

INSTRUCTIONS FOR COMPLETING THE SIMPLIFIED APPLICATION FOR CHILD SUPPORT SERVICES

DCSS 0373 (07/12/13)

The processing of your case depends upon the information you provide on this form. Please provide as much information as possible. Answer every question completely. If you do not know the answer, print "UNKNOWN." If the question does not apply, print "N/A."

Before you begin, please read the Child Support Handbook. This book explains the services available through the local child support agency. Also, read the Child Support Enforcement Program Notice. This notice explains your responsibility to the local child support agency and the local child support agency's responsibility to you. The local child support attorneys or Attorney General or any of their representatives are not your attorney or the child(ren)'s attorney.

Please complete all the forms in BLACK INK and PRINT clearly.

FACTS ABOUT CUSTODIAL PARTY OR GUARDIAN AND CHILD(REN)

This section is about the person or party who has primary custody of the child(ren). Please complete the entire section. If you are the custodial party, be sure to give us a telephone number where you may be reached during the day.

If the children named in the application have different noncustodial parents, a separate application must be completed for each noncustodial parent. If you need additional space for any section, attach a separate sheet of paper or use the Comment Section provided at the end of the first page.

Please list all the child(ren) of the parents named for whom support services are being requested. Complete the full name of each child, including first name, middle name, last name, and suffix (Jr., Sr., III, etc.)

There are several questions within this section related to determining the biological father of the child(ren) named in the application. One question asks whether a Declaration of Paternity has been signed. The Declaration of Paternity is a legal form that, when signed (usually at the hospital or clinic) by both parents, says the man is the legal father. Signing the form and submitting it to the Department of Child Support Services legally establishes the man as the child's father without having to go to court.

A second question asks whether a Paternity Judgment has been established. A Paternity Judgment is an order from the court that, through the legal process, determines the biological father of the child(ren). Determining the biological father is necessary before child support can be ordered by the court.

Comments: You may use this section as extra space, if needed, or add any additional information you think might help us establish or enforce an order for the child(ren). You may include information about the other person's temper, whether they own rifles or handguns, if they have made threats against you or the child(ren), etc.

FACTS ABOUT NONCUSTODIAL PARENT

If you are the Custodial Party, this section may require you to look through old papers to find some of the information requested. The more information we have in this section the better and faster we will be able to serve you.

If at all possible, please provide the noncustodial parent's Social Security Number or numbers. If you do not know the exact date of birth, provide the approximate age.

Please provide any and all financial information about the noncustodial parent. Attach additional page(s) as needed or use the Comment Section on the first page.

If you are the noncustodial party, be sure to give us a telephone number where you may be reached during the day.

SIGNATURE OF APPLICANT

We will not be able to open this case without your signature. Your signature indicates that you have answered the questions on the application to the best of your ability and that you want to open this case. It also indicates that you have read the information provided above the signature line carefully.

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SIMPLIFIED APPLICATION FOR CHILD SUPPORT SERVICES

DCSS 0373 (07/12/13)

I AM THE: ☐ CUSTODIAL PARTY ☐ NONCUSTODIAL PARENT

APPLICANT NAME (PERSON COMPLETING THIS FORM)

NOTE: The custodial party is the person or party who has primary custody of the minor children.

FACTS ABOUT CUSTODIAL PARTY OR GUARDIAN AND CHILD(REN)

FULL NAME (LAST, FIRST, MIDDLE, SUFFIX)		TRIBAL MEMBER <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF TRIBE	BEST TIME TO BE REACHED <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
MAIDEN NAME (IF APPROPRIATE)	RELATIONSHIP TO CHILD(REN) <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> OTHER (SPECIFY)		TELEPHONE NUMBERS HOME: WORK: CELL:	
NAME OF CURRENT SPOUSE		BEST NUMBER TO BE REACHED AT <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK		
ADDRESS (STREET, CITY, STATE AND ZIP CODE)			E-MAIL ADDRESS	

Does the custodial party currently live with the noncustodial parent? ☐ YES ☐ NO (If "NO", give date and address last lived together)

