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 AddressStreet Number & NameApt/Suite Number CityStateCountryZip Code | Previous AddressStreet Number & NameApt/Suite NumberCity StateCountry Zip CodeDate last at that address: |
| Current Mailing Address (Enter if the Noncustodial Parent has a different Mailing Address)Street Number & NameApt/Suite NumberCityStateCountryZip 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 AddressStreet Number & NameApt/Suite Number CityStateCountryZip CodeStart Date Salary Per | Previous Employer NameAddressStreet Number & NameApt/Suite Number CityStateCountryZip Code Start Date End DateEnding Pay Per |
| How often is the NCP paid? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Occupation |
| Union NameUnion NumberAddress, if knownApt/Suite NumberCityStateCountryZip Code | Military Branch:Dates: (From) (To) |
| Arrest/Prison Record In which state did this occur?In which county did this occur?Which facility? | Incarceration DateRelease 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 & NameApt/Suite NumberCityStateCountryZip Code | Mother’s Address (if known)?Street Number & NameApt/Suite NumberCityStateCountryZip 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 AddressStreet Number & NameApt/Suite NumberCityStateCountryZip Code | Current Mailing Address(Enter if the CP has a different mailing Address)Street Number & NameApt/Suite NumberCityStateCountryZip 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 AddressStreet Number & NameApt/Suite Number CityStateCountryZip CodeStart Date Salary Per | Previous Employer NameAddressStreet Number & NameApt/Suite Number CityStateCountryZip Code Start Date End DateEnding Pay Per |
| How often is the CP paid? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Occupation |
| Union NameUnion NumberAddress, if knownApt/Suite NumberCity StateCountry 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 ( ) NoIf 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, CityStateZip 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.**