

****Complete all lightly shaded areas on this form. These fields are required to process your application.****

Application for Child Support Services

Person Submitting this Application: Custodial Parent Non-Custodial Parent Guardian

1. Custodial Parent/Guardian

Last Name		First Name	Middle Initial / Maiden Name
Mailing Address (<input type="checkbox"/> Current <input type="checkbox"/> Last Known)		City/Town & State	Zip Code
Home Address if Different (<input type="checkbox"/> Current <input type="checkbox"/> Last Known)		City/Town & State	Zip Code
Social Security Number	Date of Birth (mm/dd/yyyy)	Phone No. (area code)	Email Address
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Custodial Parent's Relationship to Child(ren): <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other (please explain) _____		
Did you ever receive child support services in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where? (City and 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 and State)	When?	Case or ID Number
Name & Address of Employer (<input type="checkbox"/> Current <input type="checkbox"/> Last Known)		Phone No. (area code)	Dates of Employment

2. Children You Are Seeking / Paying Support For (use more sheets if needed)

Name	Social Security #	Date & Place of Birth	State Where Conceived	Parents married at time of birth?	Living with you?	Paternity established?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, voluntarily* <input type="checkbox"/> Yes, by court order <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, voluntarily* <input type="checkbox"/> Yes, by court order <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, voluntarily* <input type="checkbox"/> Yes, by court order <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, voluntarily* <input type="checkbox"/> Yes, by court order <input type="checkbox"/> No

* Means a Voluntary Acknowledgment of Parentage form has been signed, witnessed, and filed in the child's state of birth.

3. Non-Custodial Parent

Last Name		First Name		Middle Initial or Maiden Name	
Mailing Address (<input type="checkbox"/> Current <input type="checkbox"/> Last Known)			City/Town & State		Zip Code
Home Address if Different (<input type="checkbox"/> Current <input type="checkbox"/> Last Known)			City/Town & State		Zip Code
Social Security Number		Date of Birth (mm/dd/yyyy)		Phone No. (area code)	Email Address
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Height	Weight	Hair Color	Eye Color	Scars/Tattoos
Non-Custodial Parent's Relationship to the Custodial Parent or Guardian: <input type="checkbox"/> Never married <input type="checkbox"/> Married on _____ <input type="checkbox"/> Divorced on _____ <input type="checkbox"/> Other (explain) _____					
Mother's Maiden Name and Address					
Father's Name and Address					
Property Owned and Other Sources of Income (describe nature & location)					
Is there any reason the non-custodial parent cannot pay child support (e.g., is in jail or has a disability)?					
Military Branch & Dates of Service (if applicable)					
Vehicle Make & Model		Vehicle Year		Vehicle Color	
				License Plate Number & State	
Name & Address of Employer (<input type="checkbox"/> Current <input type="checkbox"/> Last known)			Phone No. (area code)		Dates of Employment

4. Most Recent Child Support Order (If there is no child support order, check this box and go to #5)

Date of Order	City & State Where Entered	Case/Docket #	Weekly Support	Past support due? <input type="checkbox"/> Yes <input type="checkbox"/> No
			\$ _____	If yes, you must complete the Arrears Affidavit (see attachment one). Amount due: \$ _____

5. Health Insurance Information (If you have no health insurance, check this box and go to #6)

Custodial Parent's Medical Insurance	Type of Coverage	Policy No.	Added Cost for Coverage of Child(ren) \$ _____ per _____
	Name of Insurance Company	Names of Those Covered	
Non-Custodial Parent's Medical Insurance	Type of Coverage	Policy No.	Added Cost for Coverage of Child(ren) \$ _____ per _____
	Name of Insurance Company	Names of Those Covered	

6. Authorization for Direct Deposit

You are required by law to sign up for direct deposit (also known as electronic funds transfer or EFT). This allows OCS to deposit your child support payments directly into your bank account – usually within 2 business days of receiving a payment.

- Once OCS receives your authorization, we will contact your bank to make the necessary arrangements. It typically takes about 30 days for direct deposits to begin.
- Payments may be made to either a savings or a checking account, but not to both.
- You can call the OCS Help Line at 1-800-786-3214 to learn when we received the non-custodial parent's payment.
- We will not know, however, whether your bank has credited the payment to your account. To check that a payment has been credited to your account, contact your bank.
- To change your direct deposit authorization (e.g., you want your deposits going to a different bank or account), please contact a Customer Service Representative at 1-800-786-3214.

Your Information

Last Name	First Name	Middle Initial
Social Security Number	Work Phone (with area code)	Home Phone (area code)

Bank / Financial Institution Information

Bank/Institution Name		Phone No. (area code)
Address	City/Town & State	Zip Code
ABA/ Routing Number *	Your Account Number	
Your Account Type (check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

* Ask your bank/financial institution for its ABA/Routing Number and your Account Number.

Authorization & Signature

I authorize the Office of Child Support (OCS) to make deposits to the account listed above. OCS will make deposits to this account until I cancel this authorization and OCS has time to act on it. 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 of the error from my account or from my future payments.

Signature: _____ Date: _____

7. Request for Non-Disclosure / Family Violence (If this is not an issue, check this box and go to #8)

If you feel that releasing your address, phone number, employer, or other location information would put you or your child(ren) at risk of physical or emotional harm, please check the appropriate box(es) below and provide the requested information.