DATE	ADDRESS (STREET, CITY, STATE AND ZIP CODE)						
SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	STATE	BIRTHDATE OR APPROXIMATE AGE	PLACE OF BIRTH	RACE	PRIMARY LANGUAGE SPOKEN IN HOME	GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
NAME OF PRESENT EMPLOYER - IF NOT CURRENTLY WORKING, PRINT "UNEMPLOYED" HERE			JOB TITLE OR OCCUPATION		GROSS MONTHLY EARNINGS \$		
ADDRESS OF PRESENT EMPLOYER (STREET, CITY, STATE, AND ZIP CODE)			IS HEALTH INSURANCE AVAILABLE FOR CHILDREN? <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME AND TELEPHONE NUMBER OF A RELATIVE OR FRIEND		

Date and place of marriage (If never married, check "None")**Date and place of divorce (If no divorce, check "None")**

DATE OF MARRIAGE TO NONCUSTODIAL PARENT	COUNTY	STATE	<input type="checkbox"/> NONE	DATE OF DIVORCE	COUNTY	STATE	<input type="checkbox"/> NONE
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If parents were NOT married, please answer questions 1-5 below.

- Has noncustodial parent ever lived in California? ☐ YES ☐ NO If "YES", When? _____ Where? _____
- Has noncustodial parent ever worked in California? ☐ YES ☐ NO If "YES", When? _____ Where? _____
- In which state were the child(ren) conceived?
(Use number for each child listed below) _____ Child # _____ State _____ Child # _____ State _____ Child # _____ State _____
- Was a Declaration of Paternity signed at a California hospital or agency? ☐ YES ☐ NO ☐ DON'T KNOW If "YES", Where? _____
- Was a Paternity Judgment established? ☐ YES ☐ NO ☐ DON'T KNOW If "YES", Where? _____

Have services been provided by another child support agency? (If "YES", please give the date, city and state)

DATES OF SERVICES From: _____ To: _____	CITY AND STATE WHERE SERVICES RECEIVED	HAVE THE MINOR CHILDREN RECEIVED CASH AID? (WELFARE) <input type="checkbox"/> YES <input type="checkbox"/> NO
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Is the noncustodial parent court ordered to pay child support for the child(ren) named below? ☐ YES ☐ NO ☐ PENDING

COURT ORDER #	AMOUNT OF ORDER \$ _____ <input type="checkbox"/> PER WEEK <input type="checkbox"/> PER MONTH	DATE OF ORDER	COUNTY	STATE
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List full names of all minor children by this noncustodial parent (If child is not yet born, write "unborn", and expected date of birth). (A separate application is required for children from another noncustodial parent)

IF CHILD IS NOT YET BORN, WRITE "UNBORN" HERE			EXPECTED DATE OF BIRTH FOR UNBORN CHILD(REN)			
NAME	SEX	BIRTHDATE	BIRTHPLACE (CITY AND STATE)	SOCIAL SECURITY NUMBER	CHILD(REN) LIVING WITH YOU	
1.					<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.					<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.					<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.					<input type="checkbox"/> YES	<input type="checkbox"/> NO

List full names of other minor child(ren) NOT related to this noncustodial parent

NAME	BIRTHDATE	CHILD(REN) LIVING WITH YOU
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMENTS (Please attach a separate sheet if you need additional space)

