South Carolina Department of Social Services
CUSTODIAL PARENT’S APPLICATION FOR CHILD SUPPORT SERVICES

The disclosure of your Social Security Number is mandatory, in accordance with section 466(a)(13) of the Social Security Act. Social Security Numbers are used by the South Carolina Child Support Services Division to assist in locating individuals for the purposes of establishing paternity and establishing, modifying and enforcing child support obligations.

Date Application Requested: _______________________
Date Application Mailed: _________________________
Date Application Received: _________________________

Child Support Services

The South Carolina Department of Social Services, Child Support Services Division (CSSD), offers the following services to Non-TANF applicants who complete and sign the application. It is important that you carefully read the entire application and complete it to the best of your ability. If the application is not complete, we will return the application to you for completion. Please read Part II, "What to Expect," and detach for your records.

Locate Only Service

"Locate Only" service means that one complete search for the NCP will be made. This will include a search of all sources available to the CSSD. If found, you will be provided with a verified address and/or employer for the NCP. Your case will then be closed. Successful results are not guaranteed.

"Locate Only" service does not include scheduling the case for a hearing to determine paternity, secure or enforce child support, or review for medical support. If you would like these services, please choose "Full Service."

Full Service

"Full Service" means every reasonable effort will be made to:
• Locate the non-custodial parent (NCP) if his/her location is unknown. There is no guarantee that the NCP will be located.
• Establish paternity, if the parents of the child/ren were never married and it is legally feasible to do so.
• Obtain an order for support based on child support guidelines, if legally feasible to do so. Obtain medical support, if available to the NCP at a reasonable cost.
• Provide enforcement services that could include any of the following: wage withholding; federal and state tax refund offsets; establishing liens on real or personal property, posting bonds or security to guarantee payments, revoking licenses, credit bureau reporting; and obtaining medical support. An additional fee will be required when utilizing tax refund offsets.

You also have the right to request that we review your child support order for possible modification every three years. The review of the case may result in an increase or decrease of the child support award.

To obtain either of the services listed above, you must:
• Send the completed application to:
  South Carolina Department of Social Services
  Child Support Services Division
  P.O. Box 1469
  Columbia, South Carolina 29202-1469
• Completely fill out Part I. This must be completed before we can accept your application.
• Sign and date the application where indicated.
• Cooperate fully with CSSD in providing the needed information to proceed with the case.
• Pay any fees that may be required (for example, tax intercept fees).

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I request "Locate Only" services and understand that DSS will not pursue paternity or support establishment on my behalf.

Under penalty of perjury, I declare that the information given in this application is true and complete to the best of my knowledge and belief. I have read all application instructions and pages nine and ten, “What to Expect”, and agree to the conditions and fees as outlined in this application.

Applicant’s Signature: ___________________________ Date: ___________________________

**Full Service Applicants Only**

If you are applying for Full Service, complete the Authorization and Assignment of Rights, sign and have two witnesses sign.

**Authorization and Assignment of Rights**

1. I do hereby apply to the South Carolina Department of Social Services (SCDSS), Child Support Services Division (CSSD) for Non-TANF services under Title IV-D of the Social Security Act. I hereby authorize the CSSD to act in my behalf in enforcing and collecting my child support.

2. In consideration for legal services and other assistance provided in obtaining child support, I hereby voluntarily assign and transfer unto SCDSS all the support rights, including those past, present and future, which I have against ___________________________ for the support of ___________________________ for whom I have care and custody.

3. The assignment is subject to the terms and conditions of Title IV-D of the Social Security Act, as amended (42 USC 654(6)).

4. I understand that when this application for services is accepted, one of the people with whom I may discuss my case is an attorney who is an employee of the CSSD. None of the services provided to me establish an attorney-client relationship with the CSSD. The attorney is employed by the state of South Carolina and remains an attorney for the state. Submission of this application constitutes my acknowledgment and acceptance of this condition.

5. I request that the CSSD obtain and/or enforce medical support from the NCP if it is available at a reasonable cost:

☐ Yes   ☐ No, I have satisfactory insurance.

