

# APPLICATION FOR SUPPORT SERVICES

Page 1 of 5

## SECTION I: IDENTIFYING INFORMATION

YOUR NAME (First, Middle, Last, Suffix)	<input type="checkbox"/> CUSTODIAL PARTY <input type="checkbox"/> NONCUSTODIAL PARENT
CHILD(REN)'S MOTHER'S NAME (First, Middle, Last, Suffix)	
CHILD(REN)'S FATHER'S NAME (First, Middle, Last, Suffix)	

## SECTION II: CHILD(REN) OF THE PARENTS NAMED ABOVE

List the unmarried dependent child(ren) of the parents named above for whom you are requesting support services. If the mother is pregnant with the child of the father named above, list "UNBORN" as the child's name and the expected due date as the BIRTH DATE.

CHILD'S FULL NAME and ANY OTHER NAMES USED <i>(include Nicknames)</i> <i>First, Middle, Last, Suffix</i>	SEX	ETHNIC GROUP <small>See Instructions</small>	BIRTH DATE <i>(MM/DD/CCYY)</i>	SOCIAL SECURITY NUMBER	PLACE OF BIRTH <i>(City, State &amp; Country)</i>
1.	<input type="checkbox"/> M				
	<input type="checkbox"/> F				
				Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
2.	<input type="checkbox"/> M				
	<input type="checkbox"/> F				
				Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
3.	<input type="checkbox"/> M				
	<input type="checkbox"/> F				
				Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
4.	<input type="checkbox"/> M				
	<input type="checkbox"/> F				
				Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
5.	<input type="checkbox"/> M				
	<input type="checkbox"/> F				
				Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
6.	<input type="checkbox"/> M				
	<input type="checkbox"/> F				
				Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
7.	<input type="checkbox"/> M				
	<input type="checkbox"/> F				
				Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
8.	<input type="checkbox"/> M				
	<input type="checkbox"/> F				
				Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	

If child(ren)'s address is different than yours, please complete the information below: *(attach additional page if necessary)*

CHILD'S LAST AND FIRST NAME
ADDRESS: <i>Street, Apt. or Unit No.</i>
<i>City, State, Zip Code</i>
CHILD'S LAST AND FIRST NAME
ADDRESS: <i>Street, Apt. or Unit No.</i>
<i>City, State, Zip Code</i>

**SECTION III: COMPLETE THE FOLLOWING INFORMATION ABOUT THE CUSTODIAL PARTY**

*NOTE: The custodial party is the person or party who has primary custody of the children.*

FULL NAME (First, Middle, Last)	RELATIONSHIP TO CHILDREN (Mother, Father, Grandparent, Aunt, Uncle, Cousin, Friend, etc.)
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MAIDEN NAME OR OTHER NAME(S) USED \_\_\_\_\_

SOCIAL SECURITY NUMBER	BIRTH DATE (MM/DD/CCYY)	PLACE OF BIRTH (City, State & Country)
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ETHNIC GROUP (see instructions)	SEX Check one: <input type="checkbox"/> M <input type="checkbox"/> F	COLOR OF HAIR	COLOR OF EYES
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WEIGHT	HEIGHT	DRIVER'S LICENSE NO.	STATE
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PRIMARY LANGUAGE SPOKEN IN HOME

Check one:  ENGLISH  SPANISH  CHINESE  VIETNAMESE  CAMBODIAN  LAOTIAN  OTHER \_\_\_\_\_

Can the Custodial Party read and understand English? Check one:  YES  NO

HOME ADDRESS: Street, Apt. or Unit No. \_\_\_\_\_

City, State, Zip Code	TELEPHONE NO. (include area code)
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MAILING ADDRESS: Street, Apt. or Unit No. or P.O. Box (if different from home address) \_\_\_\_\_

City, State, Zip Code	MESSAGE TELEPHONE NO. (include area code)
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List other child(ren) of the custodial party different from children listed in Section II

FULL NAME (First, Middle, Last)	SEX	BIRTHDATE OR APPROXIMATE AGE
1. _____		
2. _____		
3. _____		

EMPLOYER	TELEPHONE NO. (include area code)
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ADDRESS: Street, Apt. or Unit No. \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

OCCUPATION/JOB TITLE	WAGES \$	PAID: <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY
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Is Health Insurance available for the child(ren) through this employer?  YES  NO  UNKNOWN

Is Dental Insurance available for the child(ren) through this employer?  YES  NO  UNKNOWN

Is Vision Insurance available for the child(ren) through this employer?  YES  NO  UNKNOWN

▶ If you answered **YES** to any of these questions, please complete the HEALTH INSURANCE INFORMATION (OCS 2111) form included in this package.

