



Child Support Services

APPLICATION FOR SERVICES

Thank you for your interest in the North Carolina Child Support Services (NCCSS) program. Child support services are available to all applicants: parent, alleged fathers, non-parent caretakers, minor children, social services agencies and judicial officials. If you decide to apply for child support services, please complete the application in its entirety and sign where appropriate.

To help us process your application as quickly as possible, please return the following:

- The application (*filled out completely, to the best of your ability*)
- Proof of your income, if you are the child(ren)'s parent (*e.g. pay stubs, tax returns, etc.*)
- Copy of your Photo ID (*e.g. driver's license*)
- Copy of each child's state-issued birth certificate and Social Security card
- Photo of the child's other parent (*noncustodial parent from whom child support services are being requested*)
- Copy of marriage certificates; if not available, provide dates of marriage and/or other verification of marital status of the children's parents
- Copy of any legal documents related to the child(ren) included in this application, such as:
 - Affidavit of Parentage - a legal document signed voluntarily by both parents (either in the hospital or at any time after the birth of the child) that establishes paternity
 - Paternity order (court order establishing paternity)
 - Child support and/or spousal support order(s) (*all initial and modified orders*)
 - Agreement signed voluntarily by the parents for child support
 - Copy of the child(ren)'s parent's marriage and/or divorce decree
 - Order(s) terminating parental rights
 - Domestic violence protective order(s)
- Payment records of all support paid directly to the custodial parent or through a court

Mail or take your completed application and applicable documents, along with your non-refundable \$25 application fee, to the child support agency. The application fee must be a certified check or money order made payable to the specific county that you are requesting to handle your support case (e.g. "Wake County Child Support Services"). Some local child support agencies may also accept cash payment when applying in person. If your income is below 100 percent of the Federal Poverty Guidelines, you may qualify for a reduced non-refundable \$10 application fee. Please contact the child support agency if you need assistance determining if you qualify for a reduced application fee.

If you need additional information or assistance in completing the form, you may contact the local child support agency or call the NCCSS Customer Service Center at 1-800-992-9457.

Respectfully,

Child Support Representative

To start the child support services process, please complete the following steps:

Step 1:

- **Read** the North Carolina Child Support Services (NCCSS) services, policies, applicant rights and responsibilities, and **Sign and Date** (p. 3-5)

Step 2:

- **Complete Section 1 – Applicant/Public Assistance Recipient Information**
 - **You MUST select** the appropriate information boxes, and **Sign and Date**
 - If you are a minor child applicant requesting child support services from your own parents, fill out Section 1 and all other sections except Section 3

Step 3:

- **Complete Section 2 – Custodial Parent/Guardian Information**

Provide the caretaker of the child(ren)'s information

 - If you are the noncustodial parent applying for service, provide the caretaker of the child(ren)'s information
 - **ONLY complete the income section if your relationship is “mother” “father” “alleged father” or “self” to the child(ren) for whom you are requesting services**

Step 4:

- **Complete Section 3 – Minor Child Information**

Complete for each child for whom child support services are being requested

 - If you are applying for child support services for more than two children, please complete an additional Section 3 for each additional child and attach it to the application. You can get additional copies of Section 3 from the child support website (www.ncchildsupport.com), or by calling the NCCSS Customer Service Center at (800) 992–9457 or your local child support agency
 - Minor child applicants may skip this section and go to Section 4

Step 5:

- **Complete Section 4 – Noncustodial Parent Information**
 - Provide information about the noncustodial parent(s) from whom child support services are being requested. If the application is for more than two noncustodial parents, please complete an additional Section 4 for each additional noncustodial parent and attach it to the application. You can get additional copies of Section 4 from the child support website (www.ncchildsupport.com), or by calling the NCCSS Customer Service Center at (800) 992–9457 or your local child support agency

Step 6:

- **Complete Section 5 – Attachments**

Check each item that you are attaching to the completed application

 - If an item being attached is not one of the options, please check the option “Other” and write the item description

Step 7:

- **Complete Section 6 – Other Information**

List any information that has not been provided in the application that may assist the child support agency in processing your application

Step 8:

- **Complete Section 7 – Certification Statement**
 - **You MUST Sign and Date**

Step 9:

- **Detach and keep the “APPLICANT COPY” for your records (p. 23-24)**

**North Carolina
Department of Health & Human Services
Division of Social Services
Child Support Services
1-800-992-9457 Toll Free**

APPLICATION FOR SERVICES

FOR AGENCY USE	
Date Application Requested:	_____
Date Application Mailed:	_____
Date Application Received:	_____
Services: Child Support	___ Medical Support ___
Locate Only	_____
IV-D #	_____
NPA	___ TANF ___ MAO ___ FC ___
Fee paid by: CP	___ NCP ___
Amt. \$	___ Cash ___ Money Order ___
Certified Check	_____

North Carolina Child Support Services (NCCSS) administers the North Carolina child support program under Title IV-D of the Social Security Act. Services are available to a parent, alleged fathers, non-parent caretakers, minor children, social services agencies and judicial officials. The child support program’s goal is to provide the best possible services to families for children. Whether you are making an application for child support services as a recipient of assistance from other social services programs (Temporary Assistance to Needy Families [TANF], Foster Care and/or Medicaid) or requesting child support services as a non-public assistance applicant, your involvement, information, and contributions are important and required.

