

GENERAL INFORMATION ABOUT THE OBLIGOR/PUTATIVE FATHER APPLICATION FOR CHILD SUPPORT SERVICES

GENERAL INFORMATION: This is the application for child support services under Title IV-D of the Social Security Act for Obligor and Putative Fathers. *NOTE: "Child" or "children" means any child who has not terminated his/her high school education or reached the age of 18 years, whichever is later; or is not married; or not become a member of the military.* New Hampshire's Child Support Program is administered by the Department of Health and Human Services, Bureau of Child Support Services (BCSS). Services offered by BCSS for Obligor and Putative Fathers include: locating Obligees per Court Order, establishing child support orders, and review and adjustment of child support orders.

HELP IN COMPLETING THE APPLICATION FOR CHILD SUPPORT SERVICES: For help completing this application or if you have questions about the application process and/or child support services, call the BCSS Central Information Unit at 603 271-4427 or 800 852-3345 ext. 14427.

Read this form carefully or have someone else read it to you before you complete and sign it. When you sign the application, you will be saying you have read and understood the application, and that you have answered the questions honestly and to the best of your ability. In non-public assistance cases, giving false or misleading information or withholding information can result in the closing of your case.

A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH OBLIGEE: If you are applying for child support services in regards to more than one child, and the children have different Obligees (for example, the children have different mothers or fathers), you must fill out a separate application for each Obligee. You may obtain additional copies of this application from the person who provided this one to you, or from your local Child Support Office.

PRINT ALL INFORMATION: With the exception of your signature, please **PRINT** all information entered on the application. Use a ballpoint pen and bear down firmly, so the information will appear on all copies. Please answer all questions on the application. If a question is not applicable, enter "N/A" in that space. For example, if you were never married to the Obligee, enter "N/A" under "Date of Marriage" and "City and State of Marriage". In sections that have check-off boxes, check all boxes that apply, and leave the others blank. If you do not know the answer to a question, enter "not known" in that space.

INSTRUCTIONS FOR COMPLETING THE OBLIGOR/PUTATIVE FATHER APPLICATION FOR CHILD SUPPORT SERVICES

SERVICE REQUESTED: Check the appropriate box indicating which services you are applying for. The available choices are: Establish Child Support Order, Court-Ordered Locate Services, Review and Adjustment (R&A) of a NH Support Order, R&A of an Out-of-State Support Order, and All Services (as appropriate). *NOTE: BCSS cannot request modification of arrearage-only cases as there is no ongoing support amount to modify, unless both parties agree.*

APPLICANT INFORMATION: Enter the requested information, answering all questions. If a question does not apply, enter "N/A" (not applicable) or "not known."

WHY BCSS ASKS THE QUESTION REGARDING MILITARY SERVICE: According to a survey of NH veterans, one of the top barriers to their receiving care is that veterans "do not feel understood by the providers who serve them". In order to improve the accessibility and quality of Department services to veterans, BCSS asks the question whether you, a member of your family, and/or the Obligor are serving or have ever served in the military. Doing this allows BCSS staff to identify service members, veterans, and military members in our intake process and to provide better overall services to identified individuals over the life of their cases.

YOUR RELATIONSHIP TO THE OBLIGEE: Check the appropriate box to indicate the current status of your relationship to the Obligee. If you are married to or divorced from the Obligee, please enter the dates and places of the marriage/divorce in the spaces provided.

OBLIGEE INFORMATION: The information you provide in this section is very important. It will help BCSS identify/or locate the Obligee. For this reason, it is important the information you enter be as accurate and up-to-date as possible. *If you do not know the requested information, enter "not known" in that space.*

Enter the Obligee's name, Social Security Number and date of birth in the spaces provided. The Obligee's Social Security Number and date of birth are extremely important. If you do not know this information off-hand, you may be able to find it on an income tax return, pay stub, or on an insurance claim form. Enter the Obligee's address information in the space provided, and check the appropriate box to indicate whether the address information is the Obligee's current or last known address. Enter the Obligee's current home phone number; cell phone number, and/or message/work phone number in the spaces provided. Enter the Obligee's employer information in the spaces provided, and check the appropriate box to indicate whether the information is for the current or last known employer.

