

State of Louisiana  
Department of Children and Family Services  
Child Support Enforcement

APPLICATION OR  
DOCUMENTATION FOR  
CHILD SUPPORT SERVICES



LOCAL OFFICE BLOCK

LASES NO. \_\_\_\_\_  
Date: \_\_\_\_\_  
Appl Requested \_\_\_\_\_  
Appl/Flyer 1 Provided \_\_\_\_\_  
Appl/Rec/Fee Paid \_\_\_\_\_  
Full Service - \$25  
Parent Locate Only  
SSN - \$10 / No SSN - \$14  
Adding a Child ☐

What services are you applying for? ☐ Child and Medical Support ☐ Medical Support ☐ Locate

**Note:** The State will pursue child and medical support for Medicaid recipients unless the applicant indicates that child support services are not wanted. Once an order is established for Medicaid recipients, the choice of service provided no longer exists. Child Support Enforcement will continue to provide support services as long as Medicaid benefits are being provided.

SECTION A. APPLICANT INFORMATION

Name-First, Middle, Last, Suffix \_\_\_\_\_

Maiden Name \_\_\_\_\_

Other Names Used \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Race \_\_\_\_\_

Sex \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

( )  
Home Phone Number \_\_\_\_\_

City, State, & Zip \_\_\_\_\_

City, State, & Zip \_\_\_\_\_

( )  
Cell Phone Number \_\_\_\_\_

Parish/County of Residence \_\_\_\_\_

Email address \_\_\_\_\_

( )  
Work Phone Number \_\_\_\_\_

Do you or any of the children listed receive: ☐ MEDICAID ☐ FITAP ☐ KINSHIP CARE?

Your relationship to child(ren): ☐ Mother ☐ Father ☐ Other (specify) \_\_\_\_\_

Does the child(ren) live with you? ☐ Yes ☐ No If no, where is the child(ren) living and with whom:

Name of Custodial Party: \_\_\_\_\_ Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone Number: ( ) \_\_\_\_\_

Cell Phone Number: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

IS THERE FAMILY VIOLENCE WITH ANYONE APPEARING ON THE APPLICATION? ☐ YES ☐ NO

**NONDISCLOSURE OF INFORMATION:** When the Department has reasonable evidence of family violence, either domestic violence or child abuse, the case record will include an indicator of family violence for any person who is a party to the case. The indicator will prohibit release of information except to a court or agent of a court that has authority to issue an order for support or to make or enforce custody or visitation determination.

**SECTION B. MOTHER OF CHILD(REN) INFORMATION:**\_\_\_\_\_  
Name-First, Middle, Last, Suffix\_\_\_\_\_  
Maiden Name\_\_\_\_\_  
Other Names Used\_\_\_\_\_  
Date of Birth\_\_\_\_\_  
Place of Birth (City, State)\_\_\_\_\_  
Social Security Number\_\_\_\_\_  
Street Address\_\_\_\_\_  
City, State, Zip

( )

\_\_\_\_\_  
Home Phone Number\_\_\_\_\_  
Mailing Address\_\_\_\_\_  
City, State, Zip

( )

\_\_\_\_\_  
Cell Phone Number

Email address: \_\_\_\_\_

( )

\_\_\_\_\_  
Work Phone NumberIs the address listed above a current address? ☐ Yes ☐ No ☐ Unknown**SECTION C. FATHER OF CHILD(REN) INFORMATION:**\_\_\_\_\_  
Name-First, Middle, Last, Suffix\_\_\_\_\_  
Other Names Used\_\_\_\_\_  
Date of Birth\_\_\_\_\_  
Place of Birth (City, State)\_\_\_\_\_  
Social Security Number\_\_\_\_\_  
Street Address\_\_\_\_\_  
City, State, Zip

( )

\_\_\_\_\_  
Home Phone Number\_\_\_\_\_  
Mailing Address\_\_\_\_\_  
City, State, Zip

( )

\_\_\_\_\_  
Cell Phone Number

Email address: \_\_\_\_\_

( )

\_\_\_\_\_  
Work Phone NumberIs the address listed above a current address? ☐ Yes ☐ No ☐ Unknown**SECTION D.- CHILD 1 INFORMATION**\_\_\_\_\_  
Name-First, Middle, Last, Suffix\_\_\_\_\_  
Date of Birth\_\_\_\_\_  
Place of Birth (City & State)\_\_\_\_\_  
Social Security Number\_\_\_\_\_  
Race/Sex\_\_\_\_\_  
Current State of Residence\_\_\_\_\_  
State of Residence Last Six MonthsWere the father and mother of this child legally married to each other? ☐ Yes ☐ No ☐ Unknown