NORTH CAROLINA CHILD SUPPORT SERVICES INFORMATION

PROGRAM SERVICES

NCCSS provide child support services to assist families in meeting their financial obligations for children. There is no residency or citizenship eligibility requirement for services. Depending on the circumstances of each family, one or more of the following services may be appropriate:

- **Location of noncustodial parent** – State, federal, local and national resources are used to assist in collecting information about a parent, such as their residence, employment and/or financial assets.
- **Paternity establishment** – A determination of parental legal responsibility for the child(ren) is necessary before a parent can be required to pay support. If a child’s parents were not married to each other at the time of the child’s birth, arrangement of paternity testing may be offered to the parties, if appropriate.
- **Support establishment** – In North Carolina, support is determined using the guidelines established in state law. N.C. Child Support Guidelines consider both parent’s monthly gross incomes, the amount of time the child spends with each parent and various expenses. NCCSS seeks to establish a court order requiring a parent to provide child and/or medical support for child(ren) based on the N.C. Child Support Guidelines.
- **Collection of support** – Child support payments through bank draft, money order, or check are sent to N.C. Child Support Centralized Collection (NCCSCC). A large amount of child support payments is deducted from a parent’s wages and sent to NCCSCC by an employer. North Carolina Child Support Services records and disburses all collected child support payments to families by personal direct deposit into a bank account or debit card.
- **Enforcement of support** – Enforcement of an established or existing child support, spousal support, and/or medical support court order is met by wage withholding, tax refund offset, liens, professional license/passport revocation, credit reporting, court action or other collection remedies. Support orders may be reviewed for modification (increase/decrease) every three years or more often, if warranted.

NCCSS **does not** provide the following services: custody, visitation or the establishment of spousal support obligations.

PROGRAM FEES

- **Application Fee** – Families receiving public assistance (TANF, Medicaid and/or Foster Care) are not charged an application fee for support services. Families that are not receiving public assistance are charged a non-refundable application fee of up to \$25. If the applicant’s income is below 100 percent of the Federal Poverty Guidelines, a reduced application fee of \$10 is available. Contact your local child support agency for additional information about qualifying for the reduced application fee. The application fee must be paid before support services can begin.

- **Annual Services Fee** – Each year, non-public assistance child support cases (cases that public assistance has never been provided) are charged a non-refundable \$25 fee after at least \$500 in support payments has been paid to the family. The annual service fee is automatically deducted from support payments made to the custodian, and is collected during each federal fiscal year, from Oct. 1 through Sept. 30.
- **Administrative Offset Fees** – Department of Revenue or Internal Revenue Service (IRS) fees may be deducted from the noncustodial parent’s tax refund(s) collected for past due support before being disbursed as a support payment to the custodial parent. The noncustodial parent is credited with the full tax refund(s) amount collected.
- **Legal Fees** – Agency attorney services and court fees are paid by the agency, or may be charged to the noncustodial parent as allowed by law. There is no cost to a custodial parent for legal fees when a court action is established by the agency. However, any costs for private legal services obtained by either parent are the parent’s responsibility.

PROGRAM DISTRIBUTION

- **Distribution of Support** – Support payments are disbursed in accordance with federal regulations. Support payments are paid toward all the noncustodial parent’s current support obligations first, except for tax refund offsets which are paid toward any state debt owed first. Support payments are deposited to an agency-issued debit card or personal bank account. Support payments exceeding the noncustodial parent’s current support obligations are applied to any past due support.
- **Tax Refund Offset** – Support payments received from a joint tax return offset may not be distributed for up to six months. The IRS may adjust a refund amount, which may require the custodial parent to return some or all a support payment received from a tax refund. Tax refund offsets are applied to eligible cases annually.

