APPLICATION FOR CHILD SUPPORT SERVICES-CUSTODIAL PARENT

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILD SUPPORT DIVISION /IV-D
SFN 374 (8-2018)

Disclosure of the social security number is required pursuant to 42 USC 654a(e)(3) and (e)(4)(D) and is requested for the purpose of inclusion in the state case registry. Failure to disclose this information will affect participation in this program.

Name			Sex ☐ Male ☐ Female	Social Security Number	Date of Birth
Address	City	State	ZIP Code	Home Telephone Number	Office Telephone Number

I) I am not currently a recipient of TANF or Medicaid. Check below if applicable:

☐ I previously received TANF and/or Medicaid in the state of _____.

My case is now closed and Child Support services have been terminated.

II) The North Dakota Department of Human Services (Department) is authorized to undertake whatever action is necessary to locate the noncustodial parent, establish paternity, establish and/or enforce a support obligation, review and adjust support orders, and to execute, in my name, any pleadings relative to legal action pursuant to Title IV-D of the Social Security Act. Interested persons to these actions include the noncustodial parent, namely:

Name		Sex ☐ Male ☐ Female	Social Security Number	Date of Birth
Address	City	State	ZIP Code	Telephone Number

As well as me and the following children:

Name	Sex (M or F)	Social Security Number	Date of Birth	Relationship to Child if Not Parent

III) I understand that I can apply to receive services related only to locating the noncustodial parent, or to receive all Child Support services as described in subsection II above. Check below if you wish to receive locate-only services:

☐ Locate-only services

Otherwise, all services will be provided, as appropriate.

IV) **By my signature below, I am stating that I understand the Department's attorney is not my private attorney but, according to NDCC sections 14- 09-09.26 and 14-09-09.27, the real party in interest is the people of North Dakota and there is no creation of an attorney-client relationship between me and the Department's attorney.**

V) I authorize the Department to endorse and negotiate any checks received for me in payment of support.

VI) I agree to report to the Department any and all support payments that are hereinafter received by me directly from the noncustodial parent as long as this agreement is in effect. I will also report any arrangements made between me and the noncustodial parent that affect the amount due.

VII) I acknowledge that all support payments collected will be paid out in accordance with federal and state distribution rules.

VIII) In the event that I have to repay the Department to correct an overpayment to me, I agree the Department may withhold a reasonable amount from future support payments. ☐ Yes ☐ No

* I understand that my consent is optional. The services I receive will not be affected by the choice I make.
* I understand that if I give my consent and later change my mind, I must notify the Department in writing that I am withdrawing my consent.
* I understand that if I do not give my consent, the Department is not prevented from seeking to correct an overpayment through other means, including taking me to court, if necessary.

IX) I understand that if I have never received TANF, the Department will charge an annual fee of $35 for each federal fiscal year (Oct. 1 through Sept. 30) in which at least $550 in support has been collected on my case. The Department will retain this fee from the support collections.

X) The Department may release any information contained in the office records to another state or jurisdiction when interstate enforcement action requires the information.

XI) I have received a copy of the services and responsibilities notice (DN 1200).

DISTRIBUTION: Original - Department

Applicant	Date

FOR OFFICE USE ONLY-Application Information

Date Requested (MM/DD/YYYY)	Date Provided (MM/DD/YYYY)	Date Received (MM/DD/YYYY)

CHILD SUPPORT INFORMATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILD SUPPORT ENFORCEMENT
SFN 74 (06-2005)

Disclosure of the social security number is required pursuant to 42 USC 654a(e)(3) and(e)(4)(D) and is requested for the purpose of inclusion in the state case registry. Failure to disclose this information will affect participation in this program.

Please complete this form to the very best of your ability. The information on this form will help the Child Support Enforcement program provide services now and in the future. Some of the information you will likely know and other information you may need to research. For the information you need to research, some useful documents to consider include tax returns, identification cards, driver's license, bills, bank records, pay stubs, marriage licenses, and birth certificates.

