

### Guardian's Application for Child Support Services

Information provided on this form (including any attachments) may only be shared with others for the purpose(s) of the administration of the child support program and other related programs [[Wis. Statutes, § 49.83](#)].

Name of Guardian Applying for Services (last, first, middle, suffix, e.g., Jr.)

Relationship to child or children

**Race/ethnicity/disability:** This information is for federal reporting purposes only. You may choose not to answer. Not answering will **not** affect the services provided to you.

<b>Date Stamp</b> <i>(for office use only)</i>
Fee Paid \$ _____ Rept. # _____

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Caucasian/White                | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Native American/Alaskan Native         |
| <input type="checkbox"/> Black/African American         | <input type="checkbox"/> Asian           | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Other (Please list all others) |  |   |

Do you have a disability?  
 Yes  No If yes, describe:

**Please Note:**

- If you are the parent of the child or children, please fill out the *Parent's Application for Child Support Services* form.
- Filling out this form:
  - Please complete this form as best you can.
  - If you do not know or are not sure of some of the information, you may leave that part blank.
  - The more information your worker knows about your case, the better job he or she can do for you.
  - If you have any questions about this form, please talk with your child support agency.

**Services Requested:**

- Child Support Services     Paternity (legal fatherhood)     Only Locate (a parent) Services  
\$25 fee due

**Social Security Number/Individual Taxpayer Identification Number (ITIN):** The provision of your social security number or Individual Taxpayer Identification Number (ITIN) is mandatory under Section 466(a)(42U.S.C.666(a)). Your social security number/ITIN will be used for identification purposes. If you do not provide your social security number/ITIN, your application will be denied.

**Notice of Language Assistance**

You have a right to an interpreter at no cost to you. Do you need an interpreter?  Yes  No

If yes, in what language? \_\_\_\_\_

**SECTION 1 – Information about YOU, the guardian applying for services**

Maiden Name or Alias (if any)	Date of Birth	Social Security Number/ITIN	<input type="checkbox"/> Male <input type="checkbox"/> Female
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1. Place of Birth	
City	County
State	Country

2. Please Check Services You Are Receiving or Have Received			
Child Support Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kinship Care	<input type="checkbox"/> Yes <input type="checkbox"/> No
W-2, including child care	<input type="checkbox"/> Yes <input type="checkbox"/> No		

State(s) Providing These Services:

3. Home Phone Number ( )	4. Cell Phone Number ( )	5. Work Phone Number ( )	6. Work Hours
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7. Mailing Address	
City	State/Zip Code

8. Residence (home) Address, if different from above	
City	State/Zip Code

9. Job Information	
Employer Name	
Telephone Number ( )	Fax Number ( )
Address	
City	State/Zip Code

Is Health Insurance Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are the Children Covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Premium \$	Per <input type="checkbox"/> Week <input type="checkbox"/> Month
How Often Are You Paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	Gross Income Per Payday \$	Job Title	
Start Date	Occupational/Professional License <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, type:	
10. Member of the Armed Forces <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, <input type="checkbox"/> Active <input type="checkbox"/> Retired	Branch
From	To	Veterans Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No	

**IMPORTANT** If a child is conceived or born during a marriage, the **husband is the legal father**. If you believe someone other than the husband may be the biological father, please provide the information about that person.

Name	Date of Birth
Social Security Number/ITIN	Street Address
City	State/Zip Code

**Information in Section 2, on page 3, must be about the husband of the marriage, not the person above.**

**SECTION 2 – Information about the children’s FATHER (please see the “Important” note on page 2)**

11. Father’s Name (last, first, middle, suffix, e.g., Jr.)

Alias (if any)	Date of Birth	Social Security Number/ITIN
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12. Place of Birth

City	County
State	Country

13. Home Phone Number  
( )

14. Cell Phone Number  
( )

15. Work Phone Number  
( )

16. Work Hours

17. Mailing Address

City	State/Zip Code
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18. Residence (home) Address, if different from above

