FOR OFFICE USE ONLY

IV-D Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Provided \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Returned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) **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.**

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  Date last at that address: | | | | | | | | |
| Current Mailing Address (Enter if the Noncustodial Parent 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: | ( ) Native American or Alaskan Native  ( ) Native Hawaiian or Other Pacific Islander | ( ) Asian  ( ) White | ( ) Black or African American  ( ) Unknown | ( ) Hispanic  ( ) Other | | | | | | | | | | | | | | | | | | | | | | |
| Hair Color | Eye Color | | | Weight | | | | Height | | | Other Identifying Features | | | | | | | | | | |
| What is the legal relationship status of Noncustodial Parent to child(ren)? (ex. Legal Mother, 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 End Date  Ending Pay 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. | | | | | | | | | | | | | | | | | | | | | |
| ( ) Medicaid State: | | | | | | | ( ) RSDI/SSD | | | | | | | | | | ( ) SSI | | | | |
| ( ) Food Stamps (SNAP) State: | | | | | | | ( ) Black Lung | | | | | | | | | | ( ) Veterans Assistance | | | | |
| ( ) TANF (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. | | | | | | | | | | | | | | | | | | | | | |
| ( ) Medicaid State: | | | | | | | ( ) RSDI/SSD | | | | | | | | | | ( ) SSI | | | | |
| ( ) Food Stamps (SNAP) State: | | | | | | | ( ) Black Lung | | | | | | | | | | ( ) Veterans Assistance | | | | |
| ( ) TANF (KTAP) State: | | | | | | | ( ) Other :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| ( ) Child Care Assistance State: | | | | | | | ( ) None :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| Does the Noncustodial Parent own a car? ( ) Yes ( ) No | | | | | | | | | | Make | | | | | | Model | | | | | Year |
| 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 | | | | | | | | | | | | Mother’s Address (if known)?  Street Number & Name  Apt/Suite Number  City  State  Country  Zip Code | | | | | | | | | |
| Home Telephone Number: ( ) - | | | | | | | | | | | | 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: | ( ) Native American or Alaskan Native  ( ) Native Hawaiian or Other Pacific Islander | ( ) Asian  ( ) White | ( ) Black or African American  ( ) Unknown | ( ) Hispanic  ( ) 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  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 End Date  Ending Pay Per | | | | |
| How often is the CP paid? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| Occupation | | | | | | | | | | | | | | | | |
| Union Name  Union Number  Address, if known  Apt/Suite Number  City State  Country Zip Code | | | | | | | | | | | | | Military Branch:  Dates:  (From) (To) | | | |
| 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. | | | | | |
| ( ) Medicaid State: | ( ) RSDI/SSD | | ( ) SSI | | |
| ( ) Food Stamps (SNAP) State: | ( ) Black Lung | | ( ) Veterans Assistance | | |
| ( ) TANF (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. | | | | |
| ( ) Medicaid State: | | ( ) RSDI/SSD | | ( ) SSI |
| ( ) Food Stamps (SNAP) State: | | ( ) Black Lung | | ( ) Veterans Assistance |
| ( ) TANF (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: | ( ) Native American or Alaskan Native  ( ) Native Hawaiian or Other Pacific Islander | ( ) Asian  ( ) White | ( ) Black or African American  ( ) Unknown | ( ) Hispanic  ( ) 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? | | | | | |
| Is 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. | | | | |
| ( ) Medicaid 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. | | | | |
| ( ) Medicaid 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: | ( ) Native American or Alaskan Native  ( ) Native Hawaiian or Other Pacific Islander | ( ) Asian  ( ) White | ( ) Black or African American  ( ) Unknown | ( ) Hispanic  ( ) 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? | | | | | |
| Is 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. | | | | |
| ( ) Medicaid 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. | | | | |
| ( ) Medicaid 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: | ( ) Native American or Alaskan Native  ( ) Native Hawaiian or Other Pacific Islander | ( ) Asian  ( ) White | ( ) Black or African American  ( ) Unknown | ( ) Hispanic  ( ) 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? | | | | | |
| Is 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. | | | | |
| ( ) Medicaid 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. | | | | |
| ( ) Medicaid 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: | ( ) Native American or Alaskan Native  ( ) Native Hawaiian or Other Pacific Islander | ( ) Asian  ( ) White | ( ) Black or African American  ( ) Unknown | ( ) Hispanic  ( ) 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? | | | | | |
| Is 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. | | | | |
| ( ) Medicaid 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. | | | | |
| ( ) Medicaid 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)? ( ) Yes ( ) No | | | | | | | |
| If yes, when and where? | | | | | | | |
| Date | Country | | State | County | | | City |
| Has the noncustodial parent paid any medical expenses for the child(ren)? ( ) Yes ( ) No ( ) Unknown | | | | | | | |
| Has the noncustodial parent shared in the child(ren)'s support? ( ) Yes ( ) No ( ) 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)? ( ) Yes ( ) No | | | | | |
| If yes, enter information from most recent order | | | | | |
| Date of Order | Country | State | | County | City |
| Child Support order amount $ | | | per | | |
| Medical support ordered? ( ) Yes ( ) No | | | | | |
| Are there any prior child support orders? ( ) Yes ( ) No | | | | | |

**VI. MEDICAL SUPPORT INFORMATION**

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

**Mail the completed form to:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 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 child support services will be provided based on the best interest of the child(ren) listed on this application. I agree to inform the child support office of any changes in the information submitted on this application. I understand as explained to me in the Authorization and Acknowledgment of No Legal Representation (Form CS-11), 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 the Cabinet for Health and Family Services will assess a nonrefundable annual fee of $35.00 for child support services when $550.00 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.**