



Enclosed you will find the forms to apply for Child Support Enforcement Services. Please complete the forms as **clearly and completely** as possible. Forms should be typed or printed in ink (blue or black). If there is a question about anything, leave it blank and we will go over it when you drop off the application. **You will need to provide the following:**

1. Copies of any court papers pertaining to your case.
2. Social Security number for the non-paying parent and/or Date of Birth.
3. If we are establishing paternity, please bring a copy of the child's Birth Certificate and a copy of the paternity affidavit of Parentage if the alleged father signed at the Hospital.
4. Verification of your Income, which should include your last two paycheck stubs and a copy of the previous year's tax forms.
5. Signed and Dated verification of Daycare cost.
6. Written verification of cost for providing child(ren) with Insurance Coverage. (If you have a family plan, must know how many are on the plan).

Traci Bruick,  
Child Support Administrator

205 South Martha Street, Suite 106  
Angola, IN 46703-1945

Telephone (260) 668-1000 Ext. 2500  
FAX # (260) 665-2320

Calls Accepted Monday – Friday 8-4:30



# APPLICATION FOR INDIANA TITLE IV-D CHILD SUPPORT SERVICES

State Form 34882 (R16 / 4-19) / CSB 425A

### INSTRUCTIONS:

1. Complete this form by providing the requested information.
2. Take or mail the signed form to your County Prosecutor's Title IV-D Child Support Office.

### NOTICE TO APPLICANT

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

Child Support Services are provided by the Child Support Bureau through County Prosecutors' Title IV-D Child Support Offices. Services include:

- Parent locate services,
- Establishment of paternity,
- Establishment, modification, and/or enforcement of child support obligations, and
- Establishment, modification, and/or enforcement of medical support for dependent children.

Information provided in this application is confidential and is protected to prevent unauthorized disclosure.

### APPLICANT INFORMATION

Last name		First name		Middle name	Suffix ( <i>Jr., III, etc.</i> )
Other names used		Relationship to dependents on this application ( <i>mother, father, guardian, other</i> )		Do you have primary physical custody of dependents on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of birth ( <i>month, day, year</i> )	Gender	Race	Social Security Number / ITIN		
Home address ( <i>Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code</i> )					
Mailing address, if different from address above ( <i>Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code</i> )					
Telephone number ( <i>cellular</i> )	Telephone number ( <i>home</i> )	Telephone number ( <i>work</i> )	E-mail address		
Do you need special assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>If yes, complete next box.</i> )		Specify assistance needed here ( <i>i.e., physical, hearing impaired, language interpreter, other</i> )			
Do you believe that pursuing child support services may result in physical or emotional harm to you or your child(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>If yes, additional documentation may be requested by your case worker.</i> )					
Do either of the following apply? <input type="checkbox"/> Active Military Duty <input type="checkbox"/> Currently Incarcerated		Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>If yes, complete the next two boxes.</i> )		Name of employer	
Address of employer ( <i>Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code</i> )					
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					
Do you have a private attorney handling paternity and/or support matters for dependents listed in this application? <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>If yes, complete next box.</i> )			Name of attorney ( <i>full name</i> )		
Are you applying for services for an unborn child? <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>If yes, complete next box.</i> )			Due date ( <i>month, day, year</i> )		

### DEPENDENT #1 INFORMATION

Last name		First name		Middle name	Suffix ( <i>Jr., III, etc.</i> )
Date of birth ( <i>month, day, year</i> )	Place of birth ( <i>City and State</i> )	Gender	Race	Social Security Number / ITIN	
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown ( <i>If yes, then complete the next two boxes.</i> )		How was paternity established? <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit ( <i>If by court order, complete the next box.</i> )		Where was paternity established? ( <i>County and state</i> )	
Is there a court ordered child support obligation for this dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown ( <i>If yes, complete the next box.</i> )		Where was child support ordered? ( <i>County and state</i> )		Enrolled in Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### DEPENDENT #2 INFORMATION

Last name		First name		Middle name	Suffix ( <i>Jr., III, etc.</i> )
Date of birth ( <i>month, day, year</i> )	Place of birth ( <i>City and State</i> )	Gender	Race	Social Security Number / ITIN	
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown ( <i>If yes, then complete the next two boxes.</i> )		How was paternity established? <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit ( <i>If by court order, complete the next box.</i> )		Where was paternity established? ( <i>County and state</i> )	
Is there a court ordered child support obligation for this dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown ( <i>If yes, complete the next box.</i> )		Where was child support ordered? ( <i>County and state</i> )		Enrolled in Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**DEPENDENT #3 INFORMATION***(Attach separate page with information requested below for all additional dependents.)*

Last name		First name		Middle name		Suffix ( <i>Jr., III, etc.</i> )	
Date of birth ( <i>month, day, year</i> )		Place of birth ( <i>City and State</i> )		Gender		Race	
Social Security Number / ITIN		Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, then complete the next two boxes.)</i>		How was paternity established? <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit <i>(If by court order, complete the next box.)</i>		Where was paternity established? ( <i>County and state</i> )	
Is there a court ordered child support obligation for this dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, complete the next box.)</i>				Where was child support ordered? ( <i>County and state</i> )		Enrolled in Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**OTHER PARENT INFORMATION***(Attach separate page with information requested below for all additional parents, or additional potential parents if paternity has not been established.)*