City	State/Zip Code
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19. Job Information

Employer Name

Telephone Number  
( )

Fax Number  
( )

Address

City	State/Zip Code
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Is Health Insurance Available?  
 Yes  No  Don't Know

Are the Children Covered?  
 Yes  No  Don't Know

Premium \$ Per  Week  Month

How Often Is the Father Paid?  
 Weekly  Bi-Weekly  Monthly

Gross Income Per Payday  
\$

Job Title

Start Date

Occupational/Professional License  
 Yes  No

If yes, type:

20. Member of the Armed Forces  
 Yes  No

If yes,  
 Active  Retired

Branch

From To

Veterans Benefits  
 Yes  No

21. **If the Location of the Father Is Not Known:** Please provide the information below and any other information you believe may help find the father. Include all addresses where relatives might live and the type of income and assets this father might have. Include any additional information on separate pages. **Please include a picture of this father, if available.**

Distinguishing Marks (tattoos/scars/birth marks):

Height	Weight	Race	Hair Color	Eye Color
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Has the father ever been arrested or convicted?  
 Yes  No  Do Not Know

Date of Arrest or Conviction

City and State of Arrest or Conviction

Name of Parole/Probation Officer

**SECTION 2 (continued) - Information about the children's FATHER**

Name of the Father's Mother (last, first, middle, maiden)

Name of the Father's Father (last, first, middle)

**SECTION 3 – Information about the children's MOTHER**

22. Mother's Name (last, first, middle, suffix, e.g., Jr.)

Maiden Name or Alias (if any)	Date of Birth	Social Security Number/ITIN	
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23. Place of Birth

City	County
State	Country

24. Home Phone Number  
( )25. Cell Phone Number  
( )26. Work Phone Number  
( )

27. Work Hours

28. Mailing Address

City	State/Zip Code
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29. Residence (home) Address, if different from above

City	State/Zip Code
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30. Job Information

Employer Name

Telephone Number ( )	Fax Number ( )
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Address

City	State/Zip Code
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Is Health Insurance Available?  
 Yes  No  Don't KnowAre the Children Covered?  
 Yes  No  Don't KnowPremium Per  Week  
\$  MonthHow Often Is the Mother Paid?  
 Weekly  Bi-Weekly  MonthlyGross Income Per Payday  
\$

Job Title

Start Date

Occupational/Professional License  
 Yes  No

If yes, type:

31. Member of the Armed Forces

 Yes  NoIf yes,  
 Active  Retired

Branch

From

To

Veterans Benefits  
 Yes  No

32. **If the Location of the Mother Is Not Known:** Please provide the information below and any other information you believe may help find the mother. Include all addresses where relatives might live and the type of income and assets the mother may have. Include any additional information on separate pages and attached. **Please include a picture of the mother if available.**

Distinguishing Marks (tattoos/scars/birth marks):

**SECTION 3 (continued) - Information about the children's MOTHER**

Height	Weight	Race	Hair Color	Eye Color
Has the mother ever been arrested or convicted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know			Date of Arrest or Conviction	
City and State of Arrest or Conviction		Name of Parole/Probation Officer		
Name of the Mother's Mother (last, first, middle, maiden)				
Name of the Mother's Father (last, first, middle)				

**SECTION 4 – Information about the Children** (These children must have the **same father and mother** – the parents listed on this form in Sections 2 and 3.) If there are more than three (3) children, please provide the information about the children on pages 8.