OTHER PROGRAM POLICIES & INFORMATION

- **Disclosure of SSN** – Social Security numbers are obtained and kept on file at the local child support agency to locate and identify individual’s assets for the purposes of establishing, modifying and enforcing child support obligations. Enrolling a child in health care coverage may require the release of the child’s Social Security number and mailing address to the other parent’s employer, or the release of the child’s Social Security number to the other parent.
- **Confidentiality** – Child support case records are not public records. The information in your case may be discussed with or given to other state child support services, and/or other public agencies that can legally receive such information and to the other parent or his/her attorney to the extent required by law. If the local child support agency is notified that family/domestic violence is an issue, the local child support agency must take additional steps to further safeguard information.
- **Nondiscrimination** – In accordance with the Civil Rights Act of 1964, NCCSS ensures that all individuals are treated equally, and that no person is discriminated against in the selection or eligibility to receive services in any manner prohibited by law.
- **Intergovernmental Cases** – Federal law requires every state to enact the Uniform Interstate Family Support Act (UIFSA) 2008 to aid states in working together to establish and enforce child support orders. Every state, and many tribes, foreign countries, territories or tribunals have an agency to enforce child support orders. If parents do not live in the same state, although laws differ, child support agencies work with each other to locate parents and to establish and enforce orders.
- **Case Management Decisions** – Local child support agencies determine the appropriate services for child support cases, as well as the way services are delivered by the agency. Reasonable and necessary actions to best serve your case will be considered; however, specific time frames or results cannot be guaranteed.

APPLICANT RIGHTS & RESPONSIBILITIES

All applicants: either parent, alleged fathers, non-parent caretakers, minor children, social services agencies, and judicial officials in a child support case have the following rights and responsibilities:

Rights

- To make an application for child support services at a local child support agency
- To be provided information about the status of your child support case
- To establish an account on the eChild Support website (www.ncchildsupport.com) to access case information
- To receive notice of all pending court actions and to be provided copies of all court orders from court hearings related to your child support case
- To request that the support order be reviewed or modified at least every three years
- To request a review of case management or distribution of funds in your case
- To hire a private attorney (at your own cost) to represent your interests in the child support case. The child support attorney represents the child support agency, and cannot represent you in child support or other legal matters regarding the child, such as custody and visitation

Responsibilities

- To provide the child support agency information that may help in the progression of the child support case
- To attend any appointments and/or hearings for which you have been provided notice that your participation is needed
- To notify the child support agency of changes in your address and/or employment
- To notify the child support agency if the child being provided services:
 - Is no longer in your custody
 - Graduates or ceases to attend high school
- To repay any payments received in error

Additional information about the Child Support program is available at www.ncchildsupport.com

I have read or have had explained to me the above information about the North Carolina Child Support Services program policies, services and my rights and responsibilities. By signing below, I acknowledge that I have received a copy of the above information.

Print Legal Name _____

Signature of Applicant _____ **Date** _____

SECTION 1 – APPLICANT/PUBLIC ASSISTANCE RECIPIENT INFORMATION

I, _____
First Middle Last

*(select the appropriate box, **must select one**)*

- | | |
|--|--|
| <p><input type="checkbox"/> DO NOT RECEIVE:
 Temporary Assistance for Needy Families (TANF), Work First, Medicaid or Foster Care services from the Department of Social Services for the child(ren) named below. I am applying for services of the child support agency for the benefit of the child(ren) listed below. I understand that this application establishes a contract with North Carolina Child Support Services, and that services will begin once the local child support agency receives the completed application and any required application fee.</p> | <p><input type="checkbox"/> AM A RECIPIENT OF: <i>(Select all that apply)</i>
 <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)
 <input type="checkbox"/> Work First <input type="checkbox"/> Medicaid <input type="checkbox"/> Foster Care assistance
 for the child(ren) listed below. I understand that eligibility for this assistance may require me to work with the child support agency in pursuing support for the child(ren).
 I agree to cooperate fully with these efforts, unless I present good cause and I am granted exemption from this requirement by the Work First, Medicaid, or Foster Care agency.</p> |
|--|--|

Write the full name of each child for whom child support services are being requested:
(If additional space is needed, provide the information on a separate sheet of paper and attach to the application.)

_____	_____	_____
First	Middle	Last
_____	_____	_____
First	Middle	Last

- Do the child(ren) live with you?
- Yes - Your role in the support case is the Custodial Parent (CP), if you are or are not the child's parent
- No - Your role in the support case is the Noncustodial Parent (NCP)

- Do you currently receive or have you applied for enforcement services from North Carolina, another state, country outside of United States of America (USA) or a private company for support of any of the children included in this application?
- No
- Yes – State _____ Country _____
- Name of private company _____

- Do you currently employ an attorney or private collection agency for child support?
- No
- Yes – Attorney or Agency Name _____ Phone No. (____) _____ – _____
 Attorney or Agency Address _____

If you are applying for child support services, may we contact you by email? Yes No

Applicant/Public Assistance Recipient Name *(Print)* _____

Applicant/Public Assistance Recipient Signature _____ Date _____

SECTION 2 – CUSTODIAL PARENT/GUARDIAN INFORMATION

Name _____
 First Middle Last Suffix (e.g. Jr.)

