

APPLICATION FOR CHILD SUPPORT SERVICES
Nebraska Department of Health and Human Services

When completing the application for Child Support Enforcement Services, all fields marked with an asterisk [] are required fields. All other fields are not required for your application, but will help the Child Support Enforcement staff provide the most effective establishment and enforcement outcomes for your child support needs.*

*Applicant:First Name	Middle	*Last	Suffix
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*SSN:	*Date of Birth/Age:	*Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Maiden Name:
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Cell Phone:	Home Phone:	Work Phone:
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Would you like to receive text messages about your child support case at the cell phone number provided above?
 Yes No

Email Address:

*Mailing Address:

*City:	*State:	*Zip Code:
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*County:	Country:
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Residential Address:

City:	State:	Zip Code:
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County:	Country:
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Are you currently employed? Yes No If Yes, please complete the following:

Employer Name:	Employer Phone:
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Employer Address:

City:	State:	Zip Code:
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COURT ORDER INFORMATION

Has a court order for Child and/or Medical Support been entered? Yes No Unknown If Yes, please complete the following:

Court Order Number:	Date of Order:
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Court Order State:	County:	Country:
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Court Order Caption/Title:

Children included in the order:

Was this Court Order entered in a Tribal Court? Yes No Unknown If Yes, please provide the name of the Tribal Court:

Is Health Insurance included in the support order? Yes No Unknown

*Child: First Name		Middle	*Last		Suffix
*SSN:		*Date of Birth/Age:		*Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Place of Birth/City:		State:		Country:	
*Applicant's relationship to this child? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Alleged Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other					
*Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please answer the following question:					
*Who does this child live with? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Alleged Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other					
*Was the biological mother married at the time she became pregnant or gave birth? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
Is the father's name on the birth certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
Has this child ever received ADC/TANF assistance in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
If Yes, please provide State(s) and Date(s):					
Has this child ever received Foster Care Services in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
If Yes, please provide State(s) and Date(s):					
*Child's Father: First Name		Middle	*Last		Suffix
*SSN:		*Date of Birth/Age:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Race:	Height:	Weight:	Hair Color:	Eye Color:	
Cell Phone:	Home Phone:		Work Phone:		
Email Address:					
Mailing Address:					
City:		State:		Zip Code:	
County:			Country:		
Residential Address:					
City:		State:		Zip Code:	
County:			Country:		
Is the child's father currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, please complete the following:					
Employer Name:			Employer Phone:		
Employer Address:					
City:		State:		Zip Code:	
*What is your relationship to the child's father? <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Relative <input type="checkbox"/> Other					
*Child's Mother: First Name		Middle	*Last		Suffix
*SSN:		*Date of Birth/Age:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Race:	Height:	Weight:	Hair Color:	Eye Color:	
Cell Phone:	Home Phone:		Work Phone:		
Email Address:					
Mailing Address:					
City:		State:		Zip Code:	
County:			Country:		
Residential Address:					
City:		State:		Zip Code:	
County:			Country:		
Is the child's mother currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, please complete the following:					
Employer Name:			Employer Phone:		
Employer Address:					
City:		State:		Zip Code:	
*What is your relationship to the child's mother? <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Relative <input type="checkbox"/> Other					

*Child: First Name		Middle	*Last		Suffix
*SSN:		*Date of Birth/Age:		*Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Place of Birth/City:		State:		Country:	
Applicant's relationship to this child? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Alleged Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other					
*Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please answer the following question:					
*Who does this child live with? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Alleged Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other					
*Was the biological mother married at the time she became pregnant or gave birth? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
Is the father's name on the birth certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
Has this child ever received ADC/TANF assistance in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
If Yes, please provide State(s) and Date(s):					
Has this child ever received Foster Care Services in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
If Yes, please provide State(s) and Date(s):					
*Child's Father: First Name		Middle	*Last		Suffix
*SSN:		*Date of Birth/Age:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Race:	Height:	Weight:	Hair Color:	Eye Color:	
Cell Phone:	Home Phone:		Work Phone:		
Email Address:					
Mailing Address:					
City:		State:		Zip Code:	
County:			Country:		
Residential Address:					
City:		State:		Zip Code:	
County:			Country:		
Is the child's father currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, please complete the following:					
Employer Name:			Employer Phone:		
Employer Address:					
City:		State:		Zip Code:	
*What is your relationship to the child's father? <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Relative <input type="checkbox"/> Other					
*Child's Mother: First Name		Middle	*Last		Suffix
*SSN:		*Date of Birth/Age:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Race:	Height:	Weight:	Hair Color:	Eye Color:	
Cell Phone:	Home Phone:		Work Phone:		
Email Address:					
Mailing Address:					
City:		State:		Zip Code:	
County:			Country:		
Residential Address:					
City:		State:		Zip Code:	
County:			Country:		
Is the child's mother currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, please complete the following:					
Employer Name:			Employer Phone:		
Employer Address:					
City:		State:		Zip Code:	
*What is your relationship to the child's mother? <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Relative <input type="checkbox"/> Other					

