

## SAUK COUNTY APPLICATION FOR CHILD SUPPORT SERVICES

Information provided on this form may be shared with others only for the purpose of administration of the child support program and other related programs (Wis. Statutes s.49.83).

### APPLICANT INFORMATION:

Applicant Name:		
Sex:	DOB:	Social Security Number:
Home Phone:		Work Phone:
Street Address:		
City:	State:	Zip:
Have you ever received AFDC, W-2 services or Medical Assistance? (Circle one) Yes No		

### PAYER INFORMATION:

Paying Parent's Name:		
Sex:	DOB:	Social Security Number:
Home Phone:		Work Phone:
Street Address:		
City:	State:	Zip:
Height:	Weight:	Eyes:
		Hair:
Race:		
Distinguishing Marks (tattoos, scars, etc.):		
Employer Name:		
Employer Address:		

### INFORMATION ABOUT THE CHILDREN YOU ARE REQUESTING SERVICES FOR:

Name:	Sex:
Social Security Number:	DOB:
Race:	

Name:	Sex:
Social Security Number:	DOB:
Race:	

Name:	Sex:
Social Security Number:	DOB:
Race:	

Name:	Sex:
Social Security Number:	DOB:
Race:	

**Please list information for additional children on a separate sheet of paper. (See Reverse)**

I hereby request child support services under the Child Support Enforcement Program under Title IV-D of the Social Security Act. I understand that I must cooperate with the child support agency by providing information that affects the enforcement of my case. I understand that any certifiable past due child support debts owed must be submitted to the tax/lottery intercept programs. *(If intercepted money is later recalled by the federal Internal Revenue Service (IRS) or the state Department of Revenue (DOR), it must be immediately returned to Bureau of Child Support (BCS). If the money cannot be repaid all at once, arrangements can be made for a payment plan until the amount is repaid in full. If the money is not returned, the BCS will try other ways to collect the money, such as using a collection agency.)*

I agree to pay all fees and charges, which may include, but are not limited to, an application fee, tax intercept fee, and court costs. I understand that the quality of the information I provide may affect the agency's ability to provide child support services.

**Disclaimer:** The State of Wisconsin will bring any necessary administrative or court action to establish paternity (legal fatherhood) or establish or enforce a support order. However, the child support attorney does not represent either parent, but rather represents the state's interest in enforcing support.

Applicant Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

PATERNITY INTERVIEW FORM

CCSA No.
DATE
INTERVIEWER

<b>MOTHER</b>				
NAME (FIRST, MIDDLE, LAST)		MAIDEN NAME		SOCIAL SECURITY No.
ADDRESS		BIRTH DATE	BIRTHPLACE	TELEPHONE AREA ( )
YEARS OF SCHOOLING	USUAL OCCUPATION	PRESENT EMPLOYER		RACE
RECEIVING AFDC <input type="checkbox"/> YES <input type="checkbox"/> NO		FINANCIAL WORKER'S NAME-COUNTY		
MARITAL STATUS AT TIME OF CHILD'S CONCEPTION OR BIRTH <input type="checkbox"/> MARRIED AT CONCEPTION <input type="checkbox"/> MARRIED AT BIRTH <input type="checkbox"/> UNMARRIED AT BIRTH		HUSBAND'S FULL NAME		MARRIAGE DATE/PLACE
<input type="checkbox"/> LEGALLY SEPARATED BUT NOT DIVORCED AT CONCEPTION		DATE OF DIVORCE PLACE (CITY, STATE)		CASE NO.
MOTHER'S DIVORCE ATTORNEY (NAME, ADDRESS, TELEPHONE)				

IF MARRIED DURING CONCEPTIVE PERIOD AND YOUR HUSBAND IS NOT THE FATHER, ANSWER THESE SIX QUESTIONS:

