

INSTRUCTIONS FOR APPLYING FOR Child Support Services in Vermont

The Office of Child Support (OCS) is the state agency responsible for establishing, collecting, enforcing and modifying child and medical support orders for children. In all related proceedings, OCS represents the state's interests, not the interests of the parents or guardians.

How we can help

We can help you to:

- Establish parentage
- Establish/modify/enforce an order for child and medical support
- Make support payments
- Locate a missing parent

We cannot help you to establish or modify:

- Parental rights & responsibilities (*custody*)
- Parent-child contact (*visitation*)
- Guardianship

Eligibility for services

Services are available to parents and guardians of children under 18 or still in high school. You may also be eligible if you are owed past-due, court-ordered child support (called *arrears*).

Cost of services

Child support services are free to those who apply. We will notify you in advance if it becomes necessary to charge a fee.

This information is important. Tell us if you need help understanding it.

Ova informacija je važna. Ako Vam je potrebna pomoć da je razumijete, obavijestite nas. (*Bosnian*)

Ces informations sont importantes. Si vous avez besoin d'aide pour les comprendre, dites-le nous. (*French*)

Iyi n'inkenuzo ngirakamaro. Tubwire, mugihe woba ushaka impfashanyo y'ugusobanukirwa. (*Kirundi*)

Macluumaadkan waa muhiim. Haddii aad u baahan tahay caawimaad ah fahanka macluumaadka, noo sheeg. (*Somali*)

Esta información es importante. Si usted necesita ayuda para comprenderla, infórmenos. (*Spanish*)

Maelezo haya ni muhimu. Ikiwa unahitaji msaada wa kuyafahamu, tueleze. (*Swahili*)

Đây là thông tin quan trọng. Nếu quý vị cần trợ giúp để hiểu thông tin này, hay cho chúng tôi biết. (*Vietnamese*)

GETTING STARTED

THE APPLICATION PROCESS

Please read the instructions below carefully before you begin.

1. Decide how many applications you need to complete.

You must complete a separate application for each PARENT you're seeking support from or paying support to.

2. Complete the application.

If you complete the application by hand, please PRINT clearly using a pen.

You can also complete it electronically:

- a. Go to dcf.vermont.gov/ocs/parents.
- b. Click on the link for the application.
- c. Save a copy of the fillable form to your computer.
- d. When you're finished filling it out, SAVE it and then PRINT a copy.

3. Check your application.

Make sure you've completed and signed all the required sections. *Incomplete and unsigned applications will be returned.*

- **EVERYONE** must complete pages 1 to 5 and sign #10 at the bottom of page 5.
- **IF YOU'RE SEEKING OR GETTING CHILD SUPPORT**, complete and sign page 6.
- **IF YOU'RE OWED CHILD SUPPORT**, complete pages 7 & 8 and sign at the bottom of page 8.

4. Attach copies of all required supporting documents.

See the back page for a checklist of the documents you need to send. *Send copies as originals may not be returned.*

FACTS YOU NEED TO KNOW

WHERE TO SEND YOUR APPLICATION

Vermont Office of Child Support
280 State Drive, NOB 1
Waterbury, VT 05671-1060

You can also drop it off at a regional office. To find one near you, call 1-800-786-3214 or go to dcf.vermont.gov/ocs/contact-us.

WHERE TO GET HELP

Call 1-800-786-3214 if you have questions, need help applying or want additional copies of the application. You can also get it online at dcf.vermont.gov/ocs/parents.

WHAT YOU CAN EXPECT FROM US

Within 20 days of getting your application, we'll assign a caseworker to your case and notify the other party of our involvement. Your caseworker will devote as much time as possible to your case, and we will provide all services we deem appropriate.

We expect you to cooperate with us. This includes returning calls, providing requested documents and informing us about any changes to your contact information.

ADDITIONAL RESOURCES

IF YOU HAVE SAFETY CONCERNS

If you're afraid that someone will hurt you or your children and you need help or resources, contact the Vermont Network Against Domestic & Sexual Violence at 1-800-228-7395 or go to vtnetwork.org.

IF YOU NEED ECONOMIC ASSISTANCE

Go to dcf.vermont.gov/benefits to learn about benefit programs available through the Department for Children and Families.

Application for Child Support Services

Person submitting this application: Parent Legal Guardian Caretaker

DOMESTIC/FAMILY VIOLENCE CONCERNS

We can help you access child support safely if you have concerns related to domestic/family violence. If you'd like to discuss the options available before you submit your application, please contact us at 1-800-786-3214 or OCSCSU@vermont.gov.