*Child: First Name		Middle	*Last		Suffix
*SSN:		*Date of Birth/Age:		*Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Place of Birth/City:		State:		Country:	
*Applicant's relationship to this child? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Alleged Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other					
*Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please answer the following question:					
*Who does this child live with? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Alleged Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other					
*Was the biological mother married at the time she became pregnant or gave birth? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
Is the father's name on the birth certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
Has this child ever received ADC/TANF assistance in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
If Yes, please provide State(s) and Date(s):					
Has this child ever received Foster Care Services in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
If Yes, please provide State(s) and Date(s):					
*Child's Father: First Name		Middle	*Last		Suffix
*SSN:		*Date of Birth/Age:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Race:	Height:	Weight:	Hair Color:	Eye Color:	
Cell Phone:	Home Phone:		Work Phone:		
Email Address:					
Mailing Address:					
City:		State:		Zip Code:	
County:			Country:		
Residential Address:					
City:		State:		Zip Code:	
County:			Country:		
Is the child's father currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, please complete the following:					
Employer Name:			Employer Phone:		
Employer Address:					
City:		State:		Zip Code:	
*What is your relationship to the child's father? <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Relative <input type="checkbox"/> Other					
*Child's Mother: First Name		Middle	*Last		Suffix
*SSN:		*Date of Birth/Age:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Race:	Height:	Weight:	Hair Color:	Eye Color:	
Cell Phone:	Home Phone:		Work Phone:		
Email Address:					
Mailing Address:					
City:		State:		Zip Code:	
County:			Country:		
Residential Address:					
City:		State:		Zip Code:	
County:			Country:		
Is the child's mother currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, please complete the following:					
Employer Name:			Employer Phone:		
Employer Address:					
City:		State:		Zip Code:	
*What is your relationship to the child's mother? <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Relative <input type="checkbox"/> Other					

RIGHTS AND RESPONSIBILITIES

- A. Locating Parents:** I understand it is my responsibility to cooperate in the identification and location of the other parent/party. This includes providing the IV-D agency with any information about the other parent/party's residence, employment, property and any other information that would be helpful.
- B. Establishing Paternity:** I understand that the IV-D agency will pursue establishment of paternity in all cases where it is necessary to obtain a support order. If there is more than one possible father, I must identify and assist in locating all alleged fathers. I may be required to appear with my minor child(ren) to provide blood and/or tissue samples for the purpose of genetic testing to establish paternity.
- C. Establishing Court Orders for Child Support:** I may be required to cooperate in the establishment of a support order (this does not include spousal support). I will appear and testify in court when requested to do so by the IV-D agency and will provide any financial information about myself or the other parent/party to the IV-D agency when it is requested.
- D. Establishing Court Orders for Medical Support:** I understand that the IV-D agency may establish a medical support obligation. This obligation may include health insurance or medical support payments for a specific dollar amount, such as birth-related expenses. I may be required to provide the IV-D agency with information regarding medical insurance coverage and medical information regarding my child(ren) for the purpose of obtaining coverage. The child's Social Security Number may be used to enroll the child in health insurance coverage.
- E. Enforcing Orders for Child, Spousal and Medical Support:** I understand that I will be required to cooperate in the enforcement of any court-ordered support. I will appear and testify in court when requested to do so by the IV-D agency for the purpose of enforcing my support order.

I understand that my child/spousal support payments will be redirected to the Department of Health & Human Services if I have an out-of-state court order as long as I receive child support enforcement services. The support collected will be paid out according to State and Federal laws and rules.

- F. Collection of Support:** I understand that support collections are either made directly by an obligor, or as a result of some enforcement action taken by CSE, such as income withholding. These payments must be made to the Nebraska Child Support Payment Center. In cases with qualifying arrearages, CSE will submit the name of the parent/party ordered to pay support to the Internal Revenue Service (IRS) and Nebraska Department of Revenue to intercept his/her tax refund for delinquent support. Tax intercept payments are processed by CSE.
- G. Yearly Fee:** I understand that the payee of the support order will be charged a \$35 yearly fee once \$550 of support has been disbursed. When a minimum of \$550 has been disbursed, the next collection(s) will be kept by the Department and applied toward the \$35 fee. Once the \$35 fee has been paid, collection(s) will be sent out. If the payee of the support order has more than one child support case, they will be charged a \$35 fee for each case. The payor of the support order will be given full credit for any payment(s) received.

