



Child Support Services Application

Applicant Full Name (Print): _____

Strong Families Make a Strong Kansas

I HAVE A CURRENT CHILD SUPPORT ORDER and request DCF open a support case providing the following enforcement services (check one):

- Modification only** **Full Service**
 (Unemployment, Federal tax, State tax, passport sanction, credit reporting, driver's license sanction, income withholding from employer and/or other child support enforcement activities.)

Were you referred to Department for Children and Families Child Support Services by a Court Trustee?

No Yes, please list: _____

By my signature below, I have reviewed the Child Support Services Handbook, either at www.dcf.ks.gov or a paper copy, affirm the information provided, and request DCF Child Support Services:

Signature

Date

Section 1 APPLICATION INFORMATION

Any former names you have used (including maiden name): _____

Your SSN: _____ Your date of birth: _____ Sex: Male Female

Your mailing address: _____

Telephone number: Cell: () _____ Work: () _____ Other: () _____

Would you like to receive text messages from CSS? No Yes and text number () _____

Email address: _____

What is your relationship to the child/ren? Mother Father Guardian

Is either parent of the minor child a member of a Native American Tribe? If yes, complete Section 6, page 3.

No Yes _____ (Tribe) Which parent? Mother Father

Do you have an attorney? No Yes, name: _____

Section 2 CHILD/REN'S INFORMATION

1 st Child's Full Name	Sex	SSN	Birth Date	Other Parent Name(s)
First Middle Last	M/F		Mo/Day/Yr	First Middle Last
2 nd Child's Full Name	Sex	SSN	Birth Date	Other Parent Name(s)
First Middle Last	M/F		Mo/Day/Yr	First Middle Last
3 rd Child's Full Name	Sex	SSN	Birth Date	Other Parent Name(s)
First Middle Last	M/F		Mo/Day/Yr	First Middle Last

Section 3 LEGAL INFORMATION

Is there a child support order(s) for the child/ren? Yes No

For which child/ren? _____

Court Case Number: _____ County: _____ State: _____

Name of person who is ordered to provide child support: _____

Amount to be paid monthly in current support \$ _____ Is there an income withholding order Yes No

Is the other parent behind in making payments? No Yes If yes, how much \$ _____

Is there a medical support order(s) for the child/ren? No Yes, to be provided by:

For which child/ren? _____

Court Case Number: _____ County: _____ State: _____
Are they currently providing medical support for the child/ren? Yes No
Name of person who is providing health insurance for the child/ren? _____
What is their relationship to the child? _____ Is the coverage provided through an employer? Yes No
Insurance Company name and address: _____
Effective Date: _____ Group Number: _____ Policy Number: _____
Type of coverage (check appropriate): Medical Hospital Drug Dental Medicare

Section 4 OTHER PARENT INFORMATION

Other parent's name: _____ Sex: Male Female
Other parent's other names (Alias, Maiden, Nicknames, etc.): _____
Other parent's mailing address: _____
Race: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____
SSN: _____ Date of birth: _____ Approx age: _____
Telephone number: Cell: () _____ Work: () _____ Other: () _____
Email address: _____
Where does the other parent work? What do they do? _____
Employer address: _____
Telephone number: _____ Type of business: _____
Are they currently a student? No Unknown Yes, where? _____
Is the other parent self-employed or an independent contractor? Yes No Unknown
Is the other parent receiving Unemployment benefits from Kansas? Yes No Unknown
Is the other parent disabled or receive Social Security benefits? Yes No Unknown
If 'yes', do you receive auxiliary benefits for the child/ren? Yes (\$ _____ /mo) No
Has the other parent ever been in the military? Yes, currently Yes, previously No Unknown
Does the other parent have an attorney? No Unknown Yes, name: _____
Is the other parent a member of a Native American Tribe? No Yes
Has the other parent made any payments directly to you (not thru Kansas Payment Center)? Yes No
If yes, please list specific amounts and dates (month/year): _____

Section 5 ADDITIONAL INFORMATION

We do our best to gather information about all parties. If you have additional information you feel we should know regarding either parent or child/ren, please include the information with this application. If you have any proof/documentation for your statements, please attach to this application.

If you need assistance with this application call Child Support Services at (888) 757-2445 or visit your nearest Child Support Office found at <http://www.dcf.ks.gov/services/CSS/Pages/Contractor-Information.aspx>. Please send this application along with a copy of your child support order, income withholding order, and arrears calculation (if you have one) to Child Support Services by mail PO Box 552 Lawrence, Kansas 66044; fax 844-682-2171; or email dcf.cssapplications@ks.gov.

If you are a tribal member you may choose which child support agency handles your case. **If you do not select a tribal agency, DCF will handle your case.**

If you check a box below you are choosing to open your child support case with a Tribal Child Support Agency. Your completed application will be forwarded to the Tribal Child Support Program selected below. Your application may be forwarded to a different Tribal Child Support Agency if the selected tribe is unable to meet your request for services, or returned to DCF. Contact the Tribal Child Support Agency if you have any questions about their program. Check one box below.

Kansas Child Support Agencies

Delaware Tribe
918-337-6510

PBPN Tribe
785-966-8330

Kickapoo
877-864-2902