

**CHILD SUPPORT SERVICES
CHILD SUPPORT SERVICES APPLICATION**

Please check the service you want -

Establishment of Paternity **Modification of Court Order**

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 had an opportunity to ask questions, and I agree to the terms and limitations stated.

Please be advised that once the requested service has been completed, your child support case will be closed.

Date: _____ Signed: _____

15. Are you in the National Guard or Reserves? Yes No Previously
If yes, Branch of Service: _____ Rank: _____ Date of Service: _____
16. Do you have an attorney? Yes No
 Name and address of attorney: _____
17. Do you belong to a Labor Union or Professional Group? Yes No
 Name: _____
18. Do you attend a college, university or vocational school? Yes No
If yes, Name: _____ State: _____ Date: _____
19. Do you have any other type of income? () Yes () No
If yes, please check the appropriate resources:
 Social Security / SSI or SSDI
 Self Employment Source (Name/Address) Amount: \$ _____
 Veteran's Benefits/Military Retirement
 Worker's Compensation
 Insurance Source (Name/Address): _____ Amount: \$ _____
 Housing or Travel Allowance Source (Name/Address): _____ Amount: \$ _____
 Trust Income Source (Name/Address): _____ Amount: \$ _____
 Rental Income Source (Name/Address): _____ Amount: \$ _____
 Other Income Source (Name/Address): _____ Amount: \$ _____
20. Does the child/ren receive disability payments from the Social Security Administration from your disability? Yes No
If yes, the amount received: _____ Date child started receiving benefits: _____
21. Do you have any other natural or adopted children? Yes No
If yes, give child's or children's full names and ages:

 Do any of the children listed above live with you? Yes No
If yes, list the child's full name and age:

22. Are you ordered to pay child support for any other children? Yes No
If yes, list full names, ages, amount and state where ordered:

23. Do any of **the** children listed have special medical needs? Yes No
If yes, explain:

24. Have you and/or the children received Public Assistance (cash or TANF) in the State of Kansas?
 Yes No
 Have you received Public Assistance (cash or TANF) in another state? Yes No
If yes, list all state(s) _____ and Date(s) _____
25. What is your relationship to the children: _____

Children's Information:

Child's Full Name <i>First Middle Last</i>	Sex <i>M/F</i>	SSN	Birthdate <i>Mo/Day/Yr</i>	Custodial Parent Name(s) <i>First Middle Last</i>
Child's Birthplace	City	State	Name of Father listed on birth certificate	

Child's Full Name <i>First Middle Last</i>	Sex <i>M/F</i>	SSN	Birthdate <i>Mo/Day/Yr</i>	Custodial Parent Name(s) <i>First Middle Last</i>
Child's Birthplace	City	State	Name of Father listed on birth certificate	

Child's Full Name <i>First Middle Last</i>	Sex <i>M/F</i>	SSN	Birthdate <i>Mo/Day/Yr</i>	Custodial Parent Name(s) <i>First Middle Last</i>
Child's Birthplace	City	State	Name of Father listed on birth certificate	

Child's Full Name <i>First Middle Last</i>	Sex <i>M/F</i>	SSN	Birthdate <i>Mo/Day/Yr</i>	Custodial Parent Name(s) <i>First Middle Last</i>
Child's Birthplace	City	State	Name of Father listed on birth certificate	

26. Is there a child support or medical order(s) for the child/ren? Yes No
For which child/ren?

27. Are you the individual ordered to provide child support or medical support: Yes No
If No, who is ordered to provide support: _____

Court Case Number _____ County _____
State _____

If unable to provide a court case number, please provide county, state and date of court order
(Month/Year):

28. Have you or the custodial parent taken legal action modify support or establish paternity?

Yes No **If yes,** type of action: _____

Who filed the action?

Result of the action?

If there is a child support order, attach a copy of the order to this form.

Attach Birth Certificates for all children not born in Kansas.

(Please provide a copy of the official birth certificate and not the certificate received from the hospital.)

Please continue to the next page.

