

GUARDIAN'S APPLICATION FOR CHILD SUPPORT SERVICES

The Division of Economic Support is an equal opportunity service provider. If you need help to access services or materials in an alternate format, please contact your local service provider or the DES Equal Opportunity Office at (608) 267-0927 (Voice and TDD).

Information provided on this form (including any attachments) may be shared with others only for the purpose(s) of administration of the child support program and other related programs [Wis. statutes, s. 49.83].

If you are applying for child support services for more than one child, and these children do not have the same mother and father, please ask the child support agency for help in deciding how many application forms you need to file.

Applicant name

Relationship to child

Note: If you are the child's parent, use the Parent's *Application for Child Support Services* form.

Your relationship to the child _____

Does the child live with you? Yes No

Do you have legal custody of the child? Yes No

Do you have a disability? Yes No If yes, describe _____

Services Requested (informational only)

Federal regulations require child support agencies to provide all services that are proper for a case. In most cases, your selections are for information only. However, you may choose only "Locate Parent" services. If you only receive Medicaid, you may choose only "Medical Support" services.

- | | |
|------------------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Locate Parent | <input type="checkbox"/> Collect Support |
| <input type="checkbox"/> Establish Child Support Order | <input type="checkbox"/> Withhold Income |
| <input type="checkbox"/> Establish Paternity (Legal Fatherhood) | <input type="checkbox"/> Review Child Support Order |
| <input type="checkbox"/> Reconcile Percentage Expressed Order To Establish Arrears | <input type="checkbox"/> Medical Support |
| <input type="checkbox"/> No Support Services Wanted | |

Please attach copies of any court orders, juvenile court information, guardian orders, judgments, decrees, or stipulations involving child support. Any changes in this information should be sent, in writing, to the county child support agency where you applied for services.

For office use:

Notes

Date of Request _____/_____/_____

Fees Due \$ _____

Order \$ _____

- | | | | | |
|------------|-----------------------------------|-----------------------------------|-------------------------------------|---------------------------------------|
| Case type: | <input type="checkbox"/> IV-D | <input type="checkbox"/> NADC | <input type="checkbox"/> Food Stamp | <input type="checkbox"/> Kinship Care |
| | <input type="checkbox"/> Non-IV-D | <input type="checkbox"/> AFDC/W-2 | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Locate Only |

Section 1 -- Guardian Information The person with **both** legal custody and primary physical placement (the person the children live with most of the time).

Guardian's Name (last, first, middle, suffix, e.g., Jr., Sr.)		Maiden Name/Alias	
Social Security Number	Age	Sex	Date of Birth
Birth City	Birth County	Birth State	Birth Country
Home Phone ()	Work Phone ()	Work Hours From	To
Street Address 1 (Residence)			
City	State	Zip Code	
Street Address 2 (Mailing address, if different from above)			
City	State	Zip Code	

Section 2 -- Guardian's Income/Employment

Income	
Type (wages, disability)	Hours/Week
Amount	Frequency
Start Date	End Date
End Reason	Source (Employer, Social Security)
Job Title	Professional License Number

Employer	
Name	Federal Identification Number
Street Address 1	City/State/Zip Code
Street Address 2	City/State/Zip Code
Phone ()	Health Insurance Available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Premium \$ per	Are the Children Covered? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3 -- Information About the Children You are Requesting Services For (These children must have the same father and the same mother, and these parents must be the mother and father listed on this form. If you are applying for child support services for children with different parents, you will need to complete a separate form.)

<p>If the parents were not married:</p> <p>Was a <i>Wisconsin Voluntary Paternity Acknowledgment</i> form signed after the child was born? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Were other actions taken to establish paternity (legal fatherhood)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what actions were taken (when, where, and by whom) _____</p> <p>_____</p> <p>_____</p>

Section 3 -- Information About the Children (continued)

Have the children ever received:		
Child Support Services <input type="checkbox"/> Yes <input type="checkbox"/> No	State(s) received from	Dates received
AFDC <input type="checkbox"/> Yes <input type="checkbox"/> No	State(s) received from	Dates received
W-2 Services <input type="checkbox"/> Yes <input type="checkbox"/> No	State(s) received from	Dates received
Medicaid <input type="checkbox"/> Yes <input type="checkbox"/> No	State(s) received from	Dates received