Do you have any safety concerns? YES NO

If NO, skip to section #1. If YES, please check one of the boxes below.

I'd like to:

- Pursue child support services anyway
- Have an OCS representative contact me before my application is processed
- The best way to reach me is by: phone email

Do you have a protective order, police report or other supporting document? YES NO

If YES, please explain: _____

1. Information about you

Last name		First name	Middle initial/maiden name
Mailing address		City/town & state	Zip code
Home address (if different)		City/town & state	Zip code
Social Security number	Date of birth (mm/dd/yyyy)	Phone no. (with area code)	Email address
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Place of birth	Marital status: <input type="checkbox"/> Never married <input type="checkbox"/> Married to _____ on _____ <input type="checkbox"/> Divorced from _____ on _____	
Did you ever receive child support services in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where? (city & state)	When?	Case or ID number
Did you ever get public assistance or Medicaid in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where? (city & state)	When?	Case or ID number
Name & address of employer		Phone no. (with area code)	Dates of employment
Is a lawyer currently representing you on this child support case? If yes, provide the lawyer's information below.			
Name _____		Phone no. _____	

2. Information about the other parent (or one parent if you are the guardian)

Last name		First name		Middle initial/maiden name
Mailing address		City/town & state		Zip code
Home address (if different)		City/town & state		Zip code
Social Security number	Date of birth (mm/dd/yyyy)		Phone no. (with area code)	Email address
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Place of birth	Marital status: <input type="checkbox"/> Never married <input type="checkbox"/> Married to _____ on _____ <input type="checkbox"/> Divorced from _____ on _____		
Name & address of employer		Phone no. (with area code)		Dates of employment
Provide as much additional information as possible if this parent will be responsible for PAYING child support.				
Height	Weight	Hair color	Eye color	Scars/tattoos
Mother's maiden name & address			Father's name & address	
Property owned and other sources of income (describe nature & location)				
Is there any reason this parent cannot pay child support (e.g., Is in jail or has a disability)?				
Military branch & dates of service (if applicable)			Does this parent have other children?	
Vehicle make & model	Vehicle year	Vehicle color	License plate number & state	

3. Information about the children you're seeking/paying support for

Use more sheets of paper if needed. Provide all requested information.

Name	Social Security #	Date & place of birth	State where conceived	Parents married at time of birth?	Living with you?	Paternity established?
<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, by signing a VAP* <input type="checkbox"/> Yes, by court order <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, by signing a VAP* <input type="checkbox"/> Yes, by court order <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, by signing a VAP* <input type="checkbox"/> Yes, by court order <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, by signing a VAP* <input type="checkbox"/> Yes, by court order <input type="checkbox"/> No <input type="checkbox"/> Don't know

* A Voluntary Acknowledgment of Parentage form that's used to establish parentage if the parents are not married at the time of the child's birth. It is usually signed and witnessed at the hospital shortly after the child is born.

4. Most recent court orders

If there is no order regarding custody (parental rights & responsibilities), check this box and go to #5.

Parental Rights & Responsibilities Order (custody)			
Date of order	City & state where entered	Case/docket #	Primary physical responsibility is with _____ Primary legal responsibility is with _____

If there is no order regarding child support, check this box and go to #5.

Child Support Order				
Date of order	City & state where entered	Case/docket #	Weekly support \$ _____ Support paid by: <input type="checkbox"/> Me <input type="checkbox"/> Parent listed in section #2	Past support due? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must complete pages 7 & 8. Amount due: \$ _____

5. Health insurance information

If neither parent has health insurance, check this box and go to #6.

Your Health Insurance	Type of coverage	Policy no.	Added cost for coverage of child(ren) \$ _____ Per _____
	Name of insurance company	Names of those covered	
Other Parent's Health Insurance	Type of coverage	Policy no.	Added cost for coverage of child(ren) \$ _____ Per _____
	Name of insurance company	Names of those covered	

6. Your rights & responsibilities as an OCS customer

<p>You have the right to:</p> <ul style="list-style-type: none"> ▪ Full and equal treatment regardless of race, color, national origin, gender, age, sexual orientation or disability ▪ Confidential treatment of personal information to the extent allowed by law ▪ Represent yourself or hire an attorney to represent you at hearings & meetings ▪ Appeal any decision made or action taken by OCS ▪ Obtain copies of non-confidential documents in your OCS case file ▪ Stop services initiated solely by you 	<p>You must:</p> <ul style="list-style-type: none"> ▪ Cooperate fully with OCS ▪ Inform OCS of any changes in your circumstances ▪ Notify OCS before taking any actions that might affect your child support ▪ Ensure all child support payments are sent through OCS ▪ Participate in all meetings & hearings about your case ▪ Keep accurate records of all child support payments and copies of all documents related to your case ▪ Inform OCS of any family violence issues/concerns ▪ Repay any excess amount received if OCS pays you an amount of child support to which you are not entitled
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7. Statements of understanding