- \_\_\_\_\_ DATE YOU LAST LIVED WITH YOUR HUSBAND
- \_\_\_\_\_ DATE YOU LAST HAD SEXUAL RELATIONS WITH YOUR HUSBAND
- \_\_\_\_\_ DATE YOU LAST SAW YOUR HUSBAND
- DID YOU EVER TELL YOUR HUSBAND OR ANY OTHER PERSONS (INCLUDING HOSPITAL AUTHORITIES) THAT YOUR HUSBAND IS THE FATHER OF YOUR CHILD?  
 YES  NO
- HAS YOUR HUSBAND EVER MADE ANY CLAIM THAT HE IS THE FATHER OF THIS CHILD?  
 YES  NO
- LIST YOUR HUSBAND'S CURRENT ADDRESS

YES  NO HAS ANY ACTION BEEN TAKEN TO ESTABLISH THE CHILD'S PATERNITY?  
 IF YES, WHERE? \_\_\_\_\_ WHAT WAS THE OUTCOME? \_\_\_\_\_

<b>CHILD</b>		Childs' Social Security Number:			
NAME (FIRST, MIDDLE, LAST)		BIRTH DATE	IF UNBORN, EXPECTED BIRTH DATE	SEX	WEIGHT
LOCATION WHERE CHILD WAS BORN (NAME OF HOSPITAL OR OTHER ADDRESS)		MOTHER'S PHYSICIAN			
DATE LAST MENSES BEGAN	NO. OF DAYS	WAS THIS A NORMAL MENSES PERIOD <input type="checkbox"/> YES <input type="checkbox"/> NO		NORMAL MENSTRUAL CYCLE (NUMBER OF DAYS)	IF PREMATURE BIRTH WHY?
PERSON, AGENCY, IF ANY OTHER THAN MOTHER, HAVING PHYSICAL CARE OF THE CHILD (NAME, ADDRESS)					
DOCTOR BILL	AMOUNT PAID	BY WHOM			BALANCE DUE
\$	\$				\$
HOSPITAL BILL	AMOUNT PAID	BY WHOM			BALANCE DUE
\$	\$				\$

DID MA PAY FOR PREGNANCY AND CONFINEMENT COSTS (YES) (NO) Circle One

Re: Wis. Stats.  
 49.19(4)(h) 1.

ALLEGED FATHER

NAME (FIRST, MIDDLE, LAST) SOCIAL SECURITY No.

ADDRESS TELEPHONE No. AREA

IF PRESENT ADDRESS UNKNOWN, LAST KNOWN ADDRESS TELEPHONE No. AREA

BIRTH DATE PLACE OF BIRTH RACE DESCRIPTION EYES HAIR HEIGHT WEIGHT IDENTIFYING MARKS

YEARS OF SCHOOL USUAL OCCUPATION PRESENT EMPLOYER MONTHLY GROSS INCOME

REAL ESTATE - WHERE - VALUE

CHECKING ACCOUNTS - AMOUNT - LOCATIONS SAVINGS ACCOUNTS - AMOUNT - LOCATIONS STOCKS/BONDS

VEHICLES (AUTOS, BOATS, SNOWMOBILES, ETC.) - MAKE, MODEL, YEAR DEBTS (TOTAL)

ALLEGED FATHER IS: ALLEGED FATHER ALSO SUPPORTS (NAME, RELATIONSHIP):

SINGLE MARRIED ALLEGED FATHER'S ATTORNEY (NAME, ADDRESS, TELEPHONE)

SEXUAL RELATIONS

PRESUMED PERIOD OF CONCEPTION DATES OF SEXUAL RELATIONS DURING THE PRESUMED PERIOD OF CONCEPTION

WHERE RELATIONS OCCURRED (CITY, STATE)

If you had sexual relations with any other men during that time: LIST NAME OF EACH MAN, DATES, PLACES

WHAT CONTRACEPTIVES, IF ANY, WERE USED, WITH WHOM, ON WHAT DATES?

WHY DO YOU THINK THE PERSON YOU NAMED IS FATHER OF YOUR CHILD?