A. INFORMATION ABOUT THE CUSTODIAL PARENT OR OTHER CARETAKER OF CHILDREN

Full Name (First, Middle, Maiden, Last, and Suffix)	Gender ☐ Male ☐ Female	Social Security Number	Date of Birth (MM/DD/YYYY)
Home Address		Home Telephone Number	Cell Phone Number
City	State	Zip Code	Work Telephone Number
E-mail Address			

B. INFORMATION ABOUT THE NONCUSTODIAL PARENT (You must complete a separate form for each noncustodial parent)

Full Name (First, Middle, Maiden, Last, and Suffix)		Nickname or Alias	Gender ☐ Male ☐ Female
Social Security Number	US Citizen ☐ Yes ☐ No	If No, Citizen of What Country	
Date of Birth (MM/DD/YYYY)	Approximate Date of Birth (if birthdate unknown)	Place of Birth (City and State or Country)	
Is Noncustodial Parent Deceased? ☐ No ☐ Yes-Date of Death (MM/DD/YYYY):		Place of Death (State):	If deceased, skip to Section C.
Height	Weight	Race (Check all that apply) ☐ American Indian/Alaska Native ☐ Asian ☐ White ☐ Native Hawaiian/Pacific Islander ☐ Black	
Hair Color (Check only one) ☐ Black ☐ Brown ☐ Red/Auburn ☐ Bald ☐ Blonde ☐ Gray ☐ White		Eye Color (Check only one) ☐ Blue ☐ Green ☐ Hazel ☐ Brown ☐ Gray ☐ Black	
List Other Distinguishing Features, (ie, tatoos or scars)		Does Noncustodial Parent Have Any Other Children? ☐ No ☐ Yes-Full Names of Children:	
Home Address			Home Telephone Number
City	State	Zip Code	Cell Phone Number
Mailing Address (City, State, and Zip Code) (if different from home address)			
Previous Address if Current Address Unknown (Street, City, State, Zip)			
Name of Employer		City	State
Name of Previous Employer		City	State
Usual Occupation			
Currently in the Military ☐ No ☐ Yes-Branch of Service:		Previously in the Military ☐ No ☐ Yes-Branch of Service:	
Noncustodial Parent Receives: (Check all that apply) ☐ SSI ☐ Social Security Disability		☐ Public Assistance, State: _____ ☐ Workers Compensation, State: _____ ☐ Unemployment Compensation, State: _____	
Noncustodial Parent's Mother's Name (First, Middle, Maiden, Last)		Noncustodial Parent's Father's Name (First, Middle, Last, Suffix)	
Items Noncustodial Parent Owns (Check all that apply) ☐ Car ☐ Motorcycle ☐ House ☐ Business ☐ Stocks ☐ Mobile Home ☐ Truck ☐ Boat ☐ Land ☐ Savings Account ☐ Checking Account			
List Any Other Investments, Resources, or Property		Does Noncustodial Parent Have a Driver's License? ☐ No ☐ Yes-What State?	
Is Noncustodial Parent in Prison? ☐ No ☐ Yes-Where?		Has Noncustodial Parent Been in Prison in the Past? ☐ No ☐ Yes-When and Where?	

Case Number (Agency Use Only)

C. INFORMATION ABOUT THE CHILDREN OF THE NONCUSTODIAL PARENT WHO IS LISTED IN SECTION B

1. Full Name (First, Middle, Last, and Suffix)			
Gender ☐ Male ☐ Female	Social Security Number	Date of Birth (MM/DD/YYYY)	Place of Birth (City and State)
2. Full Name (First, Middle, Last, and Suffix)			
Gender ☐ Male ☐ Female	Social Security Number	Date of Birth (MM/DD/YYYY)	Place of Birth (City and State)
3. Full Name (First, Middle, Last, and Suffix)			
Gender ☐ Male ☐ Female	Social Security Number	Date of Birth (MM/DD/YYYY)	Place of Birth (City and State)
4. Full Name (First, Middle, Last, and Suffix)			
Gender ☐ Male ☐ Female	Social Security Number	Date of Birth (MM/DD/YYYY)	Place of Birth (City and State)

If more than 4 children, please attach a separate sheet providing the above information.