Maiden Name: (If applicable) _____ Alias Name: (If applicable) _____

Gender: Male Female Date of Birth: ____/____/____ Social Security No.: ____-____-____ Language Preference: English Spanish Other _____

Indicate any special assistance that may be needed:
 Hearing Impaired Visually Impaired Other (Explain) _____
 Race:
 Black White Hispanic Asian Unknown
 American Indian Reservation Other (Specify) _____
 American Indian Non-Reservation

Mailing Address:

 Street City State Zip

Residential Address:

 Street City State Zip

Home Phone No.: (____) _____-____ Area Code/Number
 Cell Phone No.: (____) _____-____ Area Code/Number
 Work Phone No.: (____) _____-____ Area Code/Number

Email address: _____

Confidentiality of Personal Information

NCCSS uses personal information only as allowed by law for seeking child support. Indicate below whether there is reason that your information should not be shared with other participants in this case.

- A protective order has been entered due to domestic violence concerns. (Attach a copy of the order)
- I have concerns about my or the child’s safety due to circumstances involving domestic violence.
- I have no concerns regarding domestic violence now.

ONLY complete the income section below if the applicant is the child(ren)’s parent. If applicant is NOT a parent, skip this section and go to Section 3.

Is the custodial parent currently employed?
 Yes - If yes, what is the employer’s name _____
 Address _____
 Phone No. (____) _____-____
 No - Previous employer _____
 Date employment ended ____/____/____ Reason _____
 Usual occupation _____

Income Sources - check all that apply and list the amount(s) below:

- Military Veterans Social Security Other Retirement Unemployment
- Other Income/Assets not listed above _____

Amount (monthly gross)	Source (list income source)
\$ _____	
\$ _____	

Total Monthly gross income amount \$ _____

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SECTION 3 – CHILD NO. 1

Complete Section 3 for EACH child for whom services are requested. If additional space is needed, list the information on a separate sheet of paper and attach to the application.

Name _____
 First Middle Last Suffix (e.g. Jr.)

Gender: Male Female Date of Birth: ____/____/____ Social Security No.: ____-____-____ Language Preference: English
 Spanish Other _____

Indicate any special assistance that may be needed:
 Hearing Impaired Visually Impaired Other (Explain) _____

Race:
 Black White Hispanic Asian Unknown
 American Indian Reservation Other (Specify) _____
 American Indian Non-Reservation

What is your relationship to this child?
 Mother
 Father
 Alleged Father
 Other (Specify relationship) _____

Does the child live with you?
 No – If no, with whom does the child live? _____
 Address _____
 Phone No. (____) _____-_____
 Yes – If yes,
 • How many nights per year does the child spend in the home? _____
 • How long has the child been in the home? ____ Years ____ Months

Does this child receive: (Select all that apply)
 TANF/Work First Medicaid Health Choice Foster Care Subsidized Child Care
 Social Security benefits – if yes, SSI or SSA (disability)
 Veterans Administrative (VA) Dependent benefits – if yes, veteran’s name _____

List name(s) of parent(s) from whom support is being requested:
 Parent 1 _____
 Parent 2 _____

List name(s) of parent(s) as shown on child’s birth certificate:
 Parent 1 _____
 Parent 2 _____

Was the child’s mother married to anyone when the child was conceived or born?
 No
 Yes – to whom: _____

Was the child born during the marriage of the parents?
 No - If no, was an Affidavit of Parentage completed?
 If yes, in what state? _____
 Yes - If yes, attach the birth certificate

City, state, county and country where child was conceived:
 City: _____ State: _____ County: _____
 Country: _____

City, state, county and country of the child’s birth:
 City: _____ State: _____ County: _____
 Country: _____

Has paternity testing been completed for this child and parents?
 No Yes - Date ____/____/____
 Results _____
 (Attach a copy of the results)

Has paternity been established by:
 Court Order Voluntary Acknowledgement Other
 No Yes - Date ____/____/____
 County _____ State _____
 (Attach copy/other documentation)

What was the parent's relationship status at the time of the child's birth?

Date

Location (city/county/state)

Married

____/____/____

Separated

____/____/____

Divorced

____/____/____

Never married to each other

Does this child have health care coverage: *(Select all that apply)*

No

Yes - If yes, complete information below *(Attach copy of insurance card or other verification of coverage. If additional space is needed, list the information on a separate sheet of paper and attach to the application)*

Medicaid Health Choice Medical Dental Vision Pharmacy Other Insurance

Insurance Provider _____

Name of Policy Holder _____

Policy Holder Relationship to the Child _____

SECTION 3 – CHILD NO. 2

Complete Section 3 for EACH child for whom services are requested. If additional space is needed, list the information on a separate sheet of paper and attach to the application.