If you meet one of the conditions below, OCS will indicate this on your child support record. This will alert us to your situation, prohibit the release of certain information, and stop us from sharing your information with other states. Most child support enforcement or collection efforts will proceed as usual. However, there could be delays in your case because some automatic processes may not go forward as usual.

Conditions:

- I am covered by a nondisclosure, protective, or relief-from-abuse order dated _____ in _____ County, State of _____. *Please attach a copy of the order if available.*
- I was granted good cause for non-cooperation with the child support agency on _____ in _____ County, State of _____. *Please attach the determination if available.*
- I believe releasing information about me or my child(ren) may result in physical or emotional harm. *Explain on additional sheet.*

List the full name and your relationship to the person from whom the information should be kept:

Full Name _____ Relationship _____

8. Your Rights & Responsibilities as an OCS Customer

You have the right to:

- Full and equal treatment regardless of race, color, national origin, age, sex, sexual orientation, or handicap;
- Confidential treatment of personal information to the extent allowed by law;
- Hire an attorney to represent you or represent yourself without an attorney when participating in any hearings or meetings;
- Appeal any decision made or action taken by OCS;
- Obtain copies of non-confidential documents in your OCS case file; and
- Stop any OCS services initiated solely by you.

You are responsible to:

- Provide all necessary information and cooperate with OCS;
- Keep OCS informed of any changes in your circumstances;
- Notify OCS before making any agreement or taking any action that might affect your child support;
- Ensure all child support payments are sent through OCS;
- Participate in all meetings and hearings concerning your case;
- Keep accurate records of all child support payments as well as copies of all documents related to your case;
- Inform OCS of any family violence issues or concerns; and
- Repay any excess amount received if OCS pays you an amount of child support to which you are not entitled.

9. Statement of Understanding

I understand that OCS representatives act at all times 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.

I understand the role of OCS and my continuing right to get my own attorney in connection with this matter.

I understand that in addition to the participation of OCS in my case, I may present my own information, testimony, or witnesses in any legal proceedings before the the Family Division of Superior Court.

I understand that by receiving OCS services, I will receive all services deemed appropriate by OCS, many of which are automatic. Services provided by OCS include locating a parent for the purpose of collecting child support; establishing parentage; establishing a child support order; establishing a medical support order; reviewing the amount of child support paid by the non-custodial parent to ensure the amount 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 child support payments and sending them to the custodial parent; and enforcing a child support order. Other services that may be appropriate include, but are not limited to, 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.

I understand payments received by the obligee directly (called direct payments) must be turned over to OCS who will issue them to the obligee. I understand that failure to do so may result in the termination of OCS services. I understand if money is sent to me in error or issued to me based on a check from the non-custodial parent returned for insufficient funds, I must return the money. If I do not return the money, I authorize OCS to deduct such payments from future payments until this obligation is satisfied.

I understand OCS is required to submit minimal information about me to a national directory used only by other state child support agencies. However, federal law prohibits the release of information to the national directory for those 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, that there may be delays in my case because some automatic processes may not go forward as usual.

I understand that after I have tried 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 at 103 South Main Street, Waterbury, VT 05671-1901, explaining my complaint and requesting an administrative review. I must include my name, Social Security number, address, daytime phone number, and note whether I want the review conducted in person, over the phone, or by mail.

I understand that if a court order requires the non-custodial parent to provide health insurance for our child(ren), he or she will have access to information maintained by our child(ren)'s insurer (e.g., social security number).

10. 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; and
- 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).

11. Agreement and Authorization for Receipt of Child Support Services

- I hereby request child support services from the State of Vermont.
- I agree to cooperate with the Office of Child Support and any cooperating agencies or contractors. I authorize them to use all legal means necessary to provide services.
- I certify that all information provided on this application is true and complete to the best of my knowledge.
- On occasion, money may be sent to me in error or issued to me based on a check from the non-custodial parent returned for insufficient funds. OCS will notify me of this and that I have up to seven (7) days to return this money to OCS based on state law. If I do not return it, my signature below indicates my consent for an automatic reduction of child support sent to me, in accordance with state law, until my obligation to repay the mis-directed money is satisfied. I specifically authorize such deductions without further notice to me.
- I understand my application for OCS services means child support payments are required to be made through OCS. I realize those child support payments that are withheld from wages must continue to be made through OCS, even if OCS services are terminated, unless I ask the court to change that portion of the order.

I have read and understand the role of the Office of Child Support staff. I have read and understand my rights and responsibilities as a recipient of OCS services. I have read and understand the Statement of Understanding.

I hereby authorize the Office of Child Support to provide services as noted on this application form.

Signature _____ Date _____

Attachment One: Arrears Affidavit

Are you owed past-due child support? Yes No

If you are not owed past-due child support, please leave this form blank.

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

- Complete this form;
- Sign it in front of a notary public; and
- Return your completed, signed, and notarized form along with this application.

Custodial Parent's Name

Social Security Number

Non-Custodial Parent's Name

Social Security Number

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

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

Child Support Payment History - Year _____			
Month	Support Due	Amount Paid	Balance
Jan			
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Child Support Payment History - Year _____			
Month	Support Due	Amount Paid	Balance
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Nov			
Dec			
TOTAL			