6. I do hereby attest under penalties of perjury that the above information is true and complete to the best of my knowledge and belief and is given for the purpose of receiving services under Title IV-D of the Social Security Act. I have read all application instructions and pages nine and ten, “What to Expect”, and agree to the conditions and fees as outlined in this application.

7. I understand, that as part of the 2005 Deficit Reduction Act passed by Congress, beginning October 1, 2007, all applicants who have never received public assistance (AFDC/TANF) will be charged a $25.00 fee each federal fiscal year (October - September) after $500.00 in child support has been collected and paid out. This fee will not be charged until at least $500.00 is collected and paid out. If you have more than one eligible case, the fee will be charged on each case meeting the $500.00 threshold.

8. **Permission to Recoup An Overpayment:** Upon written notification of payment error from Child Support Services Division, I agree to allow CSSD to retain up to 10 percent of any future child support payments to correct any overpayment I received.

☐ Yes   ☐ No

Applicant’s Signature: ___________________________ Date: ___________________________

**PART I**

**Custodial Parent Information**

(Person with whom child or children is/are living)

Your Name: Last: ___________________________ First: ___________________________ Middle: ___________________________ Suffix: ___________

Maiden Name: ___________________________ SSN: ___________________________ Race: _____ Sex: _____ Current Marital Status: ______

Place of Birth: City: ___________________________ State: ___________ Birthdate: ___________

Residential Address: ___________________________ ___________ Home Telephone: ___________

City: ___________________________ State: ___________ Zip Code: ___________

Cell Phone: ___________________________ E-Mail Address: ___________________________

Mailing Address: c/o Last: ___________________________ First: ___________________________ Middle: ___________________________ Suffix: ___________

Address: ___________________________ ___________ City: ___________ State: ___________ Zip Code: ___________

Your Employer’s Name: ___________________________ Work Telephone: ___________________________

Address: ___________________________ ___________ City: ___________ State: ___________ Zip Code: ___________

Work Start Time: ___________________________ Work End Time: ___________________________

If Currently Married, Spouse’s Name/Address: ___________________________

Place of Marriage: City: ___________ State: ___________ Date of Marriage: ___________

If not currently married, have you ever been married? ☐ Yes ☐ No  If yes, provide the following:

Name of Former Spouse: ___________________________ Date and Place of Marriage: ___________________________

If Divorced, Date and Place of Divorce: ___________________________
Non-Custodial Parent Information

Name: Last: __________________________ First: __________________________ Middle: __________ Suffix: ________
Sex: _______ Race: __________________ SSN: ______________________ Date of Birth: ______________
Place of Birth: City: __________________________ State: ____________ Alias: __________________________
Nickname: ______________ Maiden Name: ______________ Driver’s License Number: ______________
Driver’s License Date: __________________ Driver’s License State: __________________
Current Marital Status: ______________ If Married, NCP’s Spouse’s Name: ______________
Last School Attended by NCP: __________________________
Address: __________________________ City: __________________________ State: _______ Zip Code: _______
Residential Address: __________________________ City: __________________________ State: _______ Zip Code: _______
Is this address current? ☐ Yes ☐ No ☐ Unknown Date Last Lived There: _____ Home Telephone: _______
Give directions to and a description of the NCP’s home: __________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
Mailing Address: c/o Last: __________________________ First: __________________________ Middle: __________ Suffix: ________
Address: __________________________ City: __________________________ State: _______ Zip Code: _______
Cell Phone: __________________________ E-Mail Address: __________________________
Please furnish the following information on the non-custodial parent’s current or last employer:
Type of Employment: __________________________ Is the NCP currently employed? ☐ Yes ☐ No ☐ Unknown
Employer’s Name: __________________________ Work Telephone: _______
Employer’s Address: __________________________ City: __________________________ State: _______ Zip Code: _______
Date Last Worked: ______________ What is the NCP’s monthly salary? $ __________ Shift Worked: _______
Usual Occupation: __________________________ Other Skills: __________________________

