



INDIANA CHILD SUPPORT SERVICES ENROLLMENT

State Form 34882 (R17 / 3-20) / CSB 425A
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS:

1. Complete this form by providing the requested information.
2. Take or mail the signed form to your County Child Support Office.

NOTICE TO ENROLLEE

All custodial parties and non-custodial parents may enroll to receive child support services. There is no enrollment fee or residency requirement.

Child Support Services include:

- Parent location,
- 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 for this enrollment is confidential and is protected to prevent unauthorized disclosure.

ENROLLEE INFORMATION

Last name		First name		Middle name	Suffix (<i>Jr., III, etc.</i>)
Other names used		Relationship to dependents on this form (<i>mother, father, guardian, other</i>)		Do you have primary physical custody of dependents on this form? <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, your case worker may discuss additional protections offered when providing child support services.</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 enrollee to other parent <input type="checkbox"/> Never married <input type="checkbox"/> Divorced <input type="checkbox"/> Divorce pending <input type="checkbox"/> Married <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 form? <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 form <i>(mother, father, potential father, guardian, other)</i>		Does this parent have primary physical custody of dependents on this form? <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 form? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete next box.)</i>				Name of attorney (<i>full name</i>)			

AFFIRMATION AND AGREEMENT

- I hereby swear and affirm under the penalties of perjury that the information contained in this form 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 Child Support Office providing these child support services represent the State of Indiana and do not represent the enrollee or any other person or entity. Communications between the enrollee or other participants and the Child Support Bureau or County 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 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 enrollment to receive child support 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 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 these services does not modify or terminate existing child support orders or obligations.
- 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 enrollee is an unemancipated minor</i>)		Signature of parent / guardian (<i>if enrollee is an unemancipated minor</i>) X _____	
Printed name of enrollee		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 enrollee X _____		Date signed (<i>month, day, year</i>)	

ITEMS TO BRING TO THE APPOINTMENT:

DATE: _____

TIME : _____

**Child's Medicaid Card
Child's Social Security Card
Child's Birth Certificate from the
Board of Health
All Court Orders
Paternity Affidavit from the Board
of Health**

CP Name: _____

Place of Birth _____

AP Name: _____

Place of Birth _____

Child Name: _____

Place of Birth _____

Child Name: _____

Place of Birth _____

WHEN CP REQUESTS IV-D SERVICES:

Make sure that CP actually has physical custody of the child(ren).

Please have packet filled out before your appointment with the Title IV-D office but **DO NOT SIGN ANYTHING UNTIL YOU ARE AT THE TITLE IV-D OFFICE.**

If you are on TANF and fail to attend this appointment your benefits will be sanctioned.

If you are unable to keep your appointment call **Susie 925-3450.**

STATE OF INDIANA) IN THE DEKALB COUNTY TITLE IV-D
) PROSECUTOR’S OFFICE
COUNTY OF DEKALB)

IN RE:)

Custodial Party)

AND)

Non-Custodial Party)

**CUSTODIAL PARTY WAIVER
ATTORNEY-APPLICANT RELATIONSHIP**

The Office of the Prosecuting Attorney represents the interest of the State of Indiana in having children adequately supported and in collecting overdue support. 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 a conflict of interest, he/she will endeavor to inform you of it.

That pursuant to IC-34-46-3-1, any confidential information provided to this office is not information protected by an attorney-client relationship. It may be used by the Office of the Prosecuting Attorney in the prosecution of criminal offenses or civil violations without regard for the source of the information. The undersigned acknowledges that his/her involvement in the Title IV-D Child Support Program does not protect him/her from prosecution for any criminal offense or civil infractions.

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 to you regarding custody, parenting time or any other issues not related to child support.

The establishment and collections of support or the collection of support delinquencies **cannot be guaranteed**. The Office of the Prosecuting Attorney will take such legal actions as may be available to institute the legal process towards the collection of support and delinquencies, and will attend hearings when necessary. That service may include the filing of a Uniform Interstate Family Support Act (UIFSA); filing of Rule To Show Cause; the filing of a Petition to Establish Paternity, Child Support and Medical Insurance; Modify Support; payment of medical expenses; the issuance of income withholding orders; submission to Credit Bureau; Suspension of Driving Privileges and the filing of a criminal non-support charge.

CAN YOU SPEAK AND READ THE ENGLISH LANGUAGE? Yes NO _____

IF YOU HAVE QUESTIONS OR INFORMATION TO RELAY TO OUR OFFICE ABOUT YOUR CASE. IT IS OUR PROSECUTOR'S POLICY THAT IT MUST BE PUT IN WRITING!!!!

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

Dated this _____ day of _____, 20_____.

Custodial Party Printed Name

Signature