Is there an order for Noncustodial Parent to provide support for any of the children listed above?
☐ No - Skip next 2 lines ☐ Yes-Continue with questions below:

Amount $ per	For Which Children?		
Date Last Received (MM/YYYY)	State/County, or Tribal Court Involved	Case Number	Year of Court Order

Has paternity been established for the children by signing a Voluntary Acknowledgment of Paternity?
☐ No ☐ Yes-For Which Children? Which State? When?

Were the children born while the parents were married or within 9 months of divorce?
☐ No ☐ Yes-Skip to Section D.

Has paternity been established for the children by a court order?
☐ No - Skip to Section D. ☐ Yes-Continue with the following question: For Which Children?

State and County of Court Involved	Case Number	Year of Court Order

D. IF YOU ARE THE PARENT, COMPLETE THIS SECTION (if you are NOT the parent of the children, skip to Section E).

Are you, or were you legally married to the other parent?
☐ No ☐ Yes-When (month and year) Where (city and state):

Are you legally separated from the other parent?
☐ No ☐ Yes-When (month and year): Court where separation was filed (city and state):

Are you legally divorced from the other parent?
☐ No ☐ Yes-When (month and year): Where (city and state):

Is there any legal action pending against the Noncustodial Parent, for example, a divorce action?
☐ No ☐ Yes

Did you ever live with the other parent? ☐ No ☐ Yes-Provide Address:	Date: From: To:

E. IF YOU ARE NOT THE PARENT, COMPLETE THIS SECTION (otherwise, skip to Section F)

Were the parents married? ☐ No ☐ Yes	Are the parents divorced? ☐ No ☐ Yes

How are you related to the children?

Do you have legal custody of the children?
☐ No-Skip to Section F. ☐ Yes-Complete this section.

State and County of Court Involved	Case Number	Year of Court Order

F. STATEMENT AND SIGNATURE

I understand the information given above may be investigated and I certify that this information is true and complete to the best of my knowledge.

Signature	Date

ACKNOWLEDGMENT OF NONREPRESENTATION

I, a recipient of child support services, have read and understand the following:

1. The state of North Dakota has a lawyer to assist in securing child support but this lawyer is not my lawyer.

2. I have the right to hire my own lawyer, at my expense, if I want.

3. Child support officials and the state's lawyer may work on my case to locate a noncustodial parent, establish paternity, secure repayment of government benefits (such as TANF and Medicaid), establish medical support, enforce medical support, establish child support, enforce child support, or modify an order for support. The state has an interest in doing all these things. The state's lawyer will represent the state's interest.

4. The state's lawyer will not be able to help me with other matters such as child custody, visitation, tax deductions, or property settlements, even though these things may seem connected to child support. If I want a lawyer to help me with these other matters, I must get my own lawyer.

5. I must cooperate with child support officials and the state's lawyer if I want to receive child support services.

6. When I give information to child support officials or the state's lawyer, that information may be used if the officials or the state's lawyer think it is necessary or appropriate to use it. I will not be able to tell them that the information cannot be used. I will not be able to tell them how to use the information.

The North Dakota laws that deal with paragraphs 1 through 6 above can be found in North Dakota Century Code sections 14-09-09.26 and 14-09-09.27.

By my signature below, I am stating that I have reviewed and understand this Acknowledgment of Nonrepresentation.

Dated this _____ day of _____, 20____.

