

State of Louisiana
Department of Children and Family Services
Child Support Enforcement



APPLICATION OR
DOCUMENTATION FOR
CHILD SUPPORT SERVICES

LOCAL OFFICE BLOCK

LASES NO. _____

Date: _____

Appl Requested _____

Appl/Flyer 1 Provided _____

Appl/Rec/Fee Paid _____

Full Service - \$25

Parent Locate Only

SSN - \$10 / No SSN - \$14

Adding a Child

What services are you applying for? Child and Medical Support Medical Support Locate

Note: The State will pursue child and medical support for Medicaid recipients unless the applicant indicates that child support services are not wanted. Once an order is established for Medicaid recipients, the choice of service option no longer exists. Child Support Enforcement must continue to provide support services as long as Medicaid benefits are being provided.

SECTION A. APPLICANT INFORMATION

Name-First, Middle, Last, Suffix

Maiden Name

Other Names Used

Date of Birth

Social Security Number

Race

Sex

()

Street Address

Mailing Address

Home Phone Number

City, State, & Zip

City, State, & Zip

Cell Phone Number

Parish/County of Residence

Email address

Work Phone Number

()

Do you or any of the children listed receive: MEDICAID FITAP KINSHIP CARE

Your relationship to child(ren): Mother Father Other (specify) _____

Does the child(ren) live with you? Yes No If no, where is the child(ren) living and with whom:

Name of Custodial Party: _____ Street Address: _____

City/State/Zip: _____ Home Phone Number: () _____

Cell Phone Number: () _____ Email Address: _____

Race: _____ Sex: _____ DOB: _____ SSN: _____

IS THERE FAMILY VIOLENCE WITH ANYONE APPEARING ON THE APPLICATION? YES NO

NONDISCLOSURE OF INFORMATION: When the Department has reasonable evidence of family violence, either domestic violence or child abuse, the case record will include an indicator of family violence for any person who is a party to the case. The indicator will prohibit release of information except to a court or agent of a court that has authority to issue an order for support or to make or enforce custody or visitation determination.

SECTION B. MOTHER OF CHILD(REN) INFORMATION

Name-First, Middle, Last, Suffix	Maiden Name	Other Names Used
Date of Birth	Place of Birth (City, State)	Social Security Number
Street Address	City, State, Zip	() Home Phone Number
Mailing Address	City, State, Zip	() Cell Phone Number
Email address:		() Work Phone Number

Is the address listed above a current address? Yes No Unknown**SECTION C. BIOLOGICAL FATHER OF CHILD(REN) INFORMATION**

Name-First, Middle, Last, Suffix	Other Names Used	
Date of Birth	Place of Birth (City, State)	Social Security Number
Street Address	City, State, Zip	() Home Phone Number
Mailing Address	City, State, Zip	() Cell Phone Number
Email address:		() Work Phone Number

Is the address listed above a current address? Yes No Unknown**SECTION C. LEGAL FATHER OF CHILD(REN) INFORMATION**

Name-First, Middle, Last, Suffix	Other Names Used	
Date of Birth	Place of Birth (City, State)	Social Security Number
Street Address	City, State, Zip	() Home Phone Number
Mailing Address	City, State, Zip	() Cell Phone Number
Email address:		() Work Phone Number

Is the address listed above a current address? Yes No Unknown**SECTION D. CHILD 1 INFORMATION**

Name-First, Middle, Last, Suffix	Date of Birth	Place of Birth (City & State)				
Social Security Number	Race/Sex					
Current State of Residence		State of Residence Last Six Months				
Were the father and mother of this child legally married to each other? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
Date of marriage	MM	DD	YY	City:	State:	
Date of divorce	MM	DD	YY	City:	State:	Parish/County:

Is the father's name on the Birth Certificate? Yes No Unknown If yes, provide a copy.

If no, has the biological father signed an Acknowledgment of Paternity? Yes No Unknown
If yes, provide a copy.

Is there a court order establishing paternity? Yes No Unknown If yes, provide a copy.

If yes, what state and parish/county established the order? State _____ Parish/County _____

Is there a court order for child and/or medical support for the child? Yes No Unknown If yes, provide a copy.

If yes, what state and parish/county established the order? State _____ Parish/County _____

If yes, is past due support owed? Yes No

Is there a custody order? Yes No Unknown If yes, provide a copy.

SECTION D. CHILD 2 INFORMATION

Name-First, Middle, Last, Suffix

Date of Birth

Place of Birth (City & State)

Social Security Number

Race/Sex

Current State of Residence

State of Residence Last Six Months

Were the father and mother of this child legally married to each other? Yes No Unknown

Date of marriage

MM

DD

YY

City:

State:

Date of divorce

MM

DD

YY

City:

State:

Parish/County:

Is the father's name on the Birth Certificate? Yes No Unknown If yes, provide a copy.

If no, has the biological father signed an Acknowledgment of Paternity? Yes No Unknown

If yes, provide a copy.

Is there a court order establishing paternity? Yes No Unknown If yes, provide a copy.

If yes, what state and parish/county established the order? State _____ Parish/County _____

Is there a court order for child and/or medical support for the child? Yes No Unknown If yes, provide a copy.

If yes, what state and parish/county established the order? State _____ Parish/County _____

If yes, is past due support owed? Yes No

Is there a custody order? Yes No Unknown If yes, provide a copy.

SECTION D. CHILD 3 INFORMATION

Name-First, Middle, Last, Suffix

Date of Birth

Place of Birth (City & State)

Social Security Number

Race/Sex

Current State of Residence

State of Residence Last Six Months

Were the father and mother of this child legally married to each other? Yes No Unknown

Date of marriage

MM

DD

YY

City:

State:

Date of divorce

MM

DD

YY

City:

State:

Parish/County:

Is the father's name on the Birth Certificate? Yes No Unknown If yes, provide a copy.

