

APPLICATION FOR CHILD SUPPORT SERVICES

Nebraska Department of Health and Human Services



Name of Custodial Party (First, Middle, Last, Maiden)		Name of Non-Custodial Party (First, Middle, Last, Maiden)	
Social Security Number	Date of Birth	Social Security Number	Date of Birth
Custodial Party Address <input type="checkbox"/> Residence <input type="checkbox"/> Mailing		Non-Custodial Party Address <input type="checkbox"/> Residence <input type="checkbox"/> Mailing	
Child's Biological Mother		Child's Biological Father	
Court Case Number		County and State in Which Court Case Is Located	
Title of Court Case			
VS.			
Child's Full Name (First, Middle, Last)	Child's Social Security Number	Child's Date of Birth	

Support Enforcement Services Include:

- Locating Parents;
- Establishing Paternity;
- Establishing Court Orders for Child Support;
- Establishing Court Orders for Medical Support;
- Enforcing Orders for Child, Spousal and Medical Support;
- Modifying Child Support Orders (Upon Request).

I understand that if I apply for child support enforcement services:

1. The IV-D (child support enforcement) agency will take any appropriate action to perform the services listed above. The IV-D agency includes Department of Health and Human Services and county attorneys or authorized attorneys and any contracted agent.
2. I may have to pay charges if services are provided by states or federal agencies that charge for their services.
3. The county attorney or authorized attorney is not my personal attorney, and an attorney-client relationship does not exist between the attorney and me.
 - a. Any legal action that is taken as a result of this application is at the discretion of the county attorney or authorized attorney.
 - b. There is not a privilege of confidentiality to me that would have otherwise existed as a result of an attorney-client relationship.
 - c. The county attorney or authorized attorney is working solely on behalf of the State.
 - d. The county attorney or authorized attorney cannot represent me in visitation, custody, or domestic relations issues if they arise.
4. I have an obligation to the IV-D agency to cooperate and my failure to cooperate may result in the closing of my case.
5. Support collected by the IV-D agency will be paid out according to State and Federal laws and rules.
6. Social security numbers obtained regarding the child(ren) may be used for establishment and/or enforcement of medical support.

I believe that I and/or my child(ren) could be at serious risk of harm from the other parent.

By signing this form, I acknowledge that I have read, understand and agree to all the terms on the front and back of this application.

Making application for services does not guarantee support will be collected.

Signature of Applicant	Date Application Signed
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FOR OFFICE USE ONLY:		
Date Application Request Received	Date Application Sent to Requestor	Date Completed Application Received in Office

- A. Locating Parents:** I understand it is my responsibility to cooperate in the identification and location of the other parent/party. This includes providing the IV-D agency with any information about the other parent/party's residence, employment, property and any other information that would be helpful.
- B. Establishing Paternity:** I understand that the IV-D agency will pursue establishment of paternity in all cases where it is necessary to obtain a support order. If there is more than one possible father, I must identify and assist in locating all alleged fathers. I may be required to appear with my minor child(ren) to provide blood and/or tissue samples for the purpose of genetic testing to establish paternity.
- C. Establishing Court Orders for Child Support:** I may be required to cooperate in the establishment of a support order (this does not include spousal support). I will appear and testify in court when requested to do so by the IV-D agency and will provide any financial information about myself or the other parent/party to the IV-D agency when it is requested.
- D. Establishing Court Orders for Medical Support:** I understand that the IV-D agency may establish a medical support obligation. This obligation may include health insurance or medical support payments for specific dollar amounts, such as birth-related expenses. I may be required to provide the IV-D agency with information regarding medical insurance coverage and medical information regarding my child(ren) for the purpose of obtaining coverage. The child's Social Security Number may be used to enroll the child in health insurance coverage.
- E. Enforcing Orders for Child, Spousal and Medical Support:** I understand that I will be required to cooperate in the enforcement of any court-ordered support. I will appear and testify in court when requested to do so by the IV-D agency for the purpose of enforcing my support order.

I understand that my child/spousal support payments will be redirected to the Department of Health and Human Services if I have an out-of-state court order as long as I receive child support enforcement services. The support collected will be paid out according to State and Federal laws and rules.

I understand that the Department of Health and Human Services will submit the name of the parent/party ordered to pay to the U.S. Department of Treasury, Internal Revenue Services (IRS) and Nebraska Department of Revenue to intercept his/her federal payments and/or tax refund(s) for delinquent support. I understand that any money owed to the federal government or to the State for ADC or Medicaid benefits will be paid before I receive money from the tax refund intercept. I understand that if the parent files a joint return, the Department of Health and Human Services may hold the tax refund up to six months. I understand that if the parent files an amended return (which could be up to six years after the tax year), or if the amount paid to me from the refund intercept is incorrect, I must pay back the amount owed to the Department of Health and Human Services.

- F. Modifying Child Support Orders (Upon Request):** I understand as a parent subject to a Nebraska child support order, I may request the Child Support Enforcement Unit (CSEU) to review the dollar amount of the court order to determine if it is the proper amount according to the Nebraska Child Support Guidelines. Health insurance may be added to the order. To add health insurance, it must be available to the parent ordered to pay support through an employer or other organization. The children cannot presently be covered by health insurance other than Medicaid.
- G. Disclosure of Nonrepresentation:** I understand that when I give information to child support officials or the State's lawyer, that information may be used by the officials or the State's lawyer if it is necessary or appropriate. I will not be able to tell them that the information cannot be used. I will not be able to tell them how to use the information. The information can even be used against me in any of my child support cases or if I break the law.

I understand that because there is no attorney-client relationship between the State's lawyer and myself, if I violate any laws, the State's lawyer may prosecute me for those violations.