I UNDERSTAND THAT:

- 1. I can get a copy of this application.** I can request a copy by calling 1-800-786-3214.
- 2. OCS representatives act on behalf of the State of Vermont to enforce child support laws; representatives do not act in the interests of any particular person or party; and OCS lacks the authority to become involved in custody and visitation issues.** This means OCS does not act as my personal advocate or representative in any legal proceedings before the Family Division of Superior Court; must make many discretionary decisions concerning best implementation of its policy objectives; and is guided not only by the economic interests of an individual case, but also by the best interests of a child. When OCS becomes involved in my case, it will investigate and make recommendations to the court based upon its interpretation of the law and facts.
- 3. The role of OCS and my right to get my own attorney in connection with this matter.** I understand that in addition to OCS participation in my case, I may present my own information, testimony and witnesses in any legal proceedings before the Family Division of Superior Court.
- 4. By receiving OCS services, I'll receive all services deemed appropriate by OCS, many of which are automatic.** Services include locating a parent for the purpose of collecting child support, establishing parentage, establishing a child/medical support order, reviewing the amount of child support paid to ensure it is consistent with guidelines, modifying a child support order due to a change in income or circumstances of one or both of the parents, collecting and distributing child support payments, and enforcing a child support order. Other services that may be appropriate include certification of arrears with state and federal tax departments, reports to credit bureaus, lottery offsets, administrative wage withholding, data matches with financial institutions, trustee process, liens and other legal remedies. Parties may not receive prior notification of every process OCS undertakes. It is my responsibility to notify OCS in writing when I no longer want services from OCS.
- 5. Child support payments must be made through OCS.** Payments made directly from one parent to the other parent must be turned over to OCS for issuance. I understand that failure to do so may result in the termination of OCS services.
- 6. If money is sent to me in error or issued to me based on insufficient funds, I must return the money.** If I don't return the money, I authorize OCS to deduct such payments from my account or from future payments until this obligation is satisfied.
- 7. OCS is required to submit minimal information about me to a national directory used only by other state child support agencies.** Federal law prohibits the release of information about those who are at risk of harm from family violence. If I believe that my children or I am at risk, I understand that I may request in writing that OCS not release my information to the directory. I further understand that if I ask OCS not to release my information, there may be delays in my case because some automatic processes may not go forward as usual.
- 8. After I try to resolve an issue with an OCS caseworker and supervisor, I have the right to request an OCS administrative review of any decision or action taken by OCS in my child support case.** I may call my OCS caseworker to request an *Administrative Review Form* or write to OCS, ATTN: Intercept Unit, 280 State Drive, Waterbury, VT 05671-1060. I must explain my complaint, request an administrative review, and provide the following information: my name, Social Security number, address, daytime phone number, and whether I want the review conducted in person, over the phone, or by mail.
- 9. If a court order requires either parent to provide health insurance for the child, the other parent will have access to information maintained by the child's insurer (e.g., Social Security number).**

8. OCS & your privacy

When you receive OCS services, federal and state law requires you to provide OCS with certain information, including Social Security numbers for you and your children. We use this information to establish parentage and establish, modify, and enforce support orders. By receiving OCS services, you authorize the use of these Social Security numbers for the purposes stated above.

OCS is committed to protecting your privacy and keeping information about your case confidential—in compliance with state and federal law. This is also required of all agencies and organizations that work with OCS. You should be aware, however, that:

- Some laws require the sharing of certain information
- OCS may need to provide certain information to another agency or person working on your case
- Both parents have access to certain information about each other
- When a parent is required to provide health insurance for a child, he or she will have access to information maintained by the child's insurer
- Once a legal action is filed, all information included in the court filing becomes a matter of public record (unless you can show good cause for excluding your address from the public record)

9. Comments to the caseworker assigned to your case

Use this space if you want to send a note to your caseworker (e.g., about the services you are looking for at this time).