Last name		First name		Middle name		Suffix ( <i>Jr., III, etc.</i> )	
Other names used		Relationship to dependents on this application <i>(mother, father, potential father, guardian, other)</i>		Does this parent have primary physical custody of dependents on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of birth ( <i>month, day, year</i> )		Gender		Race		Social Security Number / ITIN	
Height	Weight	Hair Color		Other distinguishing characteristics ( <i>eye color, tattoos, etc.</i> )			
Home address ( <i>Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code</i> )							
Mailing address, if different from address above ( <i>Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code</i> )							
Telephone number ( <i>cellular</i> )		Telephone number ( <i>home</i> )		Telephone number ( <i>work</i> )		E-mail address	
Does this parent need special assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete next box.)</i>		Specify assistance needed here ( <i>physical, hearing impaired, language interpreter, other</i> )					
Do either of the following apply? <input type="checkbox"/> Active Military Duty <input type="checkbox"/> Currently Incarcerated		Current or last known employer		Employer telephone number			
Address of employer ( <i>Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code</i> )							
Does this parent have a private attorney handling paternity and/or support matters for dependents listed in this application? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete next box.)</i>				Name of attorney ( <i>full name</i> )			

**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. Providing false information could result in perjury charges being filed against me.
- I understand that 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 establishment of paternity (if needed) and the financial support of dependent children.
- I am advised that attorneys and staff at the Child Support Bureau and 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 County Prosecutor's IV-D Child Support Office are not confidential communications protected by the attorney/client privilege under IC 34-46-3-1.
- I understand that I must cooperate with the County Prosecutor's IV-D Child Support Office in order for my case to be processed, and non-cooperation can result in termination of child support services. I further understand that this application for services does not guarantee successful action on the case but rather that all reasonable attempts will be made to obtain successful results.
- I understand that I may terminate services by notifying the County Prosecutor's IV-D Child Support Office handling my 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.
- I authorize the Indiana State Central Collection Unit (INSCCU) to endorse and negotiate any checks received by INSCCU for payment of support on my child support case.

Printed name of parent/guardian ( <i>if applicant is an unemancipated minor</i> )		Signature of parent/guardian ( <i>if applicant is an unemancipated minor</i> ) <b>X</b>	
Printed name of applicant		I agree that if I am overpaid, the state may recoup the amount of the overpayment from future child support payments owed to me. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of applicant <b>X</b>		Date signed ( <i>month, day, year</i> )	



Mother's City and State where she was born

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Child's City and State where they were born and the name of the Hospital

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Child's City and State where they were born and the name of the hospital

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Child's City and State where they were born and the name of the Hospital

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Father's City and State where they were born and the name of the Hospital

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Any other information that you think would pertain to the child support enforcement of your case:

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STATE OF INDIANA        )        IN THE STEUBEN CIRCUIT/SUPERIOR COURT  
                                  )        )  
COUNTY OF STEUBEN    )        CASE NO.

**WAIVER  
ATTORNEY – APPLICANT RELATIONSHIP**

The Office of the Prosecuting Attorney represents the interest of the State of Indiana in having children adequately supported collecting overdue support and establishing Paternity. The Prosecuting Attorney represents the State of Indiana and not you personally.

This means for example, that no attorney-client relationship exists between you and the Prosecuting Attorney. It also means that in the event of a conflict between your interest and those of the State of Indiana, the Prosecuting Attorney will have to resolve such conflict in favor of the State of Indiana. Should the Prosecuting Attorney become aware of such conflict of interest, he/she will endeavor to inform you of it.

This means that if any time your interests are different from the State of Indiana, the Prosecuting Attorney will represent the State.

The Prosecuting Attorney, IV-D Office cannot provide all the services which you may receive from a private attorney. For example, the Prosecuting Attorney cannot provide services regarding custody, visitation or any other issues not related to child support.

The establishment and collection of support or the collection of support delinquencies **cannot be guaranteed.** The Office of the Prosecuting Attorney will take such legal action as may be available to institute the legal process toward the collection of support and delinquencies, and will attend hearings when necessary. That service may include the filing of a Uniform Interstate Reciprocal Act (UIFSA). The filing of information in Contempt, the filing of a Petition To Establish Paternity. Petition to Establish and or Modify Support, the issuance of income withholding orders, submission to Credit Bureau, Suspension of Driving Privilege's and the filing of a Criminal Non-Support of Dependent Children.

By signing this request you will waive any and all right of financial information requested by the Office of the Steuben County Prosecuting Attorney or Child Support Enforcement: and further to agree to provide said information to the Child Support Office.

**THIS FORM IS A WAIVER AND SHOULD ONLY BE SIGNED AFTER READING.  
I, THE UNDERSIGNED HAVE READ THE ABOVE AND FULLY UNDERSTAND AND ACKNOWLEDGE THE SAME AND HEREBY AGREE THERETO. YOUR SIGNATURE VERFIES THAT YOU HAVE READ AND UNDERSTAND THE CONTENTS OF THIS FORM.**

SIGNATURE : \_\_\_\_\_

Dated