes time to notify all parties of the hearing. The establishment of a support order through the Family Division usually takes 90 days or less if both parties live in New Jersey. If either party resides out of state this process may take longer.

How long will it be before I start to receive payments? Once the order is established, the obligor is responsible for sending in payments directly to the NJFSPC. As soon as a payment is received it will be processed by the payment center and sent within 2 business days to the obligee. If income withholding has been ordered it may take up to 4 weeks for payment to be remitted by the employer.

YOU WILL NOT RECEIVE A SUPPORT PAYMENT IF THE OBLIGOR DOES NOT PAY

How can I find out if a payment has been made? To access any child support information you will need to provide your child support case ID (it begins with "CS"). There are two options to obtain information on a 24 hour basis:

1. Call the toll-free Child Support Hotline at **1-800-621-KIDS (5437)** for payment information.
2. Visit the Child Support website at **njchildsupport.org** for payment and case information.

Information about your case is updated every night. The telephone number to your local Probation Division is also available through these sources.

Does my support order automatically end when my child reaches age 18? Unless specified in your court order there is no fixed age in New Jersey when support stops. Once your child turns 18 and/or becomes financially independent, either you or the other parent must file papers with the court asking that the order be terminated or adjusted. Based on the facts, the court will decide if the child still needs support from the parents. This is known as " **emancipation** ". Generally, the court presumes that children under 18 need support from their parents. In some cases, support may continue through college or longer.

What if I need an increase in my child support order or medical support for my children? Anytime there is a substantial change of circumstances, a motion can be filed with the Family Division to modify the terms of the court order. You may also request a review of the amount of your child support order at least once every 3 years from the date the order was entered or modified by the court. Reviews are completed by your local County Welfare Agency Child Support Unit (CWA/CSU). This service is available to you even if you have never been a recipient of Temporary Assistance to Needy Families (TANF). Additionally you can ask for assistance in obtaining medical support for your child if it is not included in your current order. The phone numbers for the CWA are listed on pages 1-4 of the application.

Please note : The law also requires that all child support orders entered, modified, or enforced on or after September 1, 1998 be reviewed every two years to reflect changes in the cost of living. Cost of Living Adjustment (COLA) is an automatic review and adjustment of child support orders being enforced under Title IV-D. COLA is not a modification of the order.

Who can I call for more information? Prior to the entry of a support order, contact either the Family Division or the local County Welfare Agency. After the order is entered, contact the local Probation Division in your county. The phone numbers for all three agencies are listed on the cover of this application.

PART B - YOUR RESPONSIBILITIES AS THE OBLIGEE

Part B tells you what your responsibilities are as an applicant for child support services. Please read it carefully. If you don't understand your responsibilities, please ask the Child Support Agency's staff to explain them to you. Your cooperation is needed for us to be able to provide prompt, effective child support services.

For the Child Support Agency (CSA) to help you properly, you must:

- Provide all available information and documentation when you file the application to assist us in handling your case and immediately inform the CSA of any new or changed information.
- Supply accurate identifying and location information on the obligor.
- As requested, complete all documents needed for the CSA to establish and/or enforce a support order.
- Appear for genetic tests (if you have requested that paternity be established) or court hearings as notified.
- Upon request, appear at the designated CSA office to provide written or verbal information.
- Notify the CSA immediately if there is a change in your address, telephone number or custody of a child.

Additionally, you should understand that:

- You may hire an attorney to represent you or you may represent yourself at any time. If you retain an attorney, you agree to inform the CSA of the name and address of your attorney. If a court action is started by you or your attorney, you agree to provide the CSA with a copy of any court order resulting from that action.
- The quality of information you provide affects the priority assigned to your case and the success of providing the requested services.
- The information provided by you or collected by the CSA is confidential and subject to state and federal safeguarding requirements. It will not be released to third parties without your authorization.
- Any record, correspondence, memorandum or other document not required to be maintained by law is not public information and is not available for public inspection.
- You are personally liable for the return of any amounts paid in error to you. The CSA has the right to adjust future support payments to recoup any amounts that are overpaid or sent to you in error.

If you receive any support payments that have not been processed through the New Jersey Family Support Payment Center, such as direct payments from the obligor, another state CSA, as satisfaction of a lien or from any other legal mechanism, that you agree to send such payment to NJFSPC immediately upon receipt so that it can be applied to the obligor's account.