CHILD SUPPORT SERVICES
CHILD SUPPORT QUESTIONNAIRE
Custodial Parent (CP) Information

1. Custodial Parent's Name: _____ Sex: Male Female
First Middle Last

Custodial Parent's other names (Alias, **Maiden**, Nicknames, etc.): _____

2. SSN: _____ Date of Birth: _____ Approximate Age: _____
Month Day Year

Has the Custodial Parent ever used a different SSN? Yes No Unknown

If yes, what is that number? _____

3. CP's Place of Birth: City: _____ State or Country: _____ Unknown

4. Current address: _____
OR *Street City State Zip Code*

Last known mailing address: _____
Street City State Zip Code

Date of address: _____

Physical Address: (If different than mailing address) _____
Street City State Zip Code

Telephone Number: Home: () _____ Work: () _____ Cell: () _____

Email address: _____

5. What is the Custodial Parent's Race?

- American Indian/Alaskan Native
- Black/African American
- Hispanic
- Pacific Islander
- Asian
- White/Caucasian
- Other

6. Physical description of Custodial Parent:

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Tattoos, scars and other physical traits: _____

7. Give the full Maiden Name of the Custodial Parent's Mother: _____

8. Give the full Name of the Custodial Parent's Father: _____

9. Where does the Custodial Parent work? _____

Employer address: _____
Street City State Zip Code

Telephone Number: _____ Type of Business: _____

10. Where is the last place you knew the Custodial Parent worked? _____

Employer Name: _____

Address: _____
Street City State Zip Code

Telephone Number: _____ Date of Employment: _____

11. Is the Custodial Parent on Active Duty in the Military? Yes No
If yes, Branch of Service: _____ Rank: _____ Years of Service: _____
 Duty Station/Unit: _____
12. Is the Custodial Parent in the National Guard or Reserves? Yes No Unknown Previously
If yes, Branch of Service: _____ Rank: _____ Date of Service: _____
13. Does the Custodial Parent have an attorney? Yes No Unknown
 Name and address of attorney: _____
14. Has the Custodial Parent ever filed Bankruptcy? Yes No Unknown
If yes, Month: _____ Day: _____ Year: _____ Case Number: _____
 City: _____ State: _____
15. Does the Custodial Parent have a driver's license? Yes No Unknown
If yes, in what state: _____
16. Has the Custodial Parent ever belonged to a Labor Union or Professional Group?
 Yes No Unknown Name: _____
17. Has the Custodial Parent ever been arrested, put on probation, sent to prison or paroled?
 Yes No Unknown **If yes**, Date: _____ Charge: _____
 Court (City/County/State): _____ Prison/Jail (City//County/State): _____
 Name of Probation or Parole Officer: _____
18. Has the Custodial Parent ever attended a college, university or vocational school? Yes No Unknown
If yes, Name: _____ State: _____ Date: _____
19. Does the Custodial Parent have any other type of income? Yes No Unknown
If yes, please check the appropriate resources:
 Social Security / SSI or SSDI
 Self Employment Source (Name/Address) Amount: \$ _____
 Veteran's Benefits
 Military Retirement
 Worker's Compensation
 Insurance Source (Name/Address): _____ Amount: \$ _____
 Housing or Travel Allowance Source (Name/Address): _____ Amount: \$ _____
 Trust Income Source (Name/Address): _____ Amount: \$ _____
 Rental Income Source (Name/Address): _____ Amount: \$ _____
 Other Income Source (Name/Address): _____ Amount: \$ _____
20. If the Custodial Parent receives disability payments from the Social Security Administration, does the child receive Social Security benefits from the Custodial Parent's disability? Yes No
If yes, the amount received: _____ Date child started receiving benefits: _____
21. Does the Custodial Parent own property (*Examples: car, truck, motorcycle, boat, camper, trailer, house, farm, rental property, land, business, tools, equipment, etc.*)? Yes No Unknown
If yes, list and describe as best you can including tag numbers and location. Use back of form if additional space needed:

22. Does the Custodial Parent have any other natural or adopted children? Yes No Unknown
If yes, give child's or children's full names and ages and name of mother (if known): _____

23. Do any of the children listed in #22 live with the Custodial Parent? Yes No Unknown
If yes, list the child's full name and age: _____

24. Is the Custodial Parent ordered to pay child support for any other children? Yes No Unknown
If yes, list full names, ages, amount and state where ordered: _____

25. List friends and family members that the Custodial Parent is most likely to keep in touch:

<i>Name</i>	<i>Address</i>	<i>Telephone Number</i>	<i>Relationship</i>
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26. Has the Custodial Parent ever received Public Assistance? Yes No Unknown

If yes, Date: _____ City: _____ County: _____ State: _____

27. In an emergency, how do you get in touch with the Custodial Parent? _____

28. Who is providing medical insurance for the child/children? _____

What is his or her relationship to the child? _____

Type of Medical Coverage: Private Insurance Tri-Care (military insurance) Medicaid Healthwave