IF YOU HAVE EVER LIVED WITH THE ALLEGED FATHER, OR MARRIED HIM AFTER THE CHILD'S BIRTH, EXPLAIN:

IF YOU STILL SEE THE ALLEGED FATHER, EXPLAIN

IF YOU TOLD THE ALLEGED FATHER HE IS THE CHILD'S FATHER, WHEN AND UNDER WHAT CIRCUMSTANCES?

ALLEGED FATHER ADMITTED HIS RESPONSIBILITY TO YOU THEN TO YOU NOW TO OTHERS NAMES/ADDRESSES OF OTHERS TO WHOM HE ADMITTED RESPONSIBILITY

HAS ALLEGED FATHER EVER PAID FOR YOUR CARE DURING PREGNANCY PAID YOUR CHILD'S EXPENSES HAD THE CHILD LIVE WITH HIM IF CHILD HAS LIVED WITH ALLEGED FATHER, EXPLAIN -

DESCRIBE ANYTHING YOU HAVE IN WRITING (LETTERS, DIARIES, ETC.) INDICATING ALLEGED FATHER IS CHILD'S FATHER

PATERNITY INTERVIEW FORM

DES-2023-C (Reissued 8/94)

WITNESSES WHO SAW MOTHER AND ALLEGED FATHER TOGETHER, OR WHO KNOW OF THIS CASE.	
(NAME)	(ADDRESS)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I have read the above questions and answers stated (or they have been read aloud to me) This date, and the answers are true and correct to the best of my knowledge and belief.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Witness

SUBSCRIBED and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public,  
My commission is|expires \_\_\_\_\_

Case Caption:

Uniform Child Custody  
Jurisdiction Act Affidavit

Case No. \_\_\_\_\_

Under oath I state:

1. The child's name and present address are:

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

2. The child has lived in the following places over the last 5 years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. The name and present address of the persons with whom the child has lived over the last 5 years are:

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

Time Period: \_\_\_\_\_

4. I have participated as a witness or in any other capacity in any other litigation concerning the custody of the child.

Yes  No If Yes, explain: \_\_\_\_\_

5. I have information of other custody proceedings concerning the child pending in this or any other state.

Yes  No If Yes, explain: \_\_\_\_\_

6. I know of persons not a party to this proceeding who have physical custody of the child or claim to have legal custody, physical placement, or visitation rights with respect to the child.

Yes  No If Yes, explain: \_\_\_\_\_

7. I understand that I have a duty to inform the court if I learn in the future of any custody or physical placement proceeding concerning the child in this or any other state.

Subscribed and sworn to before me

on: \_\_\_\_\_

Signature of Party

Notary Public, State of Wisconsin

Name Typed or Printed

My commission expires: \_\_\_\_\_

Date

Additional questions:

1) Your occupation/place of employment: \_\_\_\_\_

2) Occupation/place of employment of other parent: \_\_\_\_\_

3) Date & place of marriage, if applicable: \_\_\_\_\_

4) Date of separation/living apart since: \_\_\_\_\_

5) Have you been previously married? \_\_\_\_\_  
If yes, how ended? Divorce? Death?

6) Has the other parent been previously married? \_\_\_\_\_  
If yes, how ended? Divorce? Death?

7) Child(ren)'s SSN: \_\_\_\_\_  
\_\_\_\_\_

8) Are you currently pregnant? \_\_\_\_\_  
If yes, due date:

9) Any divorce action pending? \_\_\_\_\_

10) Where were you born? City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

11) Where was the other parent born? City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

12) Does the other parent speak a language other than English? \_\_\_\_\_  
If yes, is an interpreter needed?