_____

Signature

Agency Use Only
Person ID:

north dakota department of human services

north dakota child support

DN 1200 (Rev. 07/2018)

CHILD SUPPORT SERVICES AND RESPONSIBILITIES

This document describes Child Support's services, responsibilities of the individuals receiving the services, fees, accounting procedures, and use and disclosure of the information.

SERVICES

1. Child Support will determine the methods and strategies used to collect support and fulfill its duties.
2. Child Support will make efforts, consistent with its priorities and procedures, to:
   a. Locate the noncustodial parent;
   b. Establish paternity;
   c. Obtain an order establishing child support according to the child support guidelines, if no order exists;
   d. Obtain or enforce an order for medical support, including health insurance coverage;
   e. Enforce child support orders;
   f. Collect ordered spousal support if spousal support and child support are included in the same order and owed to the same parent;
   g. Collect interest;
   h. Review cases for potential adjustments to the support amount, either upward or downward, using the child support guidelines. A review of the support amount may be requested by either parent.
3. Child Support will monitor for delinquent payments through an automated system and take enforcement action if payments become delinquent.
4. If the parent who owes support lives in a jurisdiction other than North Dakota, Child Support may refer the case to the other jurisdiction to establish an order or enforce child support payments. Child Support will release any information contained in office records to the other jurisdiction when interjurisdictional action is needed.
5. Child Support attorneys work on child support cases. The attorneys represent the state. They are not your personal attorneys.

   No attorney-client relationship exists between you and the Child Support attorney. In the event of a conflict between your interest and the interest of the state, the Child Support attorney will resolve the conflict in the state's favor. If the Child Support attorney becomes aware of a conflict of interest, you will be notified.

   Child Support cannot address custody, visitation, or other issues not directly related to child support. If you want legal advice on these issues, desire specific legal action, or want to manage activity on your case, a private attorney may be able to provide you with individualized services.

CASE CLOSURE

I. a. Upon your written request;
   b. When Child Support is advised you applied for services in another jurisdiction, or;
   c. If you are a parent who requested locate-only services, and the services have been provided.

II. a. If there is no longer a current support obligation, and the past-due amount is under $500 or unenforceable under state law;
   b. If you applied for services as a custodial parent and Child Support has information that you no longer have legal or physical custody of your child or children;
   c. If Child Support has been unable to contact you for more than 60 days despite good effort;
   d. If Child Support cannot obtain jurisdiction over the parent who owes support;
   e. If the parent who owes support has died and no further action can be taken;

f. If paternity cannot be established because, for example, genetic testing or the court has excluded the alleged father;
g. If Child Support has been unable to locate the parent who owes support;
h. If the parent who owes support has been institutionalized in a psychiatric facility and cannot reasonably be anticipated to pay support for the duration of the child's minority or is incarcerated with a sentence of more than 180 days;
i. If the parent who owes support has a medically verified disability and no support potential;
j. If the parent who owes support is a citizen of and lives in a foreign country, does not work for the United States government or for a company with offices in the United States, has no reachable domestic income or assets, and Child Support does not have reciprocity with the foreign country;
k. If your case has been transferred to a tribal Child Support agency;
l. If Child Support has documented evidence that you have not cooperated with the program and your cooperation is essential for the next enforcement step. Failure to cooperate includes:
    (1) Failure to appear at a Child Support office for an appointment or at a court hearing to provide testimony for legal proceedings.
    (2) Failure to complete and return forms or otherwise provide information needed to service your case.
    (3) If you are the parent who receives support and fail to report to Child Support payment made directly to you.
    (4) If you are the parent who receives support and fail to return payments you are not entitled to keep.

Child Support will not close your case for any of these reasons if you contact Child Support within 60 days of the issuance of the closing notice and provide information that will allow Child Support to proceed with establishment or enforcement of a support order. After 60 days you may request Child Support services by completing a new application if changed circumstances would allow Child Support to proceed with establishment or enforcement of a support order.