Name of Insurance Company: _____

Address of Insurance Company: _____

Phone Number of Insurance Company: _____

Policy Number: Group Number: _____

Coverage Start Date: _____ Cost per Month: \$_____ Single: \$_____ Family: \$_____

List Persons Covered on Policy: _____

Types of Coverage: Medical Hospital Drug Vision Dental

Employer Name Insurance is through: _____

Employer Address: Employer Telephone Number: _____

29. Do any of **the** children listed have special medical needs? Yes No

If yes, explain: _____

PATERNITY INFORMATION

Complete this page for each child needing paternity established

30. Have you, the mother and the child ever had paternity testing? Yes No
If yes, when: _____ Where were the tests done? _____
Month Day year City State
Results of the tests: _____ *Please attach a copy of the genetic test results*
31. Are you requesting genetic testing be done? Yes No
32. What was the date the doctor said the child was due? _____
What was the weight of the child when he/she was born? _____
33. Why do you think you are the father? _____
34. Have you ever admitted that you are the father of the child? Yes No
If yes, Verbal or Written
When? _____ Where? _____
Month Day Year City State
35. Have you ever lived in the same home with the child? Yes No
If yes, when? _____ Where? _____
Month Day Year City State
36. Were you and the mother of this child ever married? Yes No
If yes, when? _____
Month Day Year
If yes, are you still married? Yes No
If no, when and how did marriage end? _____ Divorce Annulment
Month Day Year
37. Was the mother of this child ever married to anyone else? Yes No
If yes, date of marriage _____ Divorce Annulment
Month Day Year

CHILD SUPPORT SERVICES

Legal Rights and Duties

Instructions: Read this section and sign on the last page. If you have questions, please contact CSS at 1-888-757-2445.

The following are important things you need to know about the CSS Program and your Legal Rights and Duties.

No Attorney - Client Relationship:

1. The attorneys who work for the CSS Program work only for the Secretary of DCF.
2. Even if you benefit from their work, they **DO NOT** represent you.
3. They **CANNOT** give you legal advice.
4. They **CANNOT** do any legal work on your case that goes beyond the services provided by CSS.
5. The role of the CSS Attorney in child support cases is to act in the public interest to make sure parents, not the State, are the ones that support their children.
6. Any legal action that is taken is at the discretion of the CSS Attorney.
7. If the other parent raises issues that are beyond the scope of CSS, *including Visitation or Custody*, you will need to talk with a lawyer of your own choosing to protect your rights or for personal or legal advice. If you do not have a lawyer and you want one, you may call the Kansas Bar Association Lawyer Referral Service at 1-800-928-3111. A Kansas Legal Services Office may also be able to help you.

Use of Information:

1. Federal and state laws require CSS to protect private information you give CSS. Those laws also require CSS to use and share it. If you are afraid that our use of confidential information will cause harm to you or your child, talk with your CSS worker immediately.
2. Information you give the CSS Program or a CSS Attorney could be used if DCF needs to take action against you. For example, CSS may have to use information you give to enforce a child support order against you if a child leaves your home or if you keep child support that belongs to DCF.
3. When CSS has confidential information about the Custodial Parent, state or federal law may keep CSS from sharing that information with you.

Customer's Responsibilities:

As a participant in the CSS Program, I am responsible for:

1. Keeping CSS up to date with correct information about myself and the Custodial Parent, including new addresses and phone numbers, as well as, providing any other requested information or attesting to the lack of information under Penalty of Perjury.
2. Telling CSS immediately if a private attorney has been obtained for any domestic action including child custody and child support issues.
3. Telling CSS in writing if I want my case closed.
4. Assisting in identifying and locating the Custodial Parent's address and employment.
5. Attending as a witness when needed at any court or administrative procedure.
- 6.** Cooperating with the CSS Program and its staff.

CSS Program Responsibilities:

It is only fair for you to know the limitations of the CSS Program:

1. We cannot promise results.
2. While your CSS case is open, CSS staff will determine the appropriate procedures for your case and what priority it can have compared with other cases.
3. If your support is paid through a Court Trustee's Office, closing your CSS case does not close the Court Trustee case.
4. Although we would like to be able to, we can't call or write you regularly about your case. We will contact you when anything important happens or if more information is needed. You may contact the Child Support Call Center at 1-888-757-2445 (TTY 1-888-688-1666) at any time for a case update.