- The CSA will assist you in establishing a court order for the obligor to provide health insurance for your child(ren). If you or your child(ren) is/are recipients of Medicaid benefits under Title XIX of the Social Security Act, the CSA will report the health insurance information to the State Division of Medical Assistance and Health Services.

- The CSA may request that the State or Federal government intercept the obligor's tax refund to recover past-due support owed to you or to the State. Regulations of the Tax Offset Program require that:
 - Intercepted tax refunds be used to pay-off debts owed to the State for public assistance before past-due support owed to your child(ren).
 - If the tax refund involves a joint return, the money may not be distributed for six months; and

If the obligor and the obligor's spouse file a joint return, the spouse may file an amended tax return requesting a share of the tax refund of up to six years after it was filed. If the IRS determines that the spouse is due a share of the refund that you received, you must reimburse the State for the amount owed the spouse. The CSA may adjust future support payments to recoup this amount.

PART C - OTHER INFORMATION ON SERVICES

Part C lists other information about child support services that you should know. Again, read it carefully. If you don't understand something in this section, ask the Child Support Agency's staff to explain it to you.

Selection of Enforcement Method - The Child Support Agency selects the enforcement technique based on the quality and availability of case information and state law. **An obligee cannot choose how the order will be enforced** .

Termination of Services - Child support services **may** be terminated if:

- The Obligee fails to cooperate and that cooperation is needed to establish or enforce the order
- The Obligee cannot be contacted for sixty days and mail sent to that person's address is being returned;
- The obligor dies, is institutionalized, moves to a foreign country, or cannot be located within four years;
- A support obligation is no longer owed to the family and no past-due support is owed; or
- The child who is the subject of the support order dies.

The obligee will be notified, in writing 60 days before action is taken to terminate child support services.

Limitations of the Child Support Agency - The Child Support Agency is not authorized to :

- Act as your legal representative or assign an attorney to your case;
- Handle matters involving visitation, custody or property settlements (court action required); or
- Arrest the obligor or issue a warrant (court action required); or
- Sign papers on your behalf (for example, bankruptcy claims, a Warrant of Satisfaction or Release of Lien for judgments, or request to emancipate a child).

PART D - DESCRIPTION OF AVAILABLE CHILD SUPPORT SERVICES

Part D explains the services that are available. Later, you will have a chance to select the services you want. We recommend Full Child Support Services since it includes all services and has the lowest applicant fee.

The applicant may request one of the following service categories from the Child Support Agency (CSA):

Full IV-D Child Support Services - Services provided by the CSA under this category include: paternity establishment, location of the obligor, establishment of the support order, collection of past-due support from tax refunds, collection and monitoring of support payment, income withholding (automatic deduction from an income source such as wages, unemployment, etc), judgment processing, credit reporting, medical support services, court enforcement of support orders, and periodic review and adjustment of the support award. Not all applications require all services. The CSA will provide all appropriate IV-D services (defined below) There is a **\$6.00** fee for full IV-D Child Support Services. **NOTE: THIS OPTION INCLUDES ALL SERVICES LISTED BELOW AND HAS THE LOWEST FEE .**

- **Location Services** - The CSA will try to find the obligor using the State Parent Locator Service (SPLS) and Federal Parent Locator Service (FPLS). The SPLS checks the records of the other State agencies such as the Division of Motor Vehicles, the Division of Taxation, the Department of Labor, and the Department of Corrections. FPLS searches the records of the Internal Revenue Service, the Department of Defense, the National Personnel Records Center, the Social Security Administration, and the Veterans Administration.
- **Paternity Services** - The CSA will file a complaint with the court or utilize other resources to legally determine the father of your child. To assist in determining who the father is, the court may order a blood or a genetic test. Additionally, the court may require that you pay for the genetic testing if the person that you name is not the biological father.
- **Support Services** - The CSA will file a complaint and schedule a hearing with the court for purposes of establishing a support order against the non-custodial parent.
- **Medical Support Services** - The CSA will pursue a court order requiring the obligor to provide health insurance coverage for your child(ren).