Name _____
 First Middle Last Suffix (e.g. Jr.)

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: _____/_____/_____	Social Security No.: ____-____-_____	Language Preference: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____
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Indicate any special assistance that may be needed: <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Other (Explain) _____	Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> American Indian Reservation <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> American Indian Non-Reservation
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What is your relationship to this child? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Alleged Father <input type="checkbox"/> Other (Specify relationship) _____	Does the child live with you? <input type="checkbox"/> No – If no, with whom does the child live? Address _____ Phone No. (____) _____-_____ <input type="checkbox"/> Yes – If yes, • How many nights per year does the child spend in the home? _____ • How long has the child been in the home? ____ Years ____ Months
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Does this child receive: (Select all that apply)

TANF/Work First Medicaid Health Choice Foster Care Subsidized Child Care

Social Security benefits – if yes, SSI or SSA (disability)

Veterans Administrative (VA) Dependent benefits – if yes, veteran’s name _____

List name(s) of parent(s) from whom support is being requested: Parent 1 _____ Parent 2 _____	List name(s) of parent(s) as shown on child’s birth certificate: Parent 1 _____ Parent 2 _____
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Was the child’s mother married to anyone when the child was conceived or born? <input type="checkbox"/> No <input type="checkbox"/> Yes – to whom: _____	Was the child born during the marriage of the parents? <input type="checkbox"/> No - If no, was an Affidavit of Parentage completed? If yes, in what state? _____ <input type="checkbox"/> Yes - If yes, attach the birth certificate
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City, state, county and country where child was conceived: City: _____ State: _____ County: _____ Country: _____	City, state, county and country of the child’s birth: City: _____ State: _____ County: _____ Country: _____
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Has paternity testing been completed for this child and parents? <input type="checkbox"/> No <input type="checkbox"/> Yes - Date ____/____/_____ Results _____ (Attach a copy of the results)	Has paternity been established by: <input type="checkbox"/> Court Order <input type="checkbox"/> Voluntary Acknowledgement <input type="checkbox"/> Other <input type="checkbox"/> No <input type="checkbox"/> Yes - Date ____/____/_____ County _____ State _____ (Attach copy/other documentation)
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What was the parent's relationship status at the time of the child's birth?

Date

Location (city/county/state)

Married

____/____/____

Separated

____/____/____

Divorced

____/____/____

Never married to each other

Does this child have health care coverage: *(Select all that apply)*

No

Yes - If yes, complete information below *(Attach copy of insurance card or other verification of coverage. If additional space is needed, list the information on a separate sheet of paper and attach to the application)*

Medicaid

Health Choice

Medical

Dental

Vision

Pharmacy

Other Insurance

Insurance Provider _____

Name of Policy Holder _____

Policy Holder Relationship to the Child _____

SECTION 4 – NONCUSTODIAL PARENT INFORMATION NO. 1

Name _____
 First Middle Last Suffix (e.g. Jr.)

Alias Names: (If applicable) _____
 Name(s) of child(ren) for this noncustodial parent: _____

Gender: Male Female Date of Birth: ____/____/____ Social Security No.: ____-____-____ Language Preference: English
 Spanish Other _____

Indicate any special assistance that may be needed:
 Hearing Impaired Visually Impaired Other (Explain) _____
 Race:
 Black White Hispanic Asian Unknown
 American Indian Reservation Other (Specify) _____
 American Indian Non-Reservation

Birthplace: City _____ State _____ County _____ Country _____
 Height: _____ Weight: _____ Identifying Marks: _____
 Hair Color: Bald Blond Black Brown Gray Red Unknown
 Eye Color: Black Brown Blue Gray Green Hazel Unknown

Mailing Address: _____
 Street _____ City _____ State _____ Zip _____

Residential Address: _____
 Street _____ City _____ State _____ Zip _____

Home Phone No.: (____) _____-____ Area Code/Number
 Cell Phone No.: (____) _____-____ Area Code/Number
 Work Phone No.: (____) _____-____ Area Code/Number

Email address: _____

Does the noncustodial parent have a driver license? No Yes – Driver License Number _____
 State _____

Does the noncustodial parent have a vehicle? No Yes – Vehicle Make/Model/Year _____

Noncustodial parent's father name: _____
 Noncustodial parent's mother name: _____

What is the noncustodial parent's current marital status?

- Married - Date of marriage _____/_____/_____ Name of Spouse _____
- Separated - Date of separation_____/_____/_____ Name of Spouse _____
- Divorced - Date of divorce _____/_____/_____ Name of Spouse _____

If multiple marriages/divorces, list dates and name of spouse for each _____

Is the noncustodial parent in the military?