First Child's Name (last, first, middle, suffix, e.g., Jr.)		Nickname	
Does Child Receive Social Security Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, check one <input type="checkbox"/> SSI <input type="checkbox"/> SSDI Amount \$ _____ per month	
Social Security Number	Age	Sex	Race
Date of Birth	Birth City	Birth County	Birth State
Anticipated High School Graduation Date		School Name	
School Address (street, city, state, zip code)			
Do you have legal custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check one: <input type="checkbox"/> Sole custody <input type="checkbox"/> Joint custody		Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list name of the adult the child lives with and address	
Name	Relationship to child	Street Address	
City		State	Zip Code

Second Child's Name (last, first, middle, suffix, e.g., Jr.)		Nickname	
Does Child Receive Social Security Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, check one <input type="checkbox"/> SSI <input type="checkbox"/> SSDI Amount \$ _____ per month	
Social Security Number	Age	Sex	Race
Date of Birth	Birth City	Birth County	Birth State
Anticipated High School Graduation Date		School Name	
School Address (street, city, state, zip code)			
Do you have legal custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check one: <input type="checkbox"/> Sole custody <input type="checkbox"/> Joint custody		Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list name of the adult the child lives with and address	
Name	Relationship to child	Street Address	
City		State	Zip Code

Section 3 -- Information About the Children (continued)

Third Child's Name (last, first, middle, suffix, e.g., Jr.)				Nickname			
Does Child Receive Social Security Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, check one <input type="checkbox"/> SSI <input type="checkbox"/> SSDI Amount \$ _____ per month			
Social Security Number		Age		Sex		Race	
Date of Birth		Birth City		Birth County		Birth State	
Anticipated High School Graduation Date				School Name			
School Address (street, city, state, zip code)							
Do you have legal custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check one: <input type="checkbox"/> Sole custody <input type="checkbox"/> Joint custody				Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list name of the adult the child lives with and address			
Name			Relationship to child		Street Address		
City				State		Zip Code	

Fourth Child's Name (last, first, middle, suffix, e.g., Jr.)				Nickname			
Does Child Receive Social Security Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, check one <input type="checkbox"/> SSI <input type="checkbox"/> SSDI Amount \$ _____ per month			
Social Security Number		Age		Sex		Race	
Date of Birth		Birth City		Birth County		Birth State	
Anticipated High School Graduation Date				School Name			
School Address (street, city, state, zip code)							
Do you have legal custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check one: <input type="checkbox"/> Sole custody <input type="checkbox"/> Joint custody				Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list name of the adult the child lives with and address			
Name			Relationship to child		Street Address		
City				State		Zip Code	

List information for additional children on a separate sheet of paper.

Section 4 -- Information About the Children's Mother

Mother's Name (last, first, middle, suffix, e.g., Jr., Sr.)				Maiden Name/Alias			
Social Security Number		Age		Sex		Date of Birth	
Birth City		Birth County		Birth State		Birth Country	
Home Phone ()		Work Phone ()		Work Hours From		To	
Street Address 1 (Current or last known residence)				Dates From			
				To			
City		State		Zip Code		Country	
						Int'l Zip Code	

Section 4 -- Information About the Children's Mother (continued)

Street Address 2 (Current or last known mailing address)		Dates From		To		
City	State	Zip Code	Country	Int'l Zip Code		
Distinguishing Marks (tattoos/scars/birth marks)		Height	Weight	Eyes	Hair	Race
Current Marital Status <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Married						
If married, name of spouse						
Mother's Maiden Name (last, first, middle)			Father's Name (last, first, middle)			
Member of Armed Forces <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Active <input type="checkbox"/> Retired						
Branch			Dates of Service From			To
Eligible for Veteran's Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Has the Mother Ever Been Arrested or Convicted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date and Place of Arrest/Conviction		Name of Mother's Parole/Probation Officer		

Please provide any other information you believe may help find this person and collect support payments. Include all addresses where relatives may live and type of income and assets the mother may have. Attach any additional information on separate sheets of paper.

Please include a picture of the mother, if available.

Section 5 -- Mother's Income/Employment

Income	
Type (wages, disability)	Hours/Week
Amount	Frequency
Start Date	End Date
End Reason	Source (Employer, Social Security)
Job Title	Professional License Number

Employer	
Name	Federal Identification Number
Street Address 1	City/State/Zip Code
Street Address 2	City/State/Zip Code
Phone ()	Health Insurance Available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Premium \$ per	Are Dependents Covered? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 6 -- Other Dependents of the Mother (children not included in this request for services.)