I have read the notices contained in this Section of this form. My signature below authorizes the CSS office to get certified copies of my child's birth certificate if the certificate is needed in the administration of the CSS Program.

I understand that each person who receives assistance must provide or apply for a Social Security number. I authorize the use of these Social Security numbers for such purposes as identification, program reviews, or audits and computer matching with other agencies and institutions, both public and private.

Please be advised that once the requested service is completed, your child support case will be closed.

I declare under penalty of perjury under the laws of the State of Kansas that the answers I have given in this questionnaire are true and correct.

Date: _____ Signed: _____

Sign this form and return it, along with the originals of the attached legal documents to your local CSS office. You may call the Child Support Call Center at 1-888-757-2445 or visit this website to obtain the office address information:

<http://www.dcf.ks.gov/services/CSS/Pages/Contractor-Information.aspx>.



IN THE DISTRICT COURT OF _____ COUNTY, KANSAS

_____)
vs. _____) Case No. _____)
_____)

SHORT FORM DOMESTIC RELATIONS AFFIDAVIT
OF _____ (name)

To be used ONLY with post-judgment Motions to Establish or Modify Child Support.

1. Your Name: _____
Residence: _____
Year of Birth: _____ Last Four Digits of SSN: XXX-XX-_____ Phone _____

2. Name(s), last four digits of SSN(s), year of birth, and age(s) of minor children of this marriage/relationship:
Name SSN Year of Birth Age

3. Name(s), last four digits of SSN(s), and year of birth of minor children of other marriage/relationship(s) and facts as to custody and support payments paid or received, if any.
Name Name of Custodian SSN YOB Support Pd/Rec

4. You are employed by: Name: _____
Address: _____
City, ST, Zip: _____

5. Monthly income:
A. Wage Earner, Gross Income \$ _____
B. Self-Employed, Gross Income \$ _____
Reasonable Business Expense \$ _____
Self-Employment Tax \$ _____

6. Work Related Child Care Expenses:

A. Weekly Cost During Summer

\$ _____

Name and Address of Provider

B. Weekly Cost During School Year

\$ _____

Name and Address of Provider

7. Father Mother provides Health Insurance for child(ren).

A. Name and Address of Health Insurance Plan: _____

B. Person(s) insured on plan: _____

Monthly cost of health insurance: \$ _____

Monthly cost of dental insurance: \$ _____

Monthly cost of vision insurance: \$ _____

Monthly cost of drug prescription insurance: \$ _____

Increase cost of adding child(ren) to the plan: \$ _____

8. Father Mother claims child(ren) for income tax purposes.

Father and Mother alternate claiming child(ren) for income tax purposes.

You file taxes: Single Head of Household Married Filing Jointly

Married Filing Separately Other

9. Child Support Adjustments requested (documentation to support requested adjustments must be attached):

Long Distance Parenting Time Adjustment

Special Needs

Parenting Time Adjustment

Income Tax Adjustment

Agreement Past Minority

Overall Financial Condition

10. The following documents must be attached. **Social Security numbers and dates of birth must be removed from the documents prior to filing with the court.**

Current Pay Stub

Last Year's Tax Return including schedules

W-2

Written Proof of Day Care Cost

Written Proof of Insurance Costs Other

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true, correct and complete.

Executed on the _____ day of _____, 20____.

Name (Print): _____

IN THE DISTRICT COURT OF _____ COUNTY, KANSAS

_____)	
)	
)	
vs.)	Case No. _____
)	
_____)	

VOLUNTARY ENTRY OF GENERAL APPEARANCE

COMES NOW the biological and noncustodial parent, _____, of:

Name	Year of birth
_____	_____
_____	_____
_____	_____
_____	_____

And hereby waive service of process and voluntarily enters appearance for myself. I waive our statutory time to plead and further waive notice of trial and consent to the case being heard at any time. I further acknowledge that I am not now, nor have I been within the last sixty (60) days preceding the signing of this Entry of Appearance, a member of the United States Armed Forces.

Noncustodial parent

STATE OF KANSAS)
) SS:
COUNTY OF _____)

KNOW ALL PERSONS that on the _____ day of _____, _____, before me, a Notary of Public in and for the County and State aforesaid, appeared _____ who is personally known to me to be the same person who executed the foregoing Voluntary Entry Of General Appearance and that such person acknowledged the foregoing signature as his/her own.

NOTARY PUBLIC
My term expires: _____