10. Signature & authorization for child support services

By signing this application below, I certify and agree that:

- OCS will provide all child support services deemed appropriate, and I authorize the use of all legal means necessary to provide these services.
- All child support payments will continue to be made through OCS unless I ask the court to change that part of the order.
- I will cooperate with OCS and any cooperating agencies/contractors.
- I have read and understand the role of OCS staff, my rights and responsibilities and the Statements of Understanding.
- I have up to seven days (from the date of notification) to return any money OCS issued to me in error or based on insufficient funds. If I don't return it, I authorize OCS to automatically deduct payments from my account or from future child support payments, in accordance with state law, until my repayment obligation is satisfied. I authorize such deductions without further notice to me.

SIGN THE APPLICATION HERE. Unsigned applications will be returned.

I certify that all information provided on this application is true and complete to the best of my knowledge.

Signature _____ Date _____



COMPLETE this page if you are getting/seeking child support.

If you get child support, you MUST sign up to get electronic payments in one of two ways:

1. Direct deposit into one bank account

- Depending on the bank, funds are generally available in 7 - 10 business days of OCS receiving a payment. *To find out if a payment has been credited to your bank account, contact your bank.*

2. ReliaCard® Prepaid Visa®

- It can be used to make purchases, pay bills and get cash everywhere Visa debit cards are accepted. *It's not a credit card. You don't need a bank account to enroll.*
- Your ReliaCard will be mailed to the address you provide within 5 - 7 days of processing this application. *Sign up to get email or text alerts when funds are added to your card.*

Once we get your authorization, it will take about 30 days for payments to begin — either directly into your bank account or on your ReliaCard. Call 1-800-786-3214 to find out when OCS received your child support payment or to change your electronic payment option.

Provide your information below

Last name	First name & middle initial	Email address
Social Security number	Preferred phone (with area code)	Secondary phone (with area code)

Choose one of the two options below If you don't make a selection, you'll be issued a ReliaCard.

<input type="checkbox"/>	Direct Deposit	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">Bank Name</th> <th style="width: 30%;">ABA Routing/Transit #</th> <th style="width: 30%;">Account #</th> <th style="width: 10%;">Account Type</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>Checking <input type="checkbox"/> Savings <input type="checkbox"/></td> </tr> </table>	Bank Name	ABA Routing/Transit #	Account #	Account Type				Checking <input type="checkbox"/> Savings <input type="checkbox"/>		
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<input type="checkbox"/>	U.S. Bank ReliaCard* (some fees may apply)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Purchases</th> <th style="width: 10%;">Customer Service</th> <th style="width: 40%;">ATM Withdrawal</th> <th style="width: 15%;">Inactivity</th> <th style="width: 25%;">Card Replacement</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Free</td> <td style="text-align: center;">Free</td> <td>U.S. Bank = Free, MoneyPass ATM = Free SUM ATM = Free, Other ATM = \$1.25 The owner of a non-U.S. Bank, non-MoneyPass or non-SUM ATM may also charge a fee.</td> <td>\$2.00 per month for inactivity for 365 consecutive days</td> <td>Standard = Free (3-5 days) Emergency = \$15.00 (2 days)</td> </tr> </tbody> </table>	Purchases	Customer Service	ATM Withdrawal	Inactivity	Card Replacement	Free	Free	U.S. Bank = Free, MoneyPass ATM = Free SUM ATM = Free, Other ATM = \$1.25 The owner of a non-U.S. Bank, non-MoneyPass or non-SUM ATM may also charge a fee.	\$2.00 per month for inactivity for 365 consecutive days	Standard = Free (3-5 days) Emergency = \$15.00 (2 days)
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***If you select the ReliaCard:** to help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. This means that when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. The ReliaCard is issued by U.S. Bank National Association pursuant to a license from Visa U.S.A., Inc. Member FDIC. © U.S. Bank.

Sign below to authorize electronic payments

IF YOU GET CHILD SUPPORT, YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THIS SIGNATURE.
I authorize the Office of Child Support (OCS) to make deposits to the account listed above until I cancel this authorization and OCS has the time to act. This request cancels any other direct deposits I have in place with OCS. If funds are mistakenly deposited into my account, I authorize OCS to deduct the amount in error from my account or from future payments.

Signature _____ **Date** _____

COMPLETE this page if you are owed child support.

Are you owed past-due child support? Yes No

If you answered NO, please leave this form blank.