Monitoring Services Only - Services provided by the CSA under this category include: establishment of the support order, collection and monitoring of payments, use of income withholding, and court action to enforce the support order. **Monitoring only services do not include the following:** location of obligors using the State and Federal Parent Locator Service, payment of the costs to establish paternity and enforcement of the support obligation using the tax intercept programs. An annual fee of **\$25** will be charged for these services.

CHILD SUPPORT CASE INFORMATION

SECTION I - APPLICANT CHILD SUPPORT INFORMATION

APPLICANT INFORMATION - Please complete this information about yourself	
Your relationship to the child(ren): <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Paternal Grandparent <input type="checkbox"/> Maternal Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Other	
Does the child(ren) live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, who does the child(ren) live with? Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____	
Are you currently receiving Public Assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you ever receive Public Assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you ever receive Medicaid?	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT INFORMATION REGARDING CURRENT AND/OR PAST CHILD SUPPORT ARRANGEMENTS

Please provide all available details regarding your current and/or past support arrangements.	
Have you ever made a private agreement with the other parent for child support? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Amount: \$ _____ every <input type="checkbox"/> week <input type="checkbox"/> two weeks <input type="checkbox"/> month, beginning on _____	
Are there any court actions pending in any state to establish or enforce support for your child(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, court (county, state): _____ . date filed: _____	
Do you have an existing court order for child support? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ every <input type="checkbox"/> week <input type="checkbox"/> two weeks <input type="checkbox"/> month starting on _____ What court entered this order (County, State)? _____, _____	
The current support order requires payments to be made (check one) <input type="checkbox"/> directly to me <input type="checkbox"/> to a child support enforcement agency (County, State) _____, _____ <input type="checkbox"/> by income withholding directly to me <input type="checkbox"/> by income withholding to a child support enforcement agency (County, State) _____, _____	

SECTION II - APPLICANT INFORMATION

APPLICANT PERSONAL INFORMATION - Please complete this information about yourself				
Last Name: First Name: Middle Name: Suffix:		Date of Birth	Social Security Number or TAX Identification Number	
Maiden Name and/or Other Names used		U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If No, What Country? Alien Registration No.		
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian, Eskimo Or Aleutian <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Primary spoken language _____ Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify language _____		Home Phone	Drivers License number	
		Cell Phone	Issuing State	
		Email Address:		
Home Address	City	State	Zip Code	County
Mailing Address if different from home address	City	State	Zip Code	
Your current Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Single <input type="checkbox"/> Civil Union				
Are you married to the parent of the child(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date: _____ City, State of Marriage _____		Are you divorced from the parent of the child(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date: _____ City, State of Divorce _____		

APPLICANT EMPLOYMENT INFORMATION			
Employer Name <input type="checkbox"/> Self-employed (company name)		Active Military Status <input type="checkbox"/> Yes <input type="checkbox"/> No Military Branch	
Employer Address	City	State	Zip Code
May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone: Fax Number:	Work Email ID:	

APPLICANT ATTORNEY INFORMATION		
Your Attorney's Name (if you have an attorney for this case)		Phone:
Attorney's Address		Fax:
		Email:
City	State	Zip Code

SECTION III - PARENT INFORMATION

PARENT PERSONAL INFORMATION- Please complete this information about the parent you are filing this application against		
Last Name: First Name: Middle Name: Suffix:		Social Security Number or TAX Identification Number: _____
Date of Birth _____	Place of Birth: City: State: Country	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Maiden Name and/or Other Names used		U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If No, What Country? _____ Alien Registration No. _____
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian, Eskimo Or Aleutian <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic

PARENT IDENTIFYING INFORMATION: Please complete this information about the parent you are filing this application against			
Hair Color: <input type="checkbox"/> Balding <input type="checkbox"/> Black <input type="checkbox"/> Blond <input type="checkbox"/> Brown <input type="checkbox"/> Gray/White <input type="checkbox"/> Red <input type="checkbox"/> None/Bald <input type="checkbox"/> unknown <input type="checkbox"/> Other		Eye Color: <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Gray Hazel <input type="checkbox"/> Other	
Height: Weight:		Facial Hair:	
Distinguishing Features (Scars, Marks, Tattoos, Glasses):			