Child's Name	Date of Birth	Lives with the mother? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, is there a court order for child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Court Order Number	State	
Name of Child's Father		

Child's Name	Date of Birth	Lives with the mother? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, is there a court order for child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Court Order Number	State	
Name of Child's Father		

Child's Name	Date of Birth	Lives with the mother? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, is there a court order for child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Court Order Number	State	
Name of Child's Father		

List information for additional children on a separate sheet of paper.

Section 7 -- Information About the Children's Father

Father's Name (last, first, middle, suffix, e.g., Jr., Sr.)		Alias			
Social Security Number	Age	Sex	Date of Birth		
Birth City	Birth County	Birth State	Birth Country		
Home Phone ()	Work Phone ()	Work Hours From		To	
Street Address 1 (Current or last known residence)		Dates From			
		To			
City	State	Zip Code	Country	Int'l Zip Code	
Street Address 2 (Current or last known mailing address)		Dates From			
		To			
City	State	Zip Code	Country	Int'l Zip Code	
Distinguishing Marks (tattoos/scars/birth marks)	Height	Weight	Eyes	Hair	Race
Current Marital Status <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Married					
If married, name of spouse					
Mother's Maiden Name (last, first, middle)			Father's Name (last, first, middle)		

Section 7 -- Information About the Children's Father (continued)

Member of Armed Forces <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Active <input type="checkbox"/> Retired		
Branch	Dates of Service From _____ To _____	
Eligible for Veteran's Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the Father Ever Been Arrested or Convicted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date and Place of Arrest/Conviction	Name of Father's Parole/Probation Officer

Please provide any other information you believe may help find this person and collect support payments. Include all addresses where relatives may live and type of income and assets the father may have. Attach any additional information on separate sheets of paper.

Please include a picture of the father, if available.

Section 8 -- Father's Income/Employment

Income	
Type (wages, disability)	Hours/Week
Amount	Frequency
Start Date	End Date
End Reason	Source (Employer, Social Security)
Job Title	Professional License Number

Employer	
Name	Federal Identification Number
Street Address 1	City/State/Zip Code
Street Address 2	City/State/Zip Code
Phone ()	Health Insurance Available? <input type="checkbox"/> Yes <input type="checkbox"/> No
Premium \$ per	Are Dependents Covered? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 9 -- Other Dependents of the Father (children not included in this request for services.)

Child's Name	Date of Birth	Lives with the father? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, is there a court order for child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Court Order Number	State	
Name of Child's Mother		

Section 9 -- Other Dependents of the Father (continued)

Child's Name	Date of Birth	Lives with the father? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, is there a court order for child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Court Order Number	State	
Name of Child's Mother		

Child's Name	Date of Birth	Lives with the father? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, is there a court order for child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, Court Order Number	State	
Name of Child's Mother		

List information for additional children on a separate sheet of paper.

Section 10 -- Existing Child Support Orders (for children in Section 3 of this application. If you have different court orders for each child listed, list the information on a separate sheet of paper.)

Court Orders			
Court Order #	State Ordered		County Ordered
Date Order Began	Amount Ordered \$		Frequency
Date Last Payment Received	Amount Received \$		Amount of arrears (Past Due Payments) \$
Guardian's Attorney		Street Address	
City	State	Zip Code	Telephone Number ()
Mother's Attorney		Street Address	
City	State	Zip Code	Telephone Number ()
Father's Attorney		Street Address	
City	State	Zip Code	Telephone Number ()

I hereby request child support services under the Child Support Enforcement Program under Title IV-D of the Social Security Act. I understand that I must cooperate with the child support agency by providing information that affects the enforcement of my case. I understand that any certifiable past due child support debts owed **must** be submitted to the tax/lottery intercept programs. *(If intercepted money is later recalled by the federal Internal Revenue Service (IRS) or the state Department of Revenue (DOR), it must be immediately returned to BCS. If the money cannot be repaid all at once, arrangements can be made for a payment plan until the amount is repaid in full. If the money is not returned, the Bureau of Child Support (BCS) will try other ways to collect the money, such as using a collection agency.)*

I agree to pay all fees and charges, which may include, but are not limited to, an application fee, tax intercept fee, and court costs. I understand that the quality of the information I provide may affect the agency's ability to provide child support services.

Disclaimer: The State of Wisconsin will bring any necessary administrative or court action to establish paternity (legal fatherhood) or establish or enforce a support order. However, the **child support attorney does not represent the guardian or either parent**, but rather represents the state's interest in enforcing support rights.

Applicant Signature _____ Date Signed _____