SUPPORT PAYMENT AND COURT ORDER INFORMATION: Indicate whether or not there is an existing court order for child support by checking the appropriate box. If there is a court order for child support, enter the child support payment amount and the payment frequency in the spaces provided (for example, \$100.00 per week, \$400.00 per month, etc.). Enter the name of the state and the court that issued the order in the spaces provided, and check the appropriate box to indicate whether or not there is any court action pending. If there is, provide an explanation in the space provided. Indicate whether or not you have an existing Child Support case in any state by checking the appropriate box. If so, enter the name of the state(s) where the order(s) was issued in the space provided. Indicate if you have a separate order for divorce, custody or domestic violence by checking the appropriate box(es). ***NOTE: A copy of all Court orders and stipulations, including those related to domestic violence, must be provided, even if they do not address child support payments.***

DEPENDENT CHILD(REN) OF THIS RELATIONSHIP: Enter the name, Social Security number, date of birth, place of birth (city and state), and place of residence (city and state), for the last six months for each child in the spaces provided. *If you do not know the requested information, enter "not known" in that space.*

APPLICANT'S CERTIFICATION OF UNDERSTANDING: You must read and sign this section. When you sign the application, you are saying you have read and understood the application and the responsibilities of BCSS. In addition, you are also saying you have answered the questions honestly and to the best of your ability.

IF YOU HAVE MORE INFORMATION ABOUT THE CASE, BUT CANNOT FIT IT ON THIS APPLICATION, ENTER THE INFORMATION ON A SEPARATE SHEET AND ATTACH IT TO THE APPLICATION.

IMPORTANT – ALL APPLICANTS MUST READ THIS INFORMATION

NOTICE ABOUT LEGAL SERVICES PROVIDED BY BCSS: The Bureau of Child Support Services (BCSS) attorney or Child Support worker assigned to your case represents the New Hampshire Department of Health and Human Services (Department) and **does NOT** represent either you or your child(ren).

The BCSS attorney or Child Support worker acts on behalf of the Department to establish, enforce, and modify child support orders.

Information you provide to BCSS, while safeguarded in keeping with state and federal law, is NOT completely confidential. It is sometimes necessary for BCSS to provide information from its files to other people who work with BCSS to establish, enforce or modify child support orders, or to share information with other divisions within the Department for the administration of their respective programs. In addition, under federal law, BCSS may also disclose specific confidential information to appropriate authorities in connection with parental kidnapping and other cases. The Court may also require the release of information to the Obligee.

It is up to BCSS to choose the best course of action for your child support case. Although we may ask for information, BCSS must make the final decision on actions to take on your case. If there is a conflict between your interests and the Department's interests, BCSS will represent the Department's interest. You always have the right to obtain your own attorney or to represent yourself in Court if you are not satisfied with the actions BCSS is taking with your case. Payment for a private attorney is your responsibility.

BCSS cannot be involved in custody, visitation or property disputes. When BCSS takes a paternity or child support case to Court, the Obligee sometimes files a request with the Court to establish custody or visitation rights or to enforce a prior agreement or Court order regarding property distribution. You may want to obtain your own attorney to help you with these matters, or you can represent yourself in Court.

WHAT YOU CAN EXPECT: Services BCSS can provide for Obligor and Putative Fathers: BCSS can help locate the Obligee for the purpose of custody and visitation. Claims for visitation, custody or other issues often associated with child support, however, are not handled by BCSS. An Obligor can petition the court for locate services through the Federal Parent Locate Services (FPLS). The court may issue an order for BCSS to use the FPLS to locate an Obligee. Any information returned by FPLS will be provided to the court. The court will have the final decision about disclosure of the information.

BCSS can take actions to establish a child's paternity. BCSS will not pursue paternity actions, however, if the child has a father listed on his or her birth certificate. In such cases, Putative Fathers may pursue their own court actions to establish paternity. The statute of limitations for establishing paternity is 18 years from the date of the child's birth. If BCSS initiates paternity actions, BCSS will notify you and the Obligee of genetic paternity test results. If you are determined to be the father of the child, the Obligee may then apply for child support services. In that case, BCSS will initiate actions to establish a child support order. If the Obligee doesn't apply for child support services, BCSS will not establish an order, unless you request it. The Obligee has the right to claim "good cause" for not cooperating in the paternity determination process due to domestic violence. If she does so, and the good cause claim is approved, BCSS will not pursue paternity actions. You have the right to file a "Claim of Paternity Affidavit," to protect your interest in the child in the event there is a court hearing to terminate parental rights of the child or release the child for adoption. Before any such hearing takes place, the court will contact BCSS to see if there is a Claim of Paternity Affidavit on file with BCSS. If so, BCSS will notify the court. The court will then send you a notice informing you of the proceeding, and of your right to request a hearing to prove paternity. If you do file a "Claim of Paternity Affidavit" with BCSS, it is your responsibility to notify BCSS if you change your address. If you fail to do so, you may not receive the requested notification from the court.

BCSS can review a child support order to determine if a modification of the order amount is warranted. Both parties have the right to request a review of their child support order if it has been three or more years since the order was issued or reviewed, or if there has been a substantial change in either party's circumstances. *NOTE: A review of your child support order can result in either an increase or a decrease in the amount to be paid.*

BCSS can also take actions to modify an existing order to include a medical support provision that would require you to provide health insurance coverage for your child(ren) if the insurance is accessible to the child(ren) and available to you at a reasonable cost, or if it has been three or more years since your order was issued or modified.