PARENT CONTACT INFORMATION: Please complete this information about the parent you are filing this application against				
Primary spoken language _____ Does the parent need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify language _____		Home Phone _____ Cell Phone _____	Drivers License number _____ Issuing State _____	
Email Address: _____				
Last Known Home Address _____		City _____	State _____	Zip Code _____
Lives with: <input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Alone <input type="checkbox"/> Spouse <input type="checkbox"/> Other Name: _____				
Last Known Mailing Address if different from home address _____		City _____	State _____	Zip Code _____
Is the parent currently incarcerated or institutionalized? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, provide details: Name of the prison/jail/institution: _____ City,State: _____		

PARENT'S EMPLOYER INFORMATION - Please provide information , if known, about the parent you are filing this application against			
Employer Name <input type="checkbox"/> Self-employed (enter company name) _____		Phone Number: _____	
Address _____		City _____	State _____ Zip Code _____
Salary \$ _____ every <input type="checkbox"/> week <input type="checkbox"/> 2 weeks <input type="checkbox"/> month <input type="checkbox"/> year		Type of work performed _____	
Belong to Union? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Union Name _____ Local # _____			
Additional Employment _____		Phone Number: _____	
Address _____		City _____	State _____ Zip Code _____
Salary \$ _____ every <input type="checkbox"/> week <input type="checkbox"/> 2 weeks <input type="checkbox"/> month <input type="checkbox"/> year		Type of work performed _____	
Military Service <input type="checkbox"/> Yes <input type="checkbox"/> No Branch: <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard		Status? <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired _____ (mm/yyyy) <input type="checkbox"/> Discharged _____ (mm/yyyy)	
Duty Station: (Base/Post/Ship and City/State) _____			

PARENT'S HEALTH CARE INFORMATION - Please provide information, if known, about the parent you are filing this application against	
Health insurance provider: <input type="checkbox"/> Employer 1 <input type="checkbox"/> Employer 2	Child(ren) named in this application covered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Policy Number: _____	Date coverage began: _____

PARENT'S FINANCIAL INFORMATION - Please provide information, if known, about the parent you are filing this application against	
Does the parent receive any of the following types of income?	
<input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> Legal Settlement Income <input type="checkbox"/> Pension _____ <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Commissions <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Other disability <input type="checkbox"/> Public Assistance (Welfare) <input type="checkbox"/> Other Income Source _____	<input type="checkbox"/> Veteran's Administration Pension <input type="checkbox"/> Railroad Retirement Pension <input type="checkbox"/> Investment Income <input type="checkbox"/> Trust Income <input type="checkbox"/> Dividend Income <input type="checkbox"/> Royalties <input type="checkbox"/> Annuities <input type="checkbox"/> Social Security Retirement <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Rental Income <input type="checkbox"/> Lottery Winnings
Parent Bank Account Number _____	<input type="checkbox"/> Savings <input type="checkbox"/> Checking
Bank Name and Address _____	

PARENT'S ATTORNEY INFORMATION- Please provide information, if known, about the parent you are filing this application against	
Parent Attorney's Name	Phone
Attorney's Address, City, State Zip Code	Fax
	Email

SECTION IV - CHILD(REN) INFORMATION

INFORMATION ABOUT THE CHILD(REN). Please provide information for each child for whom you are seeking to establish paternity and/or establish a Child Support/Medical Support Order.

CHILD : 1

Last Name: First Name: Middle Name: Suffix: Paternity established? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth	City/State of Birth:	SSN#: _____ 999-99-9999
Race: <input type="checkbox"/> White <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian, Eskimo Or Aleutian <input type="checkbox"/> Other	<input type="checkbox"/> Black <input type="checkbox"/> Hispanic	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

CHILD : 2

Last Name: First Name: Middle Name: Suffix: Paternity established? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth	City/State of Birth:	SSN#: _____ 999-99-9999
Race: <input type="checkbox"/> White <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian, Eskimo Or Aleutian <input type="checkbox"/> Other	<input type="checkbox"/> Black <input type="checkbox"/> Hispanic	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

CHILD : 3

Last Name: First Name: Middle Name: Suffix: Paternity established? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth	City/State of Birth:	SSN#: _____ 999-99-9999
Race: <input type="checkbox"/> White <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian, Eskimo Or Aleutian <input type="checkbox"/> Other	<input type="checkbox"/> Black <input type="checkbox"/> Hispanic	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