Exception(s) to being charged the fee:

- a. Currently receiving Temporary Assistance to Needy Families (TANF);
- b. Previously received Aid to Dependent Children (ADC)/TANF in Nebraska and/or another State;
- c. CSE IV-D case(s) which include child(ren) who currently and/or previously received IV-E foster care services; or
- d. Fee was assessed and collected in another state during current Federal Fiscal Year (FFY).

I understand that it is my responsibility to notify the child support enforcement office if my case qualifies as an exception as listed above.

H. Distribution of Support Payments: I understand that distribution is governed by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA). Support payments, except for amounts collected through federal income tax refund offset, must be distributed as follows:

- 1) First, distribute the amount collected to satisfy the current monthly support obligations in the following order: Child support, spousal support, and lastly medical support;
- 2) Second, toward any arrearages owed, in the following order: Child support arrearage, spousal support arrearage, and lastly medical support payment arrearage; and
- 3) Third, toward the interest on any payment arrearage, in the same order of priority listed in (2) above.

I. Collection of Support Payments through Tax Offset Programs: I understand that the Department of Health & Human Services will submit the name of the parent/party ordered to pay support to the U.S. Department of Treasury, Internal Revenue Services (IRS) and Nebraska Department of Revenue to intercept his/her federal payments and/or tax refund(s) for delinquent support. I understand that if the parent files a joint return, the Department of Health & Human Services may hold the tax refund up to six months. I understand that if the parent files an amended return (which could be up to 6 years after the tax year), or if the amount paid to me from the refund intercept is incorrect, I must pay back the amount owed to the Department of Health & Human Services.

- 1) **Federal Tax Refund:** I understand that any money owed to the federal government will be paid before I receive money from the tax refund intercept. I understand that support collected through a federal tax refund will be distributed as follows:

Child support applicant (custodial parent) has never received ADC / Medicaid and/or Foster Care for self or dependent child(ren): All payments made through the federal tax refund program will be applied to arrears due the court ordered payee (in most cases that is the custodial parent).

ADC / Medicaid and/or Foster Care Case is closed and there is a debt owed to the State of Nebraska: Payments from federal tax refunds are paid first to the past due support assigned/owed to the State of Nebraska. Any remaining money is then paid to past due child support owed to the family. If there is any money left after all past due support is paid, that amount is returned to the taxpayer.

ADC / Medicaid and/or Foster Care cases closed with no state debt owed: All payments made through the federal tax refund program will be applied to arrears due the court ordered payee (in most cases that is the custodial parent).

- 2) **Nebraska State Tax refund:** I understand that any money owed to the Nebraska Department of Revenue will be paid before I receive money from the tax refund intercept. I understand that support collected through a Nebraska State tax refund will be distributed as follows:

Child support applicant (custodial parent) has never received ADC / Medicaid and/or Foster Care for self or dependent child(ren): State tax refunds pay first to any current child support due to the family. Any remaining amounts are then paid to any past due child support owed to the family (in most cases that is the custodial parent). If there is any money left after all current and past due child support is paid, that amount is returned to the taxpayer.

ADC / Medicaid and/or Foster Care Case is closed and there is a debt owed to the State of Nebraska: State tax refunds pay first to any current child support due to the family. Any remaining amounts are then paid to any past due child support owed to the family. If money remains, it is then paid to past due child support owed to the State of Nebraska. If there is any money left after all past due child support is paid, that amount is returned to the taxpayer.

ADC / Medicaid and/or Foster Care cases closed with no state debt owed: Payments from state tax refunds pay first to current support to the court-ordered payee. Any remaining amounts are then paid to past due child support owed to the court ordered payee. Any remaining money after all past due support is paid is returned to the taxpayer.

J. Disbursement: I understand that if a non-custodial parent has more than one order, collections must be allocated proportionately across all orders. I understand the actual payout of support by the Nebraska Child Support Payment Center will be in the form of a warrant, or via an Electronic Fund Transfer to the custodial party. The amount paid out is based upon the priority ranking established in the distribution formula **and could be split between multiple orders.** Federal requirements state “that an identifiable payment must be processed through the Payment Center within two business days.”

