

**IL DEPT OF HEALTHCARE AND FAMILY SERVICES
APPLICATION FOR CHILD SUPPORT SERVICES (TITLE IV-D)**

Call Center: 1-800-447-4278

Website: www.ChildSupportIllinois.com

Please mail completed form to:
Division of Child Support Services
32 West Randolph
Chicago, Illinois 60601

Date: _____ Sex: _____
Name: _____ SSN: _____
Address: _____ Date of Birth: _____
_____ Daytime Phone No: _____
_____ Work Phone No: _____

Este es un aviso muy importante. Si usted no entiende este aviso, comuníquese con el Centro de Servicio al Consumidor en la Sección de Manutención de Niños a 1-800-447-4278, dónde le podrán explicar este aviso. Personas que usan teletipo (TTY) deben llamar a 1-800-526-5812.

This is an important notice. If you do not understand this notice, contact the Child Support Customer Service Call Center at 1-800-447-4278 who can explain it to you. Persons with a TTY device may call 1-800-526-5812.

- * Any information that you do not know, please write "don't know" in the blank.
- * Read the enclosed Child Support Program Fact Sheet. It explains the services we provide.
- * Mail this form and copies of any order(s) you already have to the address listed above.

If you are NOT the biological or legal parent of the child, complete the application available for non-parents at www.childsupportillinois.com or call 1-800-447-4278 for a different application.

If you are working with an attorney on your child support needs, signing up for HFS child support services could provide additional services to you and your family. You can work with your attorney and HFS at the same time.

Applicant's Information:

Full Name: _____
(First) (M Initial) (Last)

Home Address: _____
(Street) (City) (County) (State) (Zip)

Relationship to Child: _____

Date of Birth: _____ Age: _____ SSN: _____ Race: _____
(mm/dd/ccyy)

Home Telephone #: _____ Work Telephone #: _____ Cell Telephone #: _____

E-Mail Address: _____

What time of day is most convenient to talk to you? _____ At what telephone number? _____

Other Parent's Information:

Full Name: _____
(First) (M Initial) (Last)

Home Address: _____
(Street) (City) (State) (Zip)

Date of Birth and/or Age: _____ SSN: _____ Race: _____

Home Telephone #: _____ Work Telephone #: _____ Cell Telephone #: _____

E-Mail Address: _____

Name of Employer or Source of Income: _____

Employer's Address: _____

Is either or both of the parents of the child in the military? Yes _____ No _____

Which branch(es) of service? _____
(Send us a copy of military insurance card, if available)

Make and Model of Car: _____ License Plate #: _____

Other Parent's Relatives: (mother): _____ (father) _____

Does the other parent have additional children with someone else? If you know the other children's names, list them here:

Mother's Other Children	Father's Other Children
_____	_____
_____	_____

Child's Information:

Full Name: _____ Sex: _____
(First) (M Initial) (Last)

Date of Birth: _____ Place of Birth: _____
(mm/dd/ccyy) (City) (State)

Social Security Number: _____ Race: _____

If you have any additional children with the same mother and father, please provide the same information on a separate sheet of paper.

OTHER IMPORTANT INFORMATION

- 1. Are/were you married to the other parent of the child? Yes _____ If yes, what date? _____ No _____
- 2. Are you and the other parent of the child divorced? Yes _____ If yes, what date? _____
- 3. State of Divorce Order: _____ County of Divorce Order: _____ Order Docket Number: _____
- 4. If you already have a child support order for the child, it is important that you send us a copy of the order with this application, if available.

Order or Docket # _____

Where was order entered? _____
(City) (County) (State)

When did the order start? _____
(month/year)

I authorize the Division of Child Support Services to explore, pursue or utilize all sources of information legally available in support of its investigations on my behalf and to choose the appropriate course of legal action. I have received and read the program fact sheet provided with this application. To the best of my knowledge, the information I have supplied is true, correct, and complete.

I understand the Division will protect my privacy as required by law, and I authorize the Division to disclose information about my case to the court or another party necessary in the course of establishing and enforcing paternity and child support orders, for as long as I am a client.

All information you provide is kept confidential but we understand that domestic violence may also be an issue for you or your family. For your protection, we can mark your case with a family violence indicator. If you would like us to place this indicator on your case, check the box below. If this is not an issue for your family, you do not need to check the box.

Yes, I want my case marked with a family violence indicator.

Applicant's Signature (required)

Date