- No
 - Yes – If yes, which branch of the military:
 - Air Force Air Force National Guard Army Army National Guard Marine Corps Navy
- What is his/her current military status: Active duty Reserve Retired Separated AWOL Unknown
- What is his/her last known duty station? _____

Does the noncustodial parent have an arrest record?

- No
- Yes – If yes, when was the noncustodial parent arrested? _____
 What city and state was the noncustodial parent arrested? _____
 Is the noncustodial parent currently on parole/probation? No Yes – If yes, where? _____
 Is the noncustodial parent currently incarcerated? No Yes – If yes, where? _____
 Is the noncustodial parent currently on work release? No Yes – If yes, where? _____

Is the noncustodial parent currently employed?

- Yes - If yes, what is the employer's name _____
 Address _____
 Phone No. (_____) _____ - _____
- No - Last known employer _____
 Date employment ended _____/_____/_____ Reason _____
 Usual occupation _____

Select the noncustodial parent's income sources - check all that apply and list the amount(s) below:

- Military Veterans Social Security Other Retirement Unemployment
- Other Income/Assets not listed above _____

Amount (monthly gross)	Source (list income source)
\$ _____	
\$ _____	
\$ _____	

Total Monthly gross income amount \$ _____

Is there a support order or agreement?

(If additional space is needed, list information on a separate sheet of paper and attach to the application)

No Yes - If yes, select the type of support and complete the requested information:

Court Order Medical Support Spousal Support Voluntary Agreement *(Attach copy of order or agreement)*

Court docket number _____ Order effective date _____ County/State _____

Amount ordered \$ _____ per _____ Amount past due \$ _____

Payor _____ Recipient _____

Child(ren) included in order _____

Confidentiality of Personal Information

NCCSS uses personal information only as allowed by law for seeking child support. Indicate below whether there is reason that your information should not be shared with other participants in this case.

A protective order has been entered due to domestic violence concerns. *(Attach a copy of the order)*

I have concerns about my or the child's safety due to circumstances involving domestic violence.

I have no concerns regarding domestic violence now.

Below, tell us any additional information about the noncustodial parent.

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SECTION 4 – NONCUSTODIAL PARENT INFORMATION NO. 2**Additional Parent - Complete ONLY if this application for services is for more than one noncustodial parent. If additional space is needed, list information on a separate sheet of paper and attach to the application.**Name _____
First Middle Last Suffix (e.g. Jr.)Alias Names: (If applicable) _____
Name(s) of child(ren) for this noncustodial parent: _____Gender: Male Female Date of Birth: ____/____/____ Social Security No.: ____-____-____ Language Preference: English Spanish Other _____Indicate any special assistance that may be needed: Hearing Impaired Visually Impaired Other (Explain) _____ Race: Black White Hispanic Asian Unknown American Indian Reservation Other (Specify) _____ American Indian Non-ReservationBirthplace: City State Height: _____ Weight: _____ Identifying Marks: _____ Hair Color: Bald Blond Black Brown Gray Red Unknown Eye Color: Black Brown Blue Gray Green Hazel Unknown Country _____Mailing Address: _____
Street City State ZipResidential Address: _____
Street City State ZipHome Phone No.: (____) ____-____ Cell Phone No.: (____) ____-____ Work Phone No.: (____) ____-____
Area Code/Number Area Code/Number Area Code/Number

Email address: _____

Does the noncustodial parent have a driver license? No Yes – Driver License Number _____
State _____Does the noncustodial parent have a vehicle? No Yes – Vehicle Make/Model/Year _____Noncustodial parent's father name: _____
Noncustodial parent's mother name: _____

What is the noncustodial parent's current marital status?

- Married - Date of marriage _____/_____/_____ Name of Spouse _____
- Separated - Date of separation_____/_____/_____ Name of Spouse _____
- Divorced - Date of divorce _____/_____/_____ Name of Spouse _____

If multiple marriages/divorces, list dates and name of spouse for each _____

Is the noncustodial parent in the military?

- No
 - Yes – If yes, which branch of the military:
 - Air Force Air Force National Guard Army Army National Guard Marine Corps Navy
- What is his/her current military status: Active duty Reserve Retired Separated AWOL Unknown
- What is his/her last known duty station? _____

Does the noncustodial parent have an arrest record?

- No
- Yes – If yes, when was the noncustodial parent arrested? _____
 What city and state was the noncustodial parent arrested? _____
 Is the noncustodial parent currently on parole/probation? No Yes – If yes, where? _____
 Is the noncustodial parent currently incarcerated? No Yes – If yes, where? _____
 Is the noncustodial parent currently on work release? No Yes – If yes, where? _____

Is the noncustodial parent currently employed?

