



# APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES

State Form 34882 (R15 / 10-18) / CSB 425A

## PRIVACY STATEMENT

\*The records in this series are confidential according to 42 USC 653, 42 USC 654, and 42 USC 663. This agency is requesting disclosure of personal information for agency purposes as required by these statutes. Disclosure of this information is mandatory. Failure to provide any information may prevent this form from being processed.

### INSTRUCTIONS:

1. Take or mail this completed form to your local county Prosecutor's IV-D Child Support Office.
2. If multiple other parents, complete one application for each.

## NOTICE (Please read.)

*Custodial parties and non-custodial parents may apply for child support services. There is no application fee or residency requirement.*

**CHILD SUPPORT SERVICES:** *These services are provided by the Child Support Bureau through local county Prosecutors' IV-D Child Offices. Services include: Location of non-custodial parent; establishment of paternity; establishment, modification, and/or enforcement of child support obligations; and establishment, modification, and/or enforcement of medical support for dependent children.*

*Child support services DO NOT include establishment or enforcement of parenting time or parenting time credits, the assignment of the right to claim a child as a dependent for federal or state tax purposes, nor any matters other than those associated with the financial support of dependent children. COSTS INCURRED SUCH AS COURT COSTS, WITNESS FEES, GENETIC TEST COSTS, IRS OFFSET FEES, AND ADMINISTRATIVE COSTS ASSOCIATED WITH THIS CASE MAY BE CHARGED AGAINST THE PARTICIPANTS AND DEDUCTED FROM CHILD SUPPORT PAYMENTS.*

**Attorneys and staff at the Child Support Bureau and local county Prosecutor's IV-D Child Support Office providing these child support services represent the state of Indiana and do not represent the applicant or any other person or entity.**

*Communications between the applicant or other participants and the Child Support Bureau or local county Prosecutor's IV-D Child Support Office are not confidential communications protected by the privilege under IC 34-46-3-1.*

**TERMINATION OF SERVICES:** *The applicant may terminate services by notifying the local county Prosecutor's IV-D Child Support Office handling your case in writing that services are no longer desired. Services may only be terminated in accordance with 45 C.F.R. 303.11. Termination of IV-D child support services does not modify or terminate existing child support orders.*

**APPLICANT'S OBLIGATIONS:** *The applicant is expected to fully cooperate with the local county Prosecutor's IV-D Child Support Office in the legal and non-legal preparation of the case, including, but not limited to notifying the local county Prosecutor's IV-D Child Support Office of change of address, supplemental information regarding the other parent, reuniting with the other parent, and other information pertinent to the case.*

## APPLICANT'S AFFIRMATION and AGREEMENT

I hereby swear and affirm under the penalties of perjury that the information contained in this application is true and correct to the best of my knowledge and providing false information could result in perjury charges being filed against me.

I understand that I am to cooperate with the local county Prosecutor's IV-D Child Support Office in order for my case to be processed, and non-cooperation can result in termination of services offered by the IV-D agency. I further understand that this application for services does not guarantee successful action on the case but rather all reasonable attempts will be made in my behalf to obtain successful results.

I have read and understand the above **NOTICE**.

Printed name of applicant

Signature of applicant

x

Date signed (month, day, year)

Applicant home address (Full address including number and street, rural route number, apartment, or room number, city, state, and ZIP code – include county)

Mailing address, if different from address above (Full address including number and street, rural route number, apartment, or room number, city, state, and ZIP code – include county)

Applicant telephone number (home)

Applicant telephone number (other)

Applicant e-mail address

## FOR OFFICIAL USE ONLY:

Application taken by:

Date (month, day, year)