FACTS ABOUT NONCUSTODIAL PARENT

FULL NAME (LAST, FIRST, MIDDLE, SUFFIX)				TRIBAL MEMBER <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF TRIBE					
MAIDEN NAME (IF APPROPRIATE)				RELATIONSHIP TO CHILD(REN) <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER		TELEPHONE NUMBERS HOME: WORK: CELL:					
NAME OF CURRENT SPOUSE											
OTHER NAMES OR ALIASES OF NONCUSTODIAL PARENT						E-MAIL ADDRESS					
ADDRESS (STREET, CITY, STATE AND ZIP CODE)						<input type="checkbox"/> CURRENT NOW <input type="checkbox"/> CURRENT AS OF (DATE)					
SOCIAL SECURITY NUMBER		DRIVERS LICENSE NUMBER		STATE		BIRTHDATE OR APPROXIMATE AGE		PLACE OF BIRTH		GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
Currently on probation or parole? <input type="checkbox"/> YES <input type="checkbox"/> NO											
Currently in jail or prison? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", provide information below:											
DATE		AGENCY		CITY		STATE		OFFENSE (REASON)			
Is the noncustodial parent a US citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", Please provide country of citizenship here:											
PHYSICAL DESCRIPTION: (PLEASE PROVIDE PHOTO)											
RACE			COMPLEXION			PRIMARY LANGUAGE					
HAIR			HEIGHT			IDENTIFYING FEATURES (MARKS, SCARS, TATTOOS, ETC.)					
EYES			WEIGHT								
NAME OF PRESENT EMPLOYER (IF NOT WORKING, PRINT "UNEMPLOYED")						<input type="checkbox"/> CURRENT NOW		IS HEALTH INSURANCE AVAILABLE FOR CHILDREN? <input type="checkbox"/> YES <input type="checkbox"/> NO		GROSS MONTHLY EARNINGS \$	
ADDRESS OF PRESENT EMPLOYER (STREET, CITY, STATE AND ZIP CODE)						<input type="checkbox"/> CURRENT AS OF (DATE)					
If unemployed or present employer is unknown, give name, address and telephone number of last employment below.											
NAME OF LAST EMPLOYER			ADDRESS OF LAST EMPLOYER (STREET, CITY, STATE AND ZIP CODE)					TELEPHONE NUMBER (INCLUDE AREA CODE)			
USUAL OCCUPATION, TRADE, JOB TITLE OR SKILLS								ACTIVE MILITARY: <input type="checkbox"/> YES <input type="checkbox"/> NO WHAT BRANCH OF THE SERVICE?			
IS THE NONCUSTODIAL PARENT A LABOR UNION MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO				NAME AND NUMBER OF UNION				ADDRESS OF UNION (STREET, CITY, STATE AND ZIP CODE)			
IF SELF-EMPLOYED, WHAT IS THE NAME OF THE BUSINESS?										GROSS MONTHLY EARNINGS \$	
STEADY WORKER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:											
List any other sources of income or assets. (For example, Veterans Affairs benefits, Social Security Disability, interest, dividends, trust, vehicles, boats, real estate, etc. Attach a separate sheet if necessary).											
MOTHER'S MAIDEN NAME (LAST, FIRST)				MOTHER'S STREET ADDRESS, CITY, STATE AND ZIP CODE				MOTHER'S TELEPHONE NUMBER			
FATHER'S NAME (LAST, FIRST)				FATHER'S STREET ADDRESS, CITY, STATE AND ZIP CODE				FATHER'S TELEPHONE NUMBER			
Name and address of current spouse, friend, or relative.											
NAME		RELATIONSHIP		STREET ADDRESS, CITY, STATE ZIP CODE				TELEPHONE NUMBER			
Is there visitation with the children? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", how many times per month?											
Is there any other child support obligation(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", please provide amount: \$											
Is there any other minor child(ren) in the home? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", how many children?											
Present marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Living with another person											
I request the services of the Department of Child Support Services to assist me in the following efforts: (Mark all that apply)											
<input type="checkbox"/> Establish paternity <input type="checkbox"/> Obtain a child support order <input type="checkbox"/> Enforce an existing child and spousal support order (including past due)				<input type="checkbox"/> Modify an existing child support order <input type="checkbox"/> Obtain an order for medical insurance <input type="checkbox"/> Enforce an existing medical insurance order				<input type="checkbox"/> No medical insurance enforcement needed at this time. The children have satisfactory medical insurance coverage through: <input type="checkbox"/> Custodial Parent <input type="checkbox"/> Noncustodial Parent			
I am applying for support services under the Child Support Program of Title IV-D of the Social Security Act. I declare under penalty of perjury (Penal Code, Section 118) that this questionnaire has been examined by me and to the best of my knowledge and belief it is true and correct.											
SIGNATURE OF APPLICANT								DATE			