Please list the names and addresses of any other past employers:
Name: __________________________ Address: __________________________ Date Last Worked: ______________
_______________________________________________________________________________________
What are the names of the non-custodial parent’s parents? (Please indicate their names even if they are deceased.)
Father: __________________________
Maiden Name/Last/First/Middle: __________________________
Street or P.O. Box: __________________________
City/State/Zip Code: __________________________ Telephone: __________________________

Mother: __________________________
Last/Suffix/First/Middle: __________________________
Street or P.O. Box: __________________________
City/State/Zip Code: __________________________ Telephone: __________________________
NCP’s Height: _____ Feet _____ Inches  Weight: _____ Lbs.  Hair Color: ________ Eye Color: ________
Identifying Mark/Scars: __________________ Does the NCP have a police record?  ☐ Yes  ☐ No  ☐ Unknown
Arrest Date: __________  Offense: __________________
Arrest City: __________________________  State: __________  Zip Code: __________
Incarceration Date: __________  Release Date: __________  Incarceration Location: __________________
Incarceration City: __________________________  State: __________  Zip Code: __________
Armed Forces Status: __________  VA Service Number: __________  Armed Forces Branch: __________
A- Active  R-Retired  D-Discharged
N-Never In  U-Unknown
Armed Forces Entry Date: __________  Armed Forces Discharge Date: __________

Does the NCP have income other than employment income?  ☐ Yes  ☐ No  ☐ Unknown
If yes, source of income: ____________________________________ Amount: __________
                                                                                      Amount: __________
                                                                                      Amount: __________
Does the NCP have any bank accounts/assets?  ☐ Yes  ☐ No  ☐ Unknown
Name of Bank: ________________  Account Number: __________  Type: __________________
Name of Bank: ________________  Account Number: __________  Type: __________________
              (Checking/Savings)

Assets: ____________________________________________

Does the NCP own any property (real estate, car, etc)?  ☐ Yes  ☐ No  ☐ Unknown
Please list type and location: ____________________________________________

What is the name of the insurer with whom the NCP has medical insurance coverage?
Carrier Name: ____________________________________ Type of Insurance: __________
Policy Number: ________________________________

Case Information
Do you have an attorney actively seeking support?  ☐ Yes  ☐ No  If yes, attorney’s name: __________
Do you have a previous court order established?  ☐ Yes  ☐ No  If yes, provide support order number: ________
(Please attach a copy of the court order)
Name of Court: ________________  City: ________________  State: __________
Amount of Support: ____________  If you do not have a court order, does the NCP pay voluntarily?  ☐ Yes  ☐ No
Frequency of Support: __________________  Date Last Payment Received: __________
B-Biweekly  S-Semimonthly  M-Monthly  W-Weekly  D-Seasonal
Support Method: ____________  D-Direct to You  C-Through the Court  Effective Date of Support Order: ____________
Are you willing to submit to a paternity test?  ☐ Yes  ☐ No
Comments: ____________________________________________________________________________

Amount of Support: ____________  If you do not have a court order, does the NCP pay voluntarily?  ☐ Yes  ☐ No
Frequency of Support: __________________  Date Last Payment Received: __________
B-Biweekly  S-Semimonthly  M-Monthly  W-Weekly  D-Seasonal
Support Method: ____________  D-Direct to You  C-Through the Court  Effective Date of Support Order: ____________
Are you willing to submit to a paternity test?  ☐ Yes  ☐ No
Comments: ____________________________________________________________________________
Child Information
(Complete a separate section for each child)

Child’s Name: Last: ___________________ First: ___________________ Middle: ________________ Suffix: ________

Sex: ______ Race: ______ SSN: _______________ Date of Birth: ___________ Place of Birth: ________________

Has paternity been established for this child?  ☐ Yes  ☐ No  What is your relationship to this child? __________

Were the parents married at the time of the child’s birth?  ☐ Yes  ☐ No  If no, describe the relationship: ______

If Married: Date of Marriage: ___________ Place: _______________ If Divorced: Date: ___________ Place: _______________

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Complete Only If You Are NOT The Mother of This Child

Who are the child’s parents? Mother: ___________________ Father: ___________________

Relationship of the parents at the time of birth: ___________________

If Married: Date: _______ Place: _______________ If Divorced: Date: _______ Place: _______________

Was the mother ever married to anyone else?  ☐ Yes  ☐ No  Name: ___________________

If Married: Date: _______ Place: _______________ If Divorced: Date: _______ Place: _______________

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Full Service Applicants Only
(Answer if you are the MOTHER of this child. However, if you were married to the father when the child was born and this is his child, omit the following questions. If the father is already under a court order to support this child, please return a copy to us and omit the following questions.)