CHILD : 4

Last Name: First Name: Middle Name: Suffix: Paternity established? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth	City/State of Birth:	SSN#: <hr/> 999-99-9999
Race: <input type="checkbox"/> White <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian, Eskimo Or Aleutian <input type="checkbox"/> Other	<input type="checkbox"/> Black <input type="checkbox"/> Hispanic	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

CHILD : 5

Last Name: First Name: Middle Name: Suffix: Paternity established? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth	City/State of Birth:	SSN#: <hr/> 999-99-9999
Race: <input type="checkbox"/> White <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian, Eskimo Or Aleutian <input type="checkbox"/> Other	<input type="checkbox"/> Black <input type="checkbox"/> Hispanic	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

SECTION V - APPLICANT FINANCIAL INFORMATION:

Provide us with information about your income and financial situation. Complete this section only if you are requesting the establishment of a support order for the child(ren) listed on this application. The other parent will be asked to complete a similar form. The court uses the financial information on these forms to set the amount of child support. Additionally, it may be used to determine if the support award should be increased or decreased in the future.

IMPORTANT: You must provide a copy of your most recent federal tax form or your three most recent pay stubs to verify your income. Self-employed persons and business owners must also provide a copy of the most recent federal tax forms for their business. If you are requesting a credit or deduction, you must provide proof of your expenses or obligations.

Information about your Financial Status.	
Gross Weekly Income. Report your weekly gross income. Divide monthly income by 4.3 and bi-weekly income by 2.6. You will be required to provide proof of your income when requesting support establishment services.	
1. Salary, wages, commissions, bonuses and other payments for services performed	\$
2. Income from operating a business minus ordinary and necessary expenses	\$
3. Social security disability	\$
4. Social Security retirement	\$
5. Veteran's Administration pension	\$
6. Worker's compensation	\$
7. Other pensions, disability or retirement income	\$
8. Unemployment compensation	\$
9. Interest, dividends, annuities or other investment income	\$
10. Income from the sale, trade or conversion of capital assets	\$
11. Income from an estate of a decedent (a will)	\$
12. Alimony or separate maintenance from a previous marriage	\$
13. Income from trusts	\$
14. Other income (specify)	\$
15. Other income (specify):	\$
Total Gross Income (add lines 1 through 15)	\$

Weekly Exemptions. Report the following deductions from your weekly income.	
1. Number of tax exemptions claimed	
2. Mandatory union dues	\$
3. Mandatory retirement contributions	\$
4. Health insurance premium (must include child(ren) named in the complaint)	\$
5. List each alimony or child support order paid by you, if applicable. A) State and Case Number B) State and Case Number	\$

Other Dependent Deduction: Complete this section if (1) you are legally responsible for supporting a child or children other than those named in the support complaint or application, (2) the child or children are living with you and (3) you are requesting credit for the amount spent on raising the other child or children when the support award is calculated. You are legally responsible for all children that are yours by birth or adoption. Answer the questions about the other parent of the child or children (for example, your current spouse who is the biological father of at least one of your children).

1. Number of other legal dependents (you must provide proof of the legal relationship)	
2. Number of tax exemptions that parent of the other child(ren) claims	
3. Weekly gross income of the parent of the other child(ren)	\$
4. Mandatory union dues of the parent of the other child(ren)	\$
5. Mandatory retirement contributions of the parent of the other child(ren)	\$
6. Health insurance premiums paid by the parent of the other child(ren)	\$
7. Alimony or child support orders paid by the parent of the other child(ren)	\$

Credit for Child Care Expenses: Complete this section only if (1) you pay for work related child care for a child or children for whom you and the other parent share a legal responsibility to support and (2) you are requesting a credit for these expenses when your support amount is calculated.

1. Annual child care cost (if paid weekly multiply by 52; if monthly multiply by 12)			\$	
Child care provider name	Address	City	State	Zip Code

Income Received by the Child(ren) from the other parent: Complete this section if your child(ren) receive regular payments in the name of the other parent (e.g., social security supplements or veteran's benefits apportionment's).