If you are owed past-due child support, please:

1. Complete this Arrears Affidavit Form (pages 7 -8)
2. Sign page 8 in front of a notary public
3. Return your completed, signed and notarized form along with this application

Child Support Payment History - Year ____			
Month	Support Due	Amount Paid	Balance
Jan			
Feb			
Mar			
Apr			
May			
June			
July			
Aug			
Sept			
Oct			
Nov			
Dec			
TOTAL			

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July			
Aug			
Sept			
Oct			
Nov			
Dec			
TOTAL			

Grand total of all balances (arrears) \$ _____

Surcharges on arrears: Per Vermont law, a ½ % per month surcharge accrues on unpaid support.

I wish to:

- Have surcharges calculated on arrears
- Waive all surcharges that have already accrued
- Waive all future surcharges
- Waive both past and future surcharges

I understand that once OCS removes surcharges from my account, they will not be reinstated by OCS and that I would need to file an action with the Family Division of Superior Court to have surcharges addressed.

Name

Signature

Date

Sworn to & signed before me
(date, county, state)

Notary public, court agency
(official name & title)

Commission expires

STATEMENTS OF UNDERSTANDING

I UNDERSTAND THAT:

- 1. I can get a copy of this application.** I can request a copy by calling 1-800-786-3214.
- 2. OCS representatives act on behalf of the State of Vermont to enforce child support laws; representatives do not act in the interests of any particular person or party; and OCS lacks the authority to become involved in custody and visitation issues.** This means OCS does not act as my personal advocate or representative in any legal proceedings before the Family Division of Superior Court; must make many discretionary decisions concerning best implementation of its policy objectives; and is guided not only by the economic interests of an individual case, but also by the best interests of a child. When OCS becomes involved in my case, it will investigate and make recommendations to the court based upon its interpretation of the law and facts.
- 3. The role of OCS and my right to get my own attorney in connection with this matter.** I understand that in addition to OCS participation in my case, I may present my own information, testimony and witnesses in any legal proceedings before the Family Division of Superior Court.
- 4. By receiving OCS services, I'll receive all services deemed appropriate by OCS, many of which are automatic.** Services include locating a parent for the purpose of collecting child support, establishing parentage, establishing a child/medical support order, reviewing the amount of child support paid to ensure it is consistent with guidelines, modifying a child support order due to a change in income or circumstances of one or both of the parents, collecting and distributing child support payments, and enforcing a child support order. Other services that may be appropriate include certification of arrears with state and federal tax departments, reports to credit bureaus, lottery offsets, administrative wage withholding, data matches with financial institutions, trustee process, liens and other legal remedies. Parties may not receive prior notification of every process OCS undertakes. It is my responsibility to notify OCS in writing when I no longer want services from OCS.
- 5. Child support payments must be made through OCS.** Payments made directly from one parent to the other parent must be turned over to OCS for issuance. I understand that failure to do so may result in the termination of OCS services.
- 6. If money is sent to me in error or issued to me based on insufficient funds, I must return the money.** If I don't return the money, I authorize OCS to deduct such payments from my account or from future payments until this obligation is satisfied.
- 7. OCS is required to submit minimal information about me to a national directory used only by other state child support agencies.** Federal law prohibits the release of information about those who are at risk of harm from family violence. If I believe that my children or I am at risk, I understand that I may request in writing that OCS not release my information to the directory. I further understand that if I ask OCS not to release my information, there may be delays in my case because some automatic processes may not go forward as usual.
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- 9. If a court order requires either parent to provide health insurance for the child, the other parent will have access to information maintained by the child's insurer (e.g., Social Security number).**

DOCUMENTS CHECKLIST

SIGNATURES

Make sure you've completed & signed in all required sections:

- EVERYONE - Complete pages 1 to 5 & sign #10 at the bottom of page 5.
- IF YOU'RE SEEKING OR GETTING CHILD SUPPORT - Complete & sign page 6.
- IF YOU'RE OWED CHILD SUPPORT - Complete pages 7 & 8 and sign at the bottom of page 8.

ATTACHMENTS

For each child in this application, attach copies of the following (if applicable):

- Court order related to child support
- Existing court order requiring health insurance or other medical support
- Court order granting you guardianship
- Birth certificate
- Completed, signed and witnessed *Voluntary Acknowledgment of Parentage* form

If you have any concerns about domestic/family violence, complete the safety section on page 1 and attach copies of the following if applicable:

- Nondisclosure, protective or relief-from abuse order
- Determination of good cause for non-cooperation with a child support agency
- Explanation of why you believe releasing information about you or your children would be harmful

Send your application to:

Vermont Office of Child Support
280 State Drive, NOB 1
Waterbury, VT - 05671-1060

Need help?

1-800-786-3214

<http://dcf.vermont.gov/ocs>