K. Modifying Child Support Orders (Upon Request): I understand as a parent subject to a Nebraska child support court order, I may request the Child Support Enforcement Unit (CSEU) to review the dollar amount of the court order to determine if it is the proper amount according to the Nebraska Child Support Guidelines. Health insurance may be added to the order. To add health insurance, it must be available to the parent ordered to pay support through an employer or other organization. The children cannot presently be covered by health insurance other than Medicaid.

L. Recoupment and/or Recovery of Support Payments: I understand that if I receive support payments that I am not entitled to keep, or that were sent to me in error, I will be required to return or repay these payments. DHHS CSE staff or designated CSE contract staff must take action to recover support payments paid out to me in error by the Nebraska Child Support Payment Center. If I fail to return or repay these payments this may result in my future child support payments being retained to repay these amounts.

M. Disclosure of Nonrepresentation: I understand that when I give information to child support officials or the State’s lawyer, that information may be used by the officials or the State’s lawyer if it is necessary or appropriate. I will not be able to tell them that the information cannot be used. I will not be able to tell them how to use the information. The information can even be used against me in any of my child support cases or if I break the law.

I understand that because there is no attorney-client relationship between the State’s lawyer and myself, if I violate any laws, the State’s lawyer may prosecute me for those violations.

I understand that if I apply for child support enforcement services:

1. The IV-D (child support enforcement) agency will take any appropriate action to perform the services listed above. The IV-D agency includes the Department of Health & Human Services and county attorney or authorized attorneys and any contracted agent.
2. I may have to pay charges if services are provided by states or federal agencies that charge for their services.
3. The payee of the support order will be charged a \$35 yearly fee once \$550 of support has been disbursed. When a minimum of \$550 has been disbursed, the next collection(s) will be kept by the Department and applied toward the \$35 fee. Once the \$35 fee has been paid, collection(s) will be sent out. If the payee of the support order has more than one child support case, they will be charged a \$35 fee for each case. The payor of the support order will be given full credit for any payment(s) received.

Exception(s) to being charged the fee:

- a. Currently receiving Temporary Assistance to Needy Families (TANF);
 - b. Previously received Aid to Dependent Children (ADC) / TANF in Nebraska and/or another State;
 - c. CSE IV-D case(s) which include child(ren) who currently and/or previously received IV-E foster care services;
or
 - d. Fee was assessed and collected in another state during current Federal Fiscal Year (FFY).
4. The county attorney or authorized attorney is not my personal attorney, and an attorney-client relationship does not exist between the attorney and me.
 - a. Any legal action that is taken as a result of this application is at the discretion of the county attorney or authorized attorney.
 - b. There is not a privilege of confidentiality to me that would have otherwise existed as a result of an attorney-client relationship.
 - c. The county attorney or authorized attorney is working solely on behalf of the State.
 - d. The county attorney or authorized attorney cannot represent me in visitation, custody, or domestic relations issues if they arise.
 5. I have an obligation to the IV-D agency to cooperate and my failure to cooperate may result in the closing of my case.
 6. Support collected by the IV-D agency will be paid out according to State and Federal laws and rules.
 7. Privacy Act of 1974 Notice: Disclosure of your social security number, and the social security numbers of your child(ren), is required by federal law 42 U.S.C. 666 (a) (13). Child Support Enforcement will use these social security numbers only for the purpose of establishing and enforcing support.

Please answer the following questions:

Has a DRA fee been assessed and collected in another state during the last year? Yes No Unknown

If yes, please provide State(s) and Dates: _____

*If I receive support payments that I am not entitled to keep, or that were sent to me in error, I give the Department of Health and Human Services and/or the Nebraska Child Support Payment Center permission to recover these amounts from my future support payments. Yes No

*Do you believe that you and/or your child(ren) could be at serious risk of harm from the other parent? Yes No

If you checked yes to the question above you will receive a form entitled "Statement of Safety Concerns". Child Support Enforcement will not be able to proceed with any action on your case until the Statement of Safety Concerns form is completed and returned.

Please include any additional information that may be helpful to Child Support Enforcement staff:

By signing this form, I acknowledge that I have read, understand and agree to all of the terms listed on this application.

*Signature of Applicant	Date Application Signed

Child Support Enforcement offers a website that allows people with a child support case to sign up and create an account, through which you can see recent financial transactions, messages, notifications, customer service information, and some Frequently Asked Questions (FAQ's).

If you do not have an account, and you would like to create one, please call the Nebraska Child Support Customer Service Center at 1-877-631-9973 for more information!

For office use only: Date application request received: _____ Date application sent to requestor: _____ Date completed application received in office: _____
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