1. Source of benefit(s);	
2. Weekly amount of benefits (requires proof)	\$

Health Insurance Benefits. *Provide the following information about your health insurance benefits.*

Health Insurance Provider:	Includes child(ren) <input type="checkbox"/> Yes <input type="checkbox"/> No
Policy Carrier:	Date coverage began:

CERTIFICATION

I certify that the foregoing statements made by me are true to the best of my knowledge. I am aware that if any of the foregoing statements are wilfully false, I am subject to punishment.

Date:	Signature:
--------------	-------------------

SECTION VI - PARENT LOCATION INFORMATION

BACKGROUND INFORMATION ON THE PARENT. Please provide information, if known, about the parent you are filing this application against.		
Does the parent have a criminal record?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, City: _____	State: _____	Date: _____
Education: School/College Name	City, State	Date of Attendance:
Does the parent belong to any professional/trade associations?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Name: _____	City _____	State _____
Does the parent have any professional/trade licenses?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, License Number: _____	Type: _____	Issuing State: _____

PARENT'S FRIENDS AND RELATIVES - Please provide information, if known, about the parent you are filing this application against			
Maiden Name of the parent's mother		<input type="checkbox"/> Living <input type="checkbox"/> Deceased	
Address: _____	City _____	State _____	Zip Code _____
Name of the parent's father		<input type="checkbox"/> Living <input type="checkbox"/> Deceased	
Address: _____	City _____	State _____	Zip Code _____
Spouse/Other - Name:		Relationship:	
Address: _____	City _____	State _____	Zip Code _____
Does the parent have any other children besides yours?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Name	Court Order State	Other Parent Name on the order	

PARENT FINANCIAL ASSETS INFORMATION. Please provide information, if known.	
Does the parent own any homes or real estate?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the address below.	
Address of Property (address, city, state, zip code):	
Address of Property (address, city, state, zip code):	

Does the parent own a motor/recreational vehicle? If Yes, please identify below, about the parent you are filing this application against. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Make	Model	Color	State where registered	License No
Make	Model	Color	State where registered	License No
Does the parent own a boat? If Yes, please identify below.				<input type="checkbox"/> Yes <input type="checkbox"/> No
Make	Registration No.		Moored at:	

PARENT PAST EMPLOYMENT INFORMATION List the other parent's past employer(s), if known, about the parent you are filing this application against			
Employer Name	Start Date: _____	End Date: _____	
Address:	City	State	Zip Code
Employer Name	Start Date: _____	End Date: _____	
Address:	City	State	Zip Code

CHILD SUPPORT SERVICES APPLICATION

FULL SERVICES - Check if requesting full IV-D Child Support Services
<input type="checkbox"/> FULL IV-D CHILD SUPPORT SERVICES (\$6 Fee) (This agency will furnish the appropriate services for location; paternity, support and/or medical support establishment; and enforcement actions to which you are entitled.)
OTHER SERVICES - Please check if not requesting full services
<input type="checkbox"/> Monitoring Services Only (\$25 Annual Fee) (The selection of this service means that certain enforcement options will not be available.)

AUTHORIZATION

This portion of the application gives us permission to work on your case on behalf of your child(ren). You also agree to cooperate with us and follow the rules of the program. Again, if you do not understand this section, please ask the Child Support Agency's staff to explain it to you.

By signing this application, I agree to the following:

- (1) The Child Support Agency may pursue and use all sources of information legally available to support its investigation of my case and perform the services that I have requested;
- (2) I will cooperate with the Child Support Agency in its efforts to provide the requested services and comply with the obligee's responsibilities listed in Part B of this application;
- (3) **I will not accept court ordered support payments directly** from the obligor or, if any are received, I will immediately forward them to the New Jersey Family Support Payment Center (NJFSPC);
- (4) I am not entitled to interest on any child support payment for the time it is held in the NJFSPC bank account pending distribution;
- (5) In accordance with N.J.S.A. 2A:17-56.60, the Child Support Agency may use my Social Security Number as an internal identifier for all child support and paternity purposes. I understand that my Social Security Number, my address and personal information about myself will remain confidential unless I authorize its release; and

The Child Support Agency may terminate my case if I fail to cooperate or conform to the responsibilities documented in this application.

Date

Applicant's Signature

Applicant's Name (Please Print)