

Cause #: _____

ISETS Case #: _____

WAYNE COUNTY PROSECUTOR'S OFFICE
CHILD SUPPORT DIVISION
Wayne County, Richmond, Indiana

**** PLEASE USE BALL POINT PEN ****

PLEASE BRING THE FOLLOWING WITH THE COMPLETED
ENROLLMENT FORM:

- _____ Birth Certificate
- _____ Paternity Affidavit (If the birth certificate was signed
- _____ Medicaid Card
- _____ Court Order(s) (If party is requesting Enforcement of Existing Order)
- _____ Three (3) most recent paycheck stubs (when modifying zero (\$0) order)

WHO CURRENTLY HAS CUSTODY OF CHILD(REN)?:

- _____ Mother
- _____ Father
- _____ Other (i.e. grandparent, guardian, etc)

TANF (TEMPORARY ASSISTANCE FOR NEEDY FAMILIES):

- _____ Currently Receiving
- _____ Never Received
- _____ Received in the Past

***** OFFICE USE ONLY *****

Applicant is applying for:

- _____ Establish Paternity
- _____ Support Order / Medical Support
- _____ Enforcement of an existing order (copy of order needed)
- _____ *Change Payee
- _____ Modify child support order when current order is zero (\$0)
(due to parties still living together, incarceration at time of child support hearing, neither party appeared at paternity hearing, etc)

***In some cases a Modification of Child Support may be necessary**



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 (Jr., III, etc.)
Other names used		Relationship to dependents on this form (mother, father, guardian, other)		Do you have primary physical custody of dependents on this form? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of birth (month, day, year)	Gender	Race	Social Security Number / ITIN		
Home address (Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code)					
Mailing address, if different from address above (Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code)					
Telephone number (cellular)	Telephone number (home)	Telephone number (work)	E-mail address		
Do you need special assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete next box.)		Specify assistance needed here (i.e., physical, hearing impaired, language interpreter, other)			
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 (If yes, your case worker may discuss additional protections offered when providing child support services.)					
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 (If yes, complete the next two boxes.)		Name of employer	
Address of employer (Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code)					
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 (If yes, complete next box.)				Name of attorney (full name)	
Are you applying for services for an unborn child? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete next box.)				Due date (month, day, year)	

DEPENDENT #1 INFORMATION

Last name		First name		Middle name	Suffix (Jr., III, etc.)
Date of birth (month, day, year)	Place of birth (City and State)	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 (If yes, then complete the next two boxes.)		How was paternity established? <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit (If by court order, complete the next box.)		Where was paternity established? (County and state)	
Is there a court ordered child support obligation for this dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, complete the next box.)			Where was child support ordered? (County and state)		Enrolled in Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No

DEPENDENT #2 INFORMATION

Last name		First name		Middle name	Suffix (Jr., III, etc.)
Date of birth (month, day, year)	Place of birth (City and State)	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 (If yes, then complete the next two boxes.)		How was paternity established? <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit (If by court order, complete the next box.)		Where was paternity established? (County and state)	
Is there a court ordered child support obligation for this dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, complete the next box.)			Where was child support ordered? (County and state)		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 (Jr., III, etc.)
Date of birth (month, day, year)		Place of birth (City and State)		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? (County and state)		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? (County and state)	
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 (Jr., III, etc.)
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 (month, day, year)		Gender	Race	Social Security Number / ITIN	
Height	Weight	Hair Color	Other distinguishing characteristics (eye color, tattoos, etc.)		
Home address (Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code)					
Mailing address, if different from address above (Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code)					
Telephone number (cellular)	Telephone number (home)	Telephone number (work)	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 (physical, hearing impaired, language interpreter, other)			
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 (Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code)					
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 (full name)		

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 (if enrollee is an unemancipated minor)	Signature of parent / guardian (if enrollee is an unemancipated minor) 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 (month, day, year)

POLICIES & PROCEDURES NOTICE

- **(Initial) I understand and agree that the Prosecuting Attorney and Child Support Division are in no way my private counsel. Indiana Code 31-25-4-13.1(f) states (1) an attorney who provides services for the child support bureau is the attorney for the state and is not providing legal representation to the applicant; and (2) communications made by the applicant to the attorney and advice given by the attorney to the applicant are not confidential communications protected by the privilege provided under Indiana Code 34-46-3-1.**
- I understand and agree that the Prosecuting Attorney and Child Support Division work on behalf of the State of Indiana for the best interest of my child(ren) in receiving support.
- I understand and agree that in the event of a conflict between my interests and the interest of the State of Indiana, the Prosecuting Attorney and Child Support Division will advocate on behalf of the State's interest.
- I understand and agree that I will provide whatever accurate and truthful information or documentation that may be required to enforce my child(ren)'s case.
- **(Initial) I understand and agree that it is my responsibility to provide as much information as possible about the non-custodial parent to assist establishing and enforcing a child support order.**
- I understand and agree that all child support payments must be made through the Clerk of the Court or the State Central Collection Unit, unless otherwise ordered by the Court.
- I understand and agree that as a condition of receiving TANF, support payments are assigned and retained by the State of Indiana.
- **(Initial) I understand and agree that if I am verbally or physically abusive to the staff, repeatedly use obscenities, demand enforcement be done on my terms, etc., the Child Support Division reserves the right to close my case to their office. If I am on TANF or Medicaid, this may result in my benefits being sanctioned.**
- I understand that I may request the Prosecuting Attorney and Child Support Division to terminate enforcement of my case only if I am not currently on public assistance, and there is no back support owed to the State of Indiana for reimbursement of prior public assistance received on behalf of my child(ren) by myself.
- I understand that the Prosecuting Attorney and Child Support Division are not required to become involved in issues related to child custody and parenting time, and that I should seek the services of a private attorney if I have questions or concerns related to these issues.
- **(Initial) I understand and agree that the Prosecuting Attorney and Child Support Division have many cases and may not begin judicial enforcement of a case until child support payments are delinquent by thirty (30) days. I further understand and agree that I should not contact the Prosecuting Attorney and/or Child Support Division to complain of delinquent payments until child support payments are delinquent by thirty (30) days.**

I have read the above fully and understand the contents of this Agreement of Responsibilities.

Date

Signature of person requesting services/applicant

Date

Application taken by

Copy made & given to above individual