13) Does the other parent have an arrest record? On probation/parole? \_\_\_\_\_

14) Did medical assistance pay for the pregnancy and birth costs? \_\_\_\_\_ Private health ins? \_\_\_\_\_  
Prenatal care at:  
Hospital baby was born:  
Weight of baby at birth:  
C-section or vaginal delivery:

## Medical Release Form

I, \_\_\_\_\_, hereby authorize the clinic/hospital to release information to the Sauk County Child Support Agency regarding my pregnancy and birth of my child/children, born/to be born, on, \_\_\_\_\_, specifically whether the birth was vaginal or by c-section as well as the amounts charged by the clinic/hospital, amount paid by private insurance and amounts paid by the Medical Assistance Program for birth expenses.

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Name

Date



## CHILD SUPPORT AGENCY

Thomas M. Fandry, Administrator

PHONE: (608) 355-3238

FAX: (608) 355-3239

TDD: (608) 355-3490

### **NOTICE TO ALL PERSONS RECEIVING CHILD SUPPORT AGENCY SERVICES**

You should understand that the **Child Support Agency attorney** does not represent you. The **Child Support attorney** represents only the interests of the State of Wisconsin. While the attorney will take appropriate steps to collect child support that is owed to you, you should understand that the interests of the State of Wisconsin, the child for whom support is sought, and the child's parents or custodians are not necessarily the same and may be in conflict.

The **Child Support Agency attorney** cannot give you legal advice about your case or about any other legal matter. The attorney can neither provide services nor render legal advice about matters concerning custody or visitation. If you desire legal advice or if you want to be represented in matters concerning child support, paternity, or other matters, you should speak with a private attorney. You are always free to retain a private attorney to represent you.

You should also be aware that any information disclosed by you or the child, whether or not it relates to the support action, does not enjoy the attorney-client privilege and may be used by the state or other persons in any other matter.

After reading this notice, please sign the statement at the bottom of this page and return this notice to the Child Support Agency. If you request one, you will be given a copy of the signed statement.

***I have read the above notice and I understand its provisions. Furthermore, I understand that the Child Support Agency attorney does not represent me and only represents the interests of the State of Wisconsin.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Absent Parent's Name:  
  
\_\_\_\_\_



# New Privacy Protections for Child Support Participants

A new privacy provision protects release of information for those at risk of harm from domestic violence. If release of your address, telephone number, employer or other location information would put you at risk, please return this completed form to the county child support agency handling your case.

If you believe yourself to be at risk and meet one of the protection reasons, a privacy indicator will be entered into your computer records on the statewide child support computer system. The indicator will be displayed on the child support worker's computer screen for all your child support cases. It will also prohibit release of your address and employer information, in most situations. The privacy protection won't stop or interrupt most child support enforcement or collection efforts. It doesn't affect your requirement to cooperate with the child support agency.

You may qualify for privacy protection if you meet any of the following conditions:

- You or your child(ren) are covered by a protective order.
- You or your child(ren) have a history of domestic violence or are at risk of domestic violence.
- A child support agency has reason to believe that you or your child(ren) may be physically or emotionally harmed if information were released.
- You have been granted good cause for non-cooperation with child support by a Wisconsin Works agency or another county social services agency.

Requests for protection can be made at any time. Provide this completed form to your county child support agency. In case of an emergency, call your child support agency by telephone. Agency staff may ask you to verify the information provided on the form.

## Request for Privacy Protection

(please print)

KIDS PIN (if known): \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_ SSN \_\_\_\_\_ Birthdate \_\_\_\_\_

Address: \_\_\_\_\_

Please list the person(s) whose whereabouts must be kept private. Include yourself and/or your children, as appropriate:

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ SSN \_\_\_\_\_

Please list the full name and your relationship to the person from whom the information should be kept:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Please check (✓) your reason for seeking protection:

- I am covered by a protective order in \_\_\_\_\_ County.
- Release of information about me or my child(ren) may result in physical or emotional harm to me or my child(ren).

Please explain briefly: \_\_\_\_\_  
\_\_\_\_\_

- I have been granted good cause for non-cooperation with child support in \_\_\_\_\_ County.

Date \_\_\_\_\_ Signature \_\_\_\_\_