33. Name of First Child (last, first, middle, suffix, e.g., Jr.)

Social Security Number/ITIN	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race (optional)	Date of Birth
Is the Father's name on the Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know			City of Birth
County of Birth	State of Birth	Country of Birth	
Does the child receive Social Security Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, Monthly Amount: \$
If this child is now in high school, expected date of graduation: Month                      Year			
Name of School		Address	
City		State/Zip Code	
Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have legal custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No	

34. Name of Second Child (last, first, middle, suffix, e.g., Jr.)

Social Security Number/ITIN	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race (optional)	Date of Birth
Is the Father's name on the Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know			City of Birth
County of Birth	State of Birth	Country of Birth	
Does the child receive Social Security Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, Monthly Amount: \$
If this child is now in high school, expected date of graduation: Month                      Year			
Name of School		Address	
City		State/Zip Code	
Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have legal custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION 4 (continued) – Information about the Children**

35. Name of Third Child (last, first, middle, suffix, e.g., Jr.)

Social Security Number/ITIN	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race (optional)	Date of Birth
Is the Father's name on the Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know			City of Birth
County of Birth	State of Birth		Country of Birth
Does the child receive Social Security Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is yes, Monthly Amount: \$
If this child is now in high school, expected date of graduation: Month                      Year			
Name of School		Address	
City		State/Zip Code	
Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have legal custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION 5 - Current Legal Status (Attach copies of any letters of guardianship, court orders, judgments, decrees, or stipulations)**36. The **current** relationship between the parents (in Section 2 and 3) Married  Separated  Divorced  Annulled  Never Married

Date and place (city, county, state) of marriage, legal separation, divorce and/or annulment:

37. If you or the parents have a Child Support Order for the child or children listed in Section 4, please provide the information below.

County/State of Order:

Monthly Amount Ordered: \$

**SECTION 6 – Information about Other Children.**

List any child that the mother or father have with another person. If there are more than four (4) other children, please include the information about the other children on page 8.

38. Name of Child	Child's Parent	Child's Date of Birth

**Please read, sign, and date this page.**

**Fee:** If you have **never** received a cash benefit from W-2, AFDC, SSI Caretaker Supplement, or Kinship Care, you will be charged a \$25 fee each year after you receive \$500 or more in support. The fee will be taken out of the support payment. This fee is charged on all cases whether or not you apply for services.

**Tax Intercept Information:** I understand that the Wisconsin Child Support Program will submit any certified past-due child support debts to the tax/lottery intercept programs.

I understand that if I receive the other parent's intercepted tax refund money, which is later recalled by the federal Internal Revenue Service (IRS) or the state Department of Revenue (DOR), I must immediately return the money. Tax returns may be recalled for various reasons, including NCP error on the tax return or fraudulent filers using an NCP's identification in an attempt to collect a refund. If I cannot repay all the money at once, I will follow a payment plan until the amount is repaid in full. (If the tax refund money is recalled, you will receive a letter with information about how to return the money and how to set up a payment plan.)

If a tax intercept collection is at least \$10, I understand that a fee of 10%, up to \$25, will be deducted from the tax intercept collection.

**Child Support Orders:** I understand that the law does not permit percentage orders in child support agency cases.

If I am opening a new child support case or reopening a closed child support case with the child support agency and have a percentage order, I understand that the child support agency is not responsible for reconciling the order for the period before the date that this application is accepted.

The child support agency is required to change the percentage order into a dollar amount order. By submitting this application, I am agreeing to cooperate with the agency in changing the order.

**Disclaimer:** The State of Wisconsin will bring any necessary administrative or court actions to establish paternity (legal fatherhood), or to establish or enforce a support order. However, the **child support attorney does not represent you or the parents**, but rather represents the state's interest in enforcing support.

**Overpayment:** I understand that if I receive an overpayment (more support than I am due), the state may withhold part of future support payments, at a reasonable amount, until the overpaid amount is returned to the state.  Yes  No

I hereby request child support services from the Child Support Enforcement Program under Title IV-D of the Social Security Act. I understand that I must cooperate with the child support agency by providing information that affects my case and by keeping my appointments with the agency.

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Signature

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Date

Please attach copies of any letters of guardianship, and court orders, judgments, decrees, or stipulations involving child support. Any changes in this information should be sent, **in writing**, to the child support agency where you applied for services.