\*\*\*\* ATTACH A COPY OF YOUR MOST RECENT PAYCHECK STUB ONLY IF YOU ARE THE PARENT OF THE CHILD(REN) \*\*\*\*

Have the child(ren) ever received public assistance/welfare or Child Support Services in another State?  YES  NO  UNKNOWN

If **YES**, complete the following: (Attach additional page(s) if needed.)

STATE	COUNTY	DATES: (Month, Day, Year) From:	To:
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**SECTION IV: COMPLETE IF YOU ARE NOT THE MOTHER OR THE FATHER OF THE CHILDREN**

CHILD(REN)'S MOTHER'S NAME (First, Middle, Last, Suffix)	YOUR RELATIONSHIP TO THE CHILD(REN)'S MOTHER
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MOTHER'S MAIDEN NAME OR OTHER NAME(S) USED \_\_\_\_\_

CHILD(REN)'S FATHER'S NAME (First, Middle, Last, Suffix)	YOUR RELATIONSHIP TO THE CHILD(REN)'S FATHER
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FATHER'S OTHER NAME(S) USED \_\_\_\_\_



**SECTION V: INFORMATION ABOUT THE NONCUSTODIAL PARENT (Continued)**

CURRENT EMPLOYER	TELEPHONE NO. (include area code)
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ADDRESS: *Street, Apt. or Unit No.*

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*City, State, Zip Code*

OCCUPATION/JOB TITLE

Is Health Insurance available for the child(ren) through this employer?  YES  NO  UNKNOWN

Is Dental Insurance available for the child(ren) through this employer?  YES  NO  UNKNOWN

Is Vision Insurance available for the child(ren) through this employer?  YES  NO  UNKNOWN

If you answered **YES** to any of these questions, please complete the HEALTH INSURANCE INFORMATION (OCS 2111) form included in this package.

**\*\*\*\* ATTACH A COPY OF YOUR MOST RECENT PAYCHECK STUB IF YOU ARE THE NONCUSTODIAL PARENT\*\*\*\***  
**IF YOU ARE THE CUSTODIAL PARTY AND HAVE A COPY OF THE NONCUSTODIAL PARENT'S PAY STUB, PLEASE ATTACH IT.**

UNION NAME	LOCAL NO.
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ADDRESS: *Street, Apt. or Unit No.*

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*City, State, Zip Code*

IF SELF-EMPLOYED	NAME OF BUSINESS	TYPE OF BUSINESS
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PREVIOUS OR ADDITIONAL EMPLOYER	IF PREVIOUS EMPLOYER, DATES (Month, Year)
	FROM TO

ADDRESS: *Street, Apt. or Unit No.*

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*City, State, Zip Code*

OCCUPATION/JOB TITLE	UNION NAME OR LOCAL NO.
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Does the noncustodial parent own a car, boat, motorcycle, trailer, etc?  YES  NO  UNKNOWN If **YES**, complete the following:

VEHICLE TYPE	1	2	3	4
MAKE				
MODEL / YEAR				
COLOR				
LICENSE NO./STATE				

Does the noncustodial parent own any real estate?  YES  NO  UNKNOWN If **YES**, complete the following:

LOCATION (City/State)	1	2
ADDRESS (Street, Apt. or Unit No.)		
TYPE (Residential, Commercial, etc.)		

Does the noncustodial parent have any bank accounts?  YES  NO  UNKNOWN If **YES**, complete the following:

BANK/CREDIT UNION	1	2	3	4
BRANCH				
ADDRESS				
ACCOUNT NO.				
TYPE OF ACCOUNT	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

Does the noncustodial parent have any other financial assets, stocks, bonds, etc.?  YES  NO  UNKNOWN If **YES**, complete the following:

LOCATION	1	2	3	4
TYPE				