If no, has the biological father signed an Acknowledgment of Paternity? Yes No Unknown

If yes, provide a copy.

Is there a court order establishing paternity? Yes No Unknown If yes, provide a copy.

If yes, what state and parish/county established the order? State _____ Parish/County _____

Is there a court order for child and/or medical support for the child? Yes No Unknown If yes, provide a copy.

If yes, what state and parish/county established the order? State _____ Parish/County _____

If yes, is past due support owed? Yes No

Is there a custody order? Yes No Unknown If yes, provide a copy.

SECTION D. CHILD 4 INFORMATION

Name-First, Middle, Last, Suffix _____ Date of Birth _____ Place of Birth (City & State) _____

Social Security Number _____ Race/Sex _____

Current State of Residence _____ State of Residence Last Six Months _____

Were the father and mother of this child legally married to each other? Yes No Unknown

Date of marriage _____ MM _____ DD _____ YY _____ City: _____ State: _____

Date of divorce _____ MM _____ DD _____ YY _____ City: _____ State: _____ Parish/County: _____

Is the father's name on the Birth Certificate? Yes No Unknown If yes, provide a copy.

If no, has the biological father signed an Acknowledgment of Paternity? Yes No Unknown
If yes, provide a copy.

Is there a court order establishing paternity? Yes No Unknown If yes, provide a copy.

If yes, what state and parish/county established the order? State _____ Parish/County _____

Is there a court order for child and/or medical support for the child? Yes No Unknown If yes, provide a copy.

If yes, what state and parish/county established the order? State _____ Parish/County _____

If yes, is past due support owed? Yes No

Is there a custody order? Yes No Unknown If yes, provide a copy.

YOUR RIGHTS AND RESPONSIBILITIES

I understand the following conditions:

1. Child Support Enforcement has the authority to take whatever action is necessary to establish paternity and to establish, modify and/or enforce an obligation for child and medical support. I have been advised that the court may order that I provide medical support for my child(ren). Child Support Enforcement does not guarantee that efforts on my behalf will be successful.
2. If I do not cooperate with Child Support Enforcement, my case may be closed after advance notice is provided. The information I provide may affect the relative priority assigned to my case and any change in priority will only result from additional information received by Child Support Enforcement. I must notify Child Support Enforcement if my street/mailing address should change; failure to do so could be considered as failure to cooperate and reason to close my case.
3. A nonrefundable fee of \$25.00 is charged for full service, unless I receive FITAP, KCSP, or Medicaid benefits. No action will be taken on my case until this fee is paid. A nonrefundable fee of \$10.00 is charged for parent locate only cases. An additional fee of \$4.00 is charged if I do not provide the noncustodial parent's social security number.
4. A \$35.00 annual fee will be imposed in each case where an individual has never received FITAP assistance and for whom the State has collected at least \$550.00 of support. CP's Initials: _____
5. I understand that it is mandatory that all recipients of child support payments receive payments via Direct Deposit or the DCFS Debit Card. I acknowledge that I have been advised that fees will be associated with the DCFS Debit Card and I have been provided a [Direct Deposit Authorization Form](#).
6. I must notify Child Support Enforcement Services of any direct support payments received from the noncustodial parent. I must also report if the child(ren) receiving services are no longer residing with me.
7. The state staff attorney, District Attorney, and/or private contract attorney providing services pursuant to this application:
 - a. Does not represent me in any actions that may occur.
 - b. Represents only the State and the State's interest.
 - c. Cannot give me any legal advice. I must contact my own attorney or the local legal services for legal advice.
8. Any information provided, orally, in writing, or in any other form, is not protected by the attorney-client privilege and could be used by the State in a civil or criminal action against me. Whenever the interests of the Louisiana Department of Children and Family Services conflict or are adverse to me, I should retain independent counsel to advise me of my rights. Any monies paid by me herein are not attorney fees.
9. Either party to a child support order may request a review of the child support order every three years to determine if the amount of support is consistent with the Louisiana child support award guidelines.
10. In accordance with Section 466(a)(13) of the Social Security Act [42 U.S.C. 666(a)(13)], disclosure of social security numbers is required. The information may be used for purposes of establishing paternity, modifying, and enforcing support obligations. Social security numbers may also be released for reasons directly connected to programs within the Department of Children and Family Services.
11. Child Support Enforcement has authority to deposit and distribute all monies collected pursuant to this authorization in accordance with LA R.S. 46:236.1.1 through 236.1.10.
12. Child Support Enforcement does not calculate interest on delinquent child support payments. However, if an individual obtains a judgment for interest owed and requests enforcement on the delinquency, the judgment may be enforced.
13. **Child Support Enforcement may withhold up to 10% from future child support payments from all of my child support cases to correct an overpayment.** Yes No CP's Initials: _____
14. By applying for child support services, I understand that medical support services will be provided and that the court may order me to obtain medical insurance and/or provide medical support for my child(ren).
15. Either party to a child support order may request a review of actions taken, or when there is evidence that an action should have been taken on a case. The purpose of the administrative review is to determine if the action or proposed action is appropriate and in compliance with all applicable federal and state laws and regulations. A request for an administrative review should be forwarded to the office that is handling the case.
16. If I believe that I have been discriminated against because of race, color, or national origin, it is my right to file a complaint either through my local Department of Children and Family Services or directly to the State Department of Children and Family Services, or to the federal government. If I wish to file such a complaint, I may secure the complaint form from my local Child Support Enforcement office.
17. I have read the above, or it has been read to me, and I certify that my answer to each question is true and correct. I understand that if I have given false information or answer to any material question herein, I may be subject to criminal and civil prosecution for knowingly giving such false information or answer.

Date

Signature of Applicant