Application request number

Assigned County

Case Type

Case Number

Notes / Description

# APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES (continued)

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Is Applicant under age of eighteen (18)? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Guardian must also complete the "Applicant Guardian Data" section.			
APPLICANT DATA					
Full name of applicant (last, first and middle initial)			Relationship to dependents on this application (e.g. mother, father, other)		
Alias			Maiden		
Previous			Nickname		
Date of birth (month, day, year)		Gender	Race	Social Security number* / ITIN	Alien Identification number
Is English primary language? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please provide.)		Primary language		Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is special assistance needed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please specify.)		Specify assistance here (i.e. Physical, Hearing Impaired, Other)			
Is there a history of family violence? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete next box.)		Was a police report filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date filed (month, day, year)	City and state filed	
Are you party to an active protective order related to the parties on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete the following boxes.)			County of court order	State of court order	
Cause number	Date of court order (month, day, year)		Covered individuals		
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete next box.)		Name of employer			
Address of employer (number and street, rural route number, apartment, or room number, city, state, and ZIP code)					
Military Status <input type="checkbox"/> Never <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired			List Military Branch here (Army, Navy, Marines, Air Force or Coast Guard)		
Have you previously received Child Support Services from another state or county for the listed Dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete next box.)					
County and State where services were previously received.			Is there an adoption pending for any child listed on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you requesting child support services for an unborn child? <input type="checkbox"/> Yes <input type="checkbox"/> No			What is the expected due date? (month, day, year)		
Are you or any listed Dependents currently receiving Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Marital status of applicant to other parent <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Divorce pending <input type="checkbox"/> Divorced <input type="checkbox"/> Legally separated <input type="checkbox"/> Separated					
Date of marriage (month, day, year)		Location of marriage (county and state)			
Date divorce filed (month, day, year)		Location of divorce filing (county and state)			
Date of divorce (month, day, year)		Location of divorce (county and state)			
Date legally separated (month, day, year)		Date separated (month, day, year)	Location of separation filing (county and state)		

APPLICANT GUARDIAN DATA (If applicant is under the age of eighteen (18))			
Guardian name of applicant (first, middle, last and suffix)		Relationship to dependents on this application (e.g. mother, father, other)	
Guardian address (number and street, rural route number, apartment, or room number, city, state, and ZIP code)			
Country (If outside of US, complete the following box.)		International code	
Guardian mailing address is: <input type="checkbox"/> Same as applicant above <input type="checkbox"/> Same as above <input type="checkbox"/> Different (If different, print below.)			
Guardian address (number and street, rural route number, apartment, or room number, city, state and ZIP code)			
Country (if outside of US, complete the following box)		International code	
Telephone number (home) ( )	Telephone number (work) ( )	Telephone number (mobile/other) ( )	E-mail address

# APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES *(continued)*

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## DEPENDENT INFORMATION

Last name		First name		Middle name	
Suffix		Alias		Nickname	
Date of birth <i>(month, day, year)</i>	Place of birth	Gender	Race	Social Security number* / ITIN	
Does this child receive SSD or SSI benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		SSD Amount		SSI Amount	
Is the child of this application currently placed in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was this child born out of wedlock? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, then complete the following box.)</i>			
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, then complete the following information.)</i>		How was paternity established? <i>(If by Court Order, complete the following information.)</i> <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit			
Date of court order <i>(month, day, year)</i>	Name of court				
County of court	State of court		Court cause number		
Do you have a private attorney handling paternity and/or support matters for the child of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of attorney <i>(first, last, and suffix)</i>				Telephone number of attorney (      )	
Do you have a court ordered support obligation for child(ren) listed on the application? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, complete the following information.)</i>					
Name of court					
County of court	State of court		Court cause number		
Is there a court order for custody? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete the following box.)</i>		Name of person granted custody by court			

## DEPENDENT INFORMATION

Last name		First name		Middle name	
Suffix		Alias		Nickname	
Date of birth <i>(month, day, year)</i>	Place of birth	Gender	Race	Social Security number* / ITIN	
Does this child receive SSD or SSI benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		SSD Amount		SSI Amount	
Is the child of this application currently placed in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was this child born out of wedlock? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, then complete the following box.)</i>			
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, then complete the following information.)</i>		How was paternity established? <i>(If by Court Order, complete the following information.)</i> <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit			
Date of court order <i>(month, day, year)</i>	Name of court				
County of court	State of court		Court cause number		
Do you have a private attorney handling paternity and/or support matters for the child of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of attorney <i>(first, last, and suffix)</i>				Telephone number of attorney (      )	
Do you have a court ordered support obligation for child(ren) listed on the application? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, complete the following information.)</i>					
Name of court					
County of court	State of court		Court cause number		
Is there a court order for custody? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete the following box.)</i>		Name of person granted custody by court			

**APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES (continued)**

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**DEPENDENT INFORMATION**

Last name		First name		Middle name	
Suffix		Alias		Nickname	
Date of birth (month, day, year)	Place of birth	Gender	Race	Social Security number* / ITIN	
Does this child receive SSD or SSI benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		SSD Amount		SSI Amount	
Is the child of this application currently placed in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No			Was this child born out of wedlock? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, then complete the following box.)		
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, then complete the following information.)			How was paternity established? (If by Court Order, complete the following information.) <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit		
Date of court order (month, day, year)		Name of court			
County of court		State of court		Court cause number	
Do you have a private attorney handling paternity and/or support matters for the child of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of attorney (first, last, and suffix)				Telephone number of attorney ( )	
Do you have a court ordered support obligation for child(ren) listed on the application? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, complete the following information.)					
Name of court					
County of court		State of court		Court cause number	
Is there a court order for custody? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete the following box.)			Name of person granted custody by court		

**DEPENDENT INFORMATION**

Last name		First name		Middle name	
Suffix		Alias		Nickname	
Date of birth (month, day, year)	Place of birth	Gender	Race	Social Security number* / ITIN	
Does this child receive SSD or SSI benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		SSD Amount		SSI Amount	
Is the child of this application currently placed in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No			Was this child born out of wedlock? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, then complete the following box.)		
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, then complete the following information.)			How was paternity established? (If by Court Order, complete the following information.) <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit		
Date of court order (month, day, year)		Name of court			
County of court		State of court		Court cause number	
Do you have a private attorney handling paternity and/or support matters for the child of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of attorney (first, last, and suffix)				Telephone number of attorney ( )	
Do you have a court ordered support obligation for child(ren) listed on the application? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, complete the following information.)					
Name of court					
County of court		State of court		Court cause number	
Is there a court order for custody? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete the following box.)			Name of person granted custody by court		

# APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES *(continued)*

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## PARTICIPANT INFORMATION FOR OTHER PARENT

Full name of other parent ( <i>last, first, middle</i> )				Relationship to Dependents on this application ( <i>e.g. Mother, Father, Guardian, Other</i> )			
Alias ( <i>last, first, middle</i> )				Maiden			
Previous				Nickname			
Last known mailing address ( <i>number and street, PO Box, rural route number, apartment, or room number, city, state and ZIP code - please include County</i> )							
Last known street address: <input type="checkbox"/> Check here if the same.      ( <i>If different, complete the information below.</i> )							
Mailing address ( <i>number and street, rural route number, apartment, or room number, city, state and ZIP code - please include County</i> )							
Country ( <i>If outside of US, complete the following box.</i> )				International code			
Telephone number ( <i>home</i> ) (      )		Telephone number ( <i>work</i> ) (      )		Telephone number ( <i>mobile/other</i> ) (      )		E-mail address	
Date of birth ( <i>month, day, year</i> )		Approximate age range	Gender	Race	Social Security number* / ITIN		Alien Identification number
Is English primary language? <input type="checkbox"/> Yes <input type="checkbox"/> No   ( <i>If no, please provide.</i> )				Primary language		Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is special assistance needed? <input type="checkbox"/> Yes <input type="checkbox"/> No   ( <i>If yes, please specify.</i> )				Specify assistance here ( <i>i.e. Physical, Hearing Impaired, Other</i> )			
Is the other parent currently incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of incarceration		State of incarceration		Name of Department of Correction facility	
Height		Weight		Hair color		Facial hair	
Color of eyes		Glasses		Distinguishing marks / tattoos		Other identifying characteristics	
Last known employer						Telephone number of employer (      )	
Address of employer ( <i>number and street, city, state and ZIP code - please include Country</i> )						International Code	
Military Status <input type="checkbox"/> Never <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired			List Military Branch here ( <i>Army, Navy, Marines, Air Force or Coast Guard</i> )			Deployed Overseas? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the other parent deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No   ( <i>If yes, please complete the following information.</i> )				Date of death ( <i>month, day, year</i> )		Place of death ( <i>city, county, state, country</i> )	
Photo available of other parent? <input type="checkbox"/> Yes <input type="checkbox"/> No							