You may request your case be reopened if new information is available that could lead to the establishment of paternity, establishment or enforcement of a support order, a review and adjustment of the support order, or in accordance with federal regulations found at 45 CFR 303.11.

TAX REFUND OFFSET

1. Child Support may submit information about the parent who owes support to state and federal agencies for tax refund offset. If the parent who owes support is entitled to a tax refund, Child Support may offset (intercept) the tax refund to apply to past-due support.
2. Conditions for submittal for tax refund offset:
    a. You must have a case receiving full Child Support services;
    b. There must be a valid order for child support;
    c. The past-due amount must be at least $500 if owed to the family or $150 if owed to the state;
    d. Child Support must have a verified social security number for the parent who owes support;
    e. The past-due amount must be correct. You may be asked to provide documents needed to determine the correct balance such as court orders and payment records from jurisdictions other than North Dakota.
3. There is no guarantee that funds will be collected through tax refund offset.
4. Collections from a joint tax return may be held for up to six months before disbursement.
5. Federal tax refund offset collections are applied to past-due support owed to the state before past-due support owed to the family.
6. If you are the parent who received a tax refund offset payment, you may be personally liable to repay the amount if the offset funds are reversed because of an amended return or because a claim was filed by the spouse of the parent who owes support. The claim may be filed many years later.

ACCOUNTING PROCEDURES

1. Child Support will process payments collected, including endorsing checks, money orders, and drafts.
2. Collections will be applied to support obligations according to federal and state distribution requirements. Collections are applied to current child support and current medical support before other debts unless the collection is from a federal tax refund offset.
3. Child Support is a clearinghouse for collections. If a collection received is received by check and the check bounces or the collection is reversed, the parent who received the funds must repay the amount. The parent who received the funds may authorize Child Support to withhold a reasonable amount from future support payments. The authorization may be given as part of the application process, but it is not required to receive services.

COSTS AND FEES

1. Child Support will charge an annual fee of $35 each federal fiscal year (October 1 through September 30) in which at least $550 is disbursed on a case receiving full services. Child Support will charge a monthly fee of $5 each month in which a payment is disbursed on a case receiving limited services. The fee will be retained from support collected.
2. Child Support reserves the right to charge additional fees. You will be notified at least 30 days in advance of any new fee schedule.
3. You may be required to pay certain court costs.

PARENT RESPONSIBILITIES

1. Complete forms thoroughly and return forms timely to ensure expedient action on your case.
2. Provide required documentation such as certified copies of support orders or payment records.
3. Inform any agent or lawyer, who you may retain, that you are receiving services from Child Support.
4. Notify Child Support of any pleading to establish or modify support filed by you or through a private attorney.
5. Provide information to Child Support that may assist with managing your case.
6. Notify Child Support of changes in your address, social security number, phone number, and employment.
7. If you are the parent who receives support, do not contact the employer of the parent who owes support with questions about payments. Contact Child Support with all questions and concerns.

USE AND DISCLOSURE OF INFORMATION

1. Information you provide to Child Support may be disclosed to public officials who require such information in connection with their official duties.
2. Information you provide to Child Support will be used for administration of the program. This may include disclosure of social security numbers of parents and children for various reasons including securing health insurance coverage for children, locating the parent who owes support, and submitting cases for tax refund offset.
3. Child Support will safeguard information in accordance with all federal and state confidentiality requirements.

If you have any questions regarding this information, please contact Child Support:

Child Support
PO Box 7190
Bismarck ND 58507-7190
(701) 328-5440 or (800) 231-4255
centralofficecse@nd.gov

The Department of Human Services makes available all services and assistance without regard to race, color, religion, national origin, age, sex, political beliefs, disability, or status with respect to marriage or public assistance. The Depart of Human Services makes it programs accessible to persons with disabilities. Persons needing accommodations or who have questions or complaints regarding the provisions of services should contact Child Support at (701)328-5440; (800)231-4255; centralofficecse@nd.gov; TTY (800)366-6888.