

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: _____

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:



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 _____