1. In which state did you become pregnant? ___________ When did you get pregnant? _______ (Month/Day/Year)

2. Did the father have his name put on the birth certificate or sign a voluntary paternity acknowledgement?
   ☐ Yes  ☐ No

3. What did the child weigh at birth? _______Lbs. _______Oz.  Was the child?  ☐ Early  ☐ On Time  ☐ Late

4. Did the father:
   Buy any presents?  ☐ Yes  ☐ No  Visit the child?  ☐ Yes  ☐ No
   Pay or offer to pay the medical bills of your pregnancy?  ☐ Yes  ☐ No  Admit being the father?  ☐ Yes  ☐ No
   Have his picture taken with the child?  ☐ Yes  ☐ No  Visit the hospital?  ☐ Yes  ☐ No
   Discuss Abortion?  ☐ Yes  ☐ No  Offer to marry you?  ☐ Yes  ☐ No

5. Were you having sexual relations with anyone other than the father during the month you got pregnant?
   ☐ Yes  ☐ No
   During the month before? ___________________ During the month after? ___________________

   If yes to any of these questions, provide names and addresses: ___________________

   ___________________
### Child Information
(Complete a separate section for each child)

Child’s Name: Last: ______________ First: ________________ Middle: ______________ Suffix: ______

Sex: ______ Race: ______ SSN: ______________ Date of Birth: __________ Place of Birth: __________

Has paternity been established for this child? □ Yes □ No

What is your relationship to this child? __________

Were the parents married at the time of the child’s birth? □ Yes □ No

If no, describe the relationship: __________

If Married: Date of Marriage: __________ Place: __________ If Divorced: Date: __________ Place: __________

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### Complete Only If You Are NOT The Mother of This Child

Who are the child’s parents? Mother: ________________ Father: ________________

Relationship of the parents at the time of birth: __________

If Married: Date: __________ Place: __________ If Divorced: Date: __________ Place: __________

Was the mother ever married to anyone else? □ Yes □ No

Name: ________________

If Married: Date: __________ Place: __________ If Divorced: Date: __________ Place: __________

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### Full Service Applicants Only
(Answer if you are the MOTHER of this child. However, if you were married to the father when the child was born and this is his child, omit the following questions. If the father is already under a court order to support this child, please return a copy to us and omit the following questions.)

1. In which state did you become pregnant? __________ When did you get pregnant? ________

2. Did the father have his name put on the birth certificate or sign a voluntary paternity acknowledgement?
   □ Yes □ No

3. What did the child weigh at birth? ________Lbs. ________Oz. Was the child? □ Early □ On Time □ Late

4. Did the father:
   - Buy any presents? □ Yes □ No
   - Visit the child? □ Yes □ No
   - Pay or offer to pay the medical bills of your pregnancy? □ Yes □ No
   - Admit being the father? □ Yes □ No
   - Have his picture taken with the child? □ Yes □ No
   - Visit the hospital? □ Yes □ No
   - Discuss Abortion? □ Yes □ No
   - Offer to marry you? □ Yes □ No

5. Were you having sexual relations with anyone other than the father during the month you got pregnant?
   □ Yes □ No

   During the month before? ____________________________ During the month after? ____________________________

   If yes to any of these questions, provide names and addresses: ____________________________

   ____________________________

   ____________________________

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Full Service Applicants Only

(Answer if you are the MOTHER of this child. However, if you were married to the father when the child was born and this is his child, omit the following questions. If the father is already under a court order to support this child, please return a copy to us and omit the following questions.)