- Yes - If yes, what is the employer's name _____
 Address _____
 Phone No. (_____) _____ - _____
- No - Last known employer _____
 Date employment ended _____/_____/_____ Reason _____
 Usual occupation _____

Select the noncustodial parent's income sources - check all that apply and list the amount(s) below:

- Military Veterans Social Security Other Retirement Unemployment
- Other Income/Assets not listed above _____

Amount (monthly gross)	Source (list income source)
\$ _____	
\$ _____	
\$ _____	

Total Monthly gross income amount \$ _____

Is there a support order or agreement?

(If additional space is needed, list information on a separate sheet of paper and attach to the application)

No Yes - If yes, select the type of support and complete the requested information:

Court Order Medical Support Spousal Support Voluntary Agreement *(Attach copy of order or agreement)*

Court docket number _____ Order effective date _____ County/State _____

Amount ordered \$ _____ per _____ Amount past due \$ _____

Payor _____ Recipient _____

Child(ren) included in order _____

Confidentiality of Personal Information

NCCSS uses personal information only as allowed by law for seeking child support. Indicate below whether there is reason that your information should not be shared with other participants in this case.

A protective order has been entered due to domestic violence concerns. *(Attach a copy of the order)*

I have concerns about my or the child's safety due to circumstances involving domestic violence.

I have no concerns regarding domestic violence now.

Below, tell us any additional information about the noncustodial parent.

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SECTION 5 – ATTACHMENTS

Check all items that are attached to this application. If an item is not listed, check "Other" and list the item(s) attached (including any documents, orders, photos, statements, etc.)

- Copy of the birth certificate and Social Security card for each child included in this application
- Copy of your Photo ID (e.g. driver's license)
- Photo of the child's other parent(s)
- Verification of your income, **not required if you are not the child's parent** (e.g. pay stubs, tax returns)
- Copy of the marriage certificate of the child's parents (if not available, provide dates of marriage and/or other verification of marital status of the children's parents)
- Copies of any legal documents related to the child(ren) included in this application (if not available, list the date, county, state of filing and court case number for the documents):
 - Affidavit of Parentage
 - Paternity order
 - Child support and/or spousal support Order (initial and all modification orders)
 - Voluntary agreement for child support
 - Divorce decree and/or separation agreement
 - Order terminating parental rights
 - Domestic violence protective order

Other _____

SECTION 6 – OTHER INFORMATION

Provide additional information that may assist Child Support Services in processing your application.

SECTION 7 – CERTIFICATION STATEMENT

I hereby certify that I have provided all requested information that is available to me and that it is true and correct to the best of my knowledge. I agree to meet all obligations and duties assigned to me.

Print Legal Name _____

Signature of Applicant _____ Date _____

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(APPLICANT COPY)

North Carolina Child Support Services (NCCSS) administers the North Carolina child support program under Title IV-D of the Social Security Act. Services are available to a parent, alleged fathers, non-parent caretakers, minor children, social services agencies, and judicial officials. The child support program's goal is to provide the best possible services to families for children. Whether you are making an application for child support services as a recipient of assistance from other social services programs (Temporary Assistance to Needy Families [TANF], Foster Care and/or Medicaid) or requesting child support services as a non-public assistance applicant, your involvement, information, and contributions are important and required.

NORTH CAROLINA CHILD SUPPORT SERVICES INFORMATION

PROGRAM SERVICES

NCCSS provide child support services to assist families in meeting their financial obligations for children. There is no residency or citizenship eligibility requirement for services. Depending on the circumstances of each family, one or more of the following services may be appropriate:

- **Location of noncustodial parent** – State, federal, local and national resources are used to assist in collecting information about a parent, such as their residence, employment and/or financial assets.
- **Paternity establishment** – A determination of parental legal responsibility for the child(ren) is necessary before a parent can be required to pay support. If a child's parents were not married to each other at the time of the child's birth, arrangement of paternity testing may be offered to the parties, if appropriate.
- **Support establishment** – In North Carolina, support is determined using the guidelines established in State law. N.C. Child Support Guidelines consider both parent's monthly gross incomes, the amount of time the child spends with each parent and various expenses. NCCSS seeks to establish a court order requiring a parent to provide child and/or medical support for child(ren) based on the N.C. Child Support Guidelines.
- **Collection of support** – Child support payments through bank draft, money order or check are sent to N.C. Child Support Centralized Collection (NCCSCC). A large amount of child support payments is deducted from a parent's wages and sent to NCCSCC by an employer. North Carolina Child Support Services records and disburses all collected child support payments to families by personal direct deposit into a bank account or debit card.
- **Enforcement of support** – Enforcement of an established or existing child support, spousal support, and/or medical support court order is met by wage withholding, tax refund offset, liens, professional license/passport revocation, credit reporting, court action, or other collection remedies. Support orders may be reviewed for modification (increase/decrease) every three years or more often, if warranted.

