

Rev 8-13

CHILD SUPPORT SERVICES

CHILD SUPPORT SERVICES APPLICATION

You should receive the handbook "*Handbook for CSS Customers*" with this application form. If you need a copy of the handbook, please request one from your local CSS office. Please read the handbook before you sign this form.

Please check the service you want - See "*Description of CSS Services*" in the handbook.

[] Full services [] Locate Only

NON-CUSTODIAL PARENT's FULL NAME (first, middle, last)

YOUR FULL NAME (first, middle, last).

YOUR Social Security Number

Date of Birth (month, day, year)

By signing this form, I confirm that I have read the "Starting Child Support Services" section in the "Handbook On Child Support Services." I have had an opportunity to ask questions, and **I agree to the terms and limitations stated in the "Handbook On Child Support Services" booklet.**

Date: _____ Signed: _____

Sign this form and return it to your local CSS office or submit via email to cssapplications@dcf.ks.gov.