1. In which state did you become pregnant? _________ When did you get pregnant? _________ (Month/Day/Year)
2. Did the father have his name put on the birth certificate or sign a voluntary paternity acknowledgement?
   □ Yes □ No
3. What did the child weigh at birth? ________ Lbs. ________ Oz. Was the child? □ Early □ On Time □ Late
4. Did the father:
   - Buy any presents? □ Yes □ No
   - Visit the child? □ Yes □ No
   - Pay or offer to pay the medical bills of your pregnancy? □ Yes □ No
   - Admit being the father? □ Yes □ No
   - Have his picture taken with the child? □ Yes □ No
   - Visit the hospital? □ Yes □ No
   - Discuss Abortion? □ Yes □ No
   - Offer to marry you? □ Yes □ No
5. Were you having sexual relations with anyone other than the father during the month you got pregnant?
   □ Yes □ No
   - During the month before? ________________
   - During the month after? ________________
   If yes to any of these questions, provide names and addresses:

If Married: Date: ________ Place: ________________
If Divorced: Date: ________ Place: ________________
Full Service Applicants Only
(Answer if you are the MOTHER of this child. However, if you were married to the father when the child was born and this is his child, omit the following questions. If the father is already under a court order to support this child, please return a copy to us and omit the following questions.)

1. In which state did you become pregnant? _____________ When did you get pregnant? _____________ (Month/Day/Year)

2. Did the father have his name put on the birth certificate or sign a voluntary paternity acknowledgement?
   ♦ Yes  ❌ No

3. What did the child weigh at birth? _____Lbs. _____Oz. Was the child? ♦ Early  ❌ On Time  ❌ Late

4. Did the father:
   Buy any presents? ♦ Yes  ❌ No  Visit the child? ♦ Yes  ❌ No
   Pay or offer to pay the medical bills of your pregnancy? ♦ Yes  ❌ No  Admit being the father? ♦ Yes  ❌ No
   Have his picture taken with the child? ♦ Yes  ❌ No  Visit the hospital? ♦ Yes  ❌ No
   Discuss Abortion? ♦ Yes  ❌ No  Offer to marry you? ♦ Yes  ❌ No

5. Were you having sexual relations with anyone other than the father during the month you got pregnant?
   ♦ Yes  ❌ No

   During the month before? ___________________________ During the month after? ___________________________

   If yes to any of these questions, provide names and addresses: ____________________________________________


Complete Only If You Are NOT The Mother of This Child

Who are the child’s parents? Mother: ___________________________ Father: ___________________________

Relationship of the parents at the time of birth: ___________________________________________

If Married: Date: ______ Place: _____________ If Divorced: Date: ______ Place: _____________

Was the mother ever married to anyone else? ♦ Yes  ❌ No  Name: ___________________________

If Married: Date: ______ Place: _____________ If Divorced: Date: ______ Place: _____________

Child Information
(Complete a separate section for each child)

Child’s Name: Last: ___________________________ First: ___________________________ Middle: ___________________________ Suffix: _____________

Sex: _____ Race: _____ SSN: ___________________________ Date of Birth: _____________ Place of Birth: _____________

Has paternity been established for this child? ♦ Yes  ❌ No  What is your relationship to this child? ___________________________

During the month before? ___________________________ During the month after? ___________________________

If yes to any of these questions, provide names and addresses: ____________________________________________


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PART II

What to Expect
(Please read this page and the next carefully and DETACH for your records.)

The South Carolina Department of Social Services (DSS) provides child support services to Custodial Parents (guardians) through its Child Support Services Division (CSSD). You must complete the application to open a case with the CSSD.

The CSSD uses its resources to help a custodial parent (CP) to:
• Locate the non-custodial parent (NCP).
• Establish paternity if the child/children was/were born out of wedlock.
• Establish a child support/medical support order against the NCP.
• Work with the appropriate Family Court staff to enforce the child support order.
• Review the case for modification of the child support order upon the request of the CP or the NCP.

All cases accepted by the CSSD are handled on a first come, first served basis. Claims for visitation, custody or other issues that are often associated with child support are not handled by CSSD.