In addition, BCSS can assist you if you wish to request modification of an order not established in the State of NH. Ultimately, the court where your order originated will determine whether or not your order will be modified.

If BCSS establishes an order, and you fail to comply with the order for any reason, or fail to pay on any past-due amount owed, BCSS can take lawful collection action against you, and legal action will result. Actions BCSS can take to enforce support order include:

- ◆ Federal income tax refund intercept and/or other IRS collection action
- ◆ Imposition of a lien against your real and/or personal property, including bank/financial accounts
- ◆ Reporting the amount of past-due support you owe to a credit bureau
- ◆ Requesting that a licensing board or agency deny or revoke your driver's, occupational, or sporting license
- ◆ Passport denial

BCSS can also take you to Court if you do not comply with your legal order, and can prosecute you for criminal non-support. **BOTH OF THESE ACTIONS CAN RESULT IN YOUR GOING TO JAIL.**

NOTE: If you wish to apply for income assignment services only (Non-IV-D Services), please call the BCSS Central Information Unit at 603-271-4427 or 800-852-3345 ext. 14427.

**APPLICATION FOR
CHILD SUPPORT SERVICES
(OBLIGOR/PUTATIVE FATHER)**

SERVICE(S) REQUESTED

Please check the appropriate box(es) to indicate the service(s) you are requesting: Establish Child Support Order Court-Ordered Locate Services
 Review and Adjustment (R&A); i.e., Modification; of a NH Support Order R&A of an Out-of-State Support Order All Services (As Appropriate)

APPLICANT INFORMATION

Your Name: _____ Social Security #: _____ Date of Birth: _____

What is your relationship to the child(ren)? _____

Your Street Address: _____ Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Message or Work Phone: _____

Employer Name and Address: _____

Current Weekly Wages: \$ _____ Other Income (for example, public assistance, workers' comp, unemployment, etc.): \$ _____ per _____

Have you or a family member ever served in the military? Yes No If yes, please state if yourself or which family member? _____

If yes, are the child(ren) covered by military insurance? Yes No

Do you have medical insurance? Yes No If yes, are the child(ren) covered? Yes No

If yes, name the insurance company: _____ Policy/Group Number: _____

What is/are the primary language(s) that you speak? _____

WHAT IS YOUR RELATIONSHIP TO THE OBLIGEE?

Married Divorced Divorce Pending Legally Separated Informally Separated Never Married to Parent

If you **are** or **were** married to the Obligee, please complete: Date of Marriage: _____ Date of Divorce: _____

City & State of Marriage: _____ City & State of Divorce: _____

OBLIGEE INFORMATION

Obligee's Name: _____ Social Security #: _____ Date of Birth: _____

Current or Last Known Address: _____

Home Phone: _____ Cell Phone: _____ Message or Work Phone: _____

Current or Last Known Employer: _____

Employer's Address: _____

Obligees Weekly Wages: \$ _____ Other Income (for example, public assistance, workers' comp, unemployment, etc.): \$ _____ per _____

Has the Obligee ever served in the military? Yes No If yes, are the child(ren) covered by military insurance? Yes No

What is/are the primary language(s) that the Obligee speaks? _____

SUPPORT PAYMENT AND COURT ORDER INFORMATION (NOTE: A CERTIFIED COPY OF ALL COURT ORDERS AND STIPULATIONS, INCLUDING THOSE RELATED TO DOMESTIC VIOLENCE, MUST BE PROVIDED. IF THEY ARE NOT PROVIDED, YOUR CASE MAY NOT BE PROCESSED.)

Do you have a court order for child support? Yes No. If Yes, what is the amount of support ordered? \$ _____ per _____

Which state and court issued the order? _____ Are any court actions pending? Yes No

If yes, please explain: _____

Do you have an existing Child Support case in any state? Yes no. If Yes, in which state(s): _____

Do you have a separate order for Divorce Custody or Domestic violence?

DEPENDENT CHILD(REN) OF THIS RELATIONSHIP

Name	Social Security #	Date of Birth	Place of Birth (City and State)	Place of Residence Last 6 Months (City & State)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

APPLICANT'S CERTIFICATION OF UNDERSTANDING - By signing this application, I am indicating that I have read and understood the information contained in the application. I understand that if I am requesting paternity establishment services, and am determined to be the father, it may result in the establishment and enforcement of a child support order.

ADDITIONAL COMMENTS AND INFORMATION: _____

The information I have provided is accurate to the best of my knowledge.

X _____
Applicant's Signature

Date