NCCSS **does not** provide the following services: custody, visitation, or the establishment of spousal support obligations.

PROGRAM FEES

- **Application Fee** – Families receiving public assistance (TANF, Medicaid and/or Foster Care) are not charged an application fee for support services. Families that are not receiving public assistance are charged a non-refundable application fee of up to \$25. If the applicant's income is below 100% of the Federal Poverty Guidelines, a reduced application fee of \$10 is available. Contact your local child support agency for additional information about qualifying for the reduced application fee. The application fee must be paid before support services can begin.
- **Annual Services Fee** – Each year, non-public assistance child support cases (cases that public assistance has never been provided) are charged a non-refundable \$25 fee after at least \$500 in support payments has been paid to the family. The annual service fee is automatically deducted from support payments made to the custodian, and is collected during each federal fiscal year, from Oct. 1 through Sept. 30.
- **Administrative Offset Fees** – Department of Revenue or Internal Revenue Service (IRS) fees may be deducted from the noncustodial parent's tax refund(s) collected for past due support before being disbursed as a support payment to the custodial parent. The noncustodial parent is credited with the full tax refund(s) amount collected.
- **Legal Fees** – Agency attorney services and court fees are paid by the agency, or may be charged to the noncustodial parent as allowed by law. There is no cost to a custodial parent for legal fees when a court action is established by the agency. However, any costs for private legal services obtained by either parent are the parent's responsibility.

PROGRAM DISTRIBUTION

- **Distribution of Support** – Support payments are disbursed in accordance with federal regulations. Support payments are paid toward all the noncustodial parent's current support obligations first, except for tax refund offsets which are paid toward any state debt owed first. Support payments are deposited to an agency-issued debit card or personal bank account. Support payments exceeding the noncustodial parent's current support obligations are applied to any past due support.
- **Tax Refund Offset** – Support payments received from a joint tax return offset may not be distributed for up to six months. The IRS may adjust a refund amount, which may require the custodial parent to return some or all a support payment received from a tax refund. Tax refund offsets are applied to eligible cases annually.

OTHER PROGRAM POLICIES & INFORMATION

- **Disclosure of SSN** – Social Security numbers are obtained and kept on file at the local child support agency to locate and identify individual's assets for the purposes of establishing, modifying and enforcing child support obligations. Enrolling a child in health care coverage may require the release of the child's Social Security number and mailing address to the other parent's employer, or the release of the child's Social Security number to the other parent.
- **Confidentiality** – Child support case records are not public records. The information in your case may be discussed with or given to other state child support services and or other public agencies that can legally receive such information and to the other parent or his/her attorney to the extent required by law. If the local child support agency is notified that family/domestic violence is an issue, the local child support agency must take additional steps to further safeguard information.
- **Nondiscrimination** – In accordance with the Civil Rights Act of 1964, NCCSS ensures that all individuals are treated equally, and that no person is discriminated against in the selection or eligibility to receive services in any manner prohibited by law.
- **Intergovernmental Cases** – Federal law requires every state to enact the Uniform Interstate Family Support Act (UIFSA) 2008 to aid states in working together to establish and enforce child support orders. Every state and many tribes, foreign countries, territories or tribunals have an agency to enforce child support orders. If parents do not live in the same state, although laws differ, child support agencies work with each other to locate parents and to establish and enforce orders.
- **Case Management Decisions** – Local child support agencies determine the appropriate services for child support cases, as well as the way services are delivered by the agency. Reasonable and necessary actions to best serve your case will be considered; however, specific time frames or results cannot be guaranteed.

APPLICANT RIGHTS & RESPONSIBILITIES

All applicants: either parent, alleged fathers, non-parent caretakers, minor children, social services agencies, and judicial officials in a child support case have the following rights and responsibilities:

Rights

- To make an application for child support services at a local child support agency
- To be provided information about the status of your child support case
- To establish an account on the eChild Support website (www.ncchildsupport.com) to access case information
- To receive notice of all pending court actions, and to be provided copies of all court orders from court hearings related to your child support case
- To request that the support order be reviewed or modified at least every three years
- To request a review of case management or distribution of funds in your case
- To hire a private attorney (at your own cost) to represent your interests in the child support case. The child support attorney represents the child support agency and cannot represent you in child support or other legal matters regarding the child, such as custody and visitation

Responsibilities

- To provide the child support agency information that may help in the progression of the child support case
- To attend any appointments and/or hearings for which you have been provided notice that your participation is needed
- To notify the child support agency of changes in your address and/or employment
- To notify the child support agency if the child being provided services:
 - Is no longer in your custody
 - Graduates or ceases to attend high school
- To repay any payments received in error

Additional information about the Child Support program is available at www.ncchildsupport.com