You must complete this application as thoroughly and accurately as possible and return it to the address indicated so that the CSSD may determine your eligibility for child support services. When completing the application you may not know the answer to all of the questions, but you should provide as much accurate information as possible. Please double check any information about which you are not certain. The more accurate the information you provide, the faster and more efficiently CSSD can process your case.

South Carolina law requires that you notify the CSSD in writing when you move, change your name, change jobs or change your telephone number (at home or at work) so that staff will be able to contact you without delay. You must notify the CSSD of these changes within 10 days of the change. If you do not notify the CSSD as required, the court or the CSSD may take actions on your case without your knowledge.

If you cannot provide a current address for the non-custodial parent, CSSD’s first step is to locate the person. Our Parent Locate Unit will use the information that you provide to obtain a home or work address. The time it takes depends on how much information you have provided. The NCP’s Social Security number is always helpful, but this does not mean our parent locators will be able to find the NCP right away. If you apply for “Parent Locate Services Only,” we will notify you when we obtain information about a home and/or work address. We will not take further action unless you request it.

If you apply for “Full Service” and if we locate the NCP, your case will be turned over to a child support specialist in one of CSSD’s regional offices for legal action. If you already have a court order for child support, CSSD will take steps to enforce that order. You should attach a copy of your support order or divorce decree and any modifications to that order.

If you do not have a court order for child support, the regional office staff will bring legal action to obtain a court order. The regional office will notify you in writing of any court hearings or conferences that you must attend.

Please keep in mind that we cannot tell you how long these proceedings may take. It may take longer under any of the following circumstances: the NCP moves or quits his or her job after the location is determined; the NCP refuses to admit paternity or to pay child support, thus requiring additional court hearings; or the NCP is located outside of South Carolina.

Please understand that we need your full cooperation throughout this entire process. Your failure to cooperate could result in CSSD closing the case. Before CSSD takes any action to close a case, we will send you a letter indicating what will be required to avoid case closure. You may also close your case at any time by mailing to CSSD a written statement requesting case closure. As a state agency operating under state law and federal law, legal requirements and policies may conflict with what you request. If a conflict of interest arises, CSSD staff will contact you to discuss the situation.
When the NCP makes child support payments to the Clerk of Court, the clerk will send all of these payments directly to you. If you have ever received Temporary Assistance to Needy Families (TANF), formerly known as Aid to Families with Dependent Children (AFDC), the clerk will send your child support payments to CSSD’s Financial Services Division for processing. CSSD will forward to you 100% of your current monthly child support obligation if you no longer receive TANF. If the NCP pays child support in excess of the monthly obligation, CSSD will pay to you any and all arrearages/reimbursements due to you. Once all sums due to you have been paid, DSS will begin retaining collections in excess of the monthly obligation to be applied toward any arrearage or reimbursement due to the state. Through this action the state and federal governments recoup money for the AFDC or TANF payments made to you.

In addition to working with the appropriate Family Court staff to enforce your child support order, CSSD will refer the case to our Tax Intercept Unit for assistance in collecting the past-due child support. If the NCP has a qualifying arrearage, CSSD will refer the NCP to the South Carolina Department of Revenue and/or the Internal Revenue Service (IRS) for the possible interception of any refund that the NCP might be due from the year’s tax returns. You may be charged a nominal fee for the successful use of this service. If you have received AFDC or TANF and arrearages are owed to the state, the money collected by tax offset must first be applied to satisfy that arrearage.

You are protected by Title VI of the Civil Rights Act and can make written complaints to the Director, South Carolina Department of Social Services, P.O. Box 1520, Columbia, South Carolina 29202-1520, within 180 days, if at any time you believe you are denied services or otherwise discriminated against because of race, color, creed, sex, religion or national origin.

Listed below are the telephone numbers of CSSD offices.

Thank you for your cooperation. The Department of Social Services pledges to make every effort to help you obtain the child support owed to your family.

Central Inquiry: 1-800-768-5858

Tax Intercept Unit: (803) 898-9314/1-800-922-0852 or 1-888-454-5360

Additional information can be found at www.state.sc.us/dss/csed/index.html