Date of marriage

MM

DD

YY

City: \_\_\_\_\_

State: \_\_\_\_\_

Date of divorce

MM

DD

YY

City: \_\_\_\_\_

State: \_\_\_\_\_

Parish/County: \_\_\_\_\_

Is the father's name on the Birth Certificate? ☐ Yes ☐ No ☐ Unknown If yes, provide a copy.If no, has the biological father signed an Acknowledgment of Paternity? ☐ Yes ☐ No ☐ Unknown

If yes, provide a copy.

Is there a court order establishing paternity? ☐ Yes ☐ No ☐ Unknown If yes, provide a copy.

If yes, what state and parish/county established the order? State \_\_\_\_\_

Parish/County \_\_\_\_\_

Is there a court order for child and/or medical support for the child? ☐ Yes ☐ No ☐ Unknown If yes, provide a copy.

If yes, what state and parish/county established the order? State \_\_\_\_\_

Parish/County \_\_\_\_\_

If yes, is past due support owed? ☐ Yes ☐ NoIs there a custody order? ☐ Yes ☐ No ☐ Unknown If yes, provide a copy.

**SECTION D.- CHILD 2 INFORMATION**

Name-First, Middle, Last, Suffix _____			Date of Birth _____		Place of Birth (City & State) _____	
Social Security Number _____			Current State of Residence _____		State of Residence Last Six Months _____	
Race/Sex _____						
Were the father and mother of this child legally married to each other? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
Date of marriage _____			City: _____		State: _____	
MM DD YY						
Date of divorce _____			City: _____		State: _____	
MM DD YY						
Parish/County: _____						
Is the father's name on the Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, provide a copy.						
If no, has the biological father signed an Acknowledgment of Paternity? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, provide a copy.						
Is there a court order establishing paternity? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, provide a copy.						
If yes, what state and parish/county established the order? State _____ Parish/County _____						
Is there a court order for child and/or medical support for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, provide a copy.						
If yes, what state and parish/county established the order? State _____ Parish/County _____						
If yes, is past due support owed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is there a custody order? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, provide a copy.						

**SECTION D.- CHILD 3 INFORMATION**

Name-First, Middle, Last, Suffix _____			Date of Birth _____		Place of Birth (City & State) _____	
Social Security Number _____			Current State of Residence _____		State of Residence Last Six Months _____	
Race/Sex _____						
Were the father and mother of this child legally married to each other? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
Date of marriage _____			City: _____		State: _____	
MM DD YY						
Date of divorce _____			City: _____		State: _____	
MM DD YY						
Parish/County: _____						
Is the father's name on the Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, provide a copy.						
If no, has the biological father signed an Acknowledgment of Paternity? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, provide a copy.						
Is there a court order establishing paternity? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, provide a copy.						
If yes, what state and parish/county established the order? State _____ Parish/County _____						
Is there a court order for child and/or medical support for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, provide a copy.						
If yes, what state and parish/county established the order? State _____ Parish/County _____						
If yes, is past due support owed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is there a custody order? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, provide a copy.						

**SECTION D.- CHILD 4 INFORMATION**

Name-First, Middle, Last, Suffix _____			Date of Birth _____		Place of Birth (City & State) _____	
Social Security Number _____			Current State of Residence _____		State of Residence Last Six Months _____	
Race/Sex _____						
Were the father and mother of this child legally married to each other? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
Date of marriage _____			City: _____		State: _____	
MM DD YY						
Date of divorce _____			City: _____		State: _____	
MM DD YY						
Parish/County: _____						
Is the father's name on the Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, provide a copy.						
If no, has the biological father signed an Acknowledgment of Paternity? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, provide a copy.						
Is there a court order establishing paternity? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, provide a copy.						
If yes, what state and parish/county established the order? State _____ Parish/County _____						
Is there a court order for child and/or medical support for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, provide a copy.						
If yes, what state and parish/county established the order? State _____ Parish/County _____						
If yes, is past due support owed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is there a custody order? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, provide a copy.						

### YOUR RIGHTS AND RESPONSIBILITIES

I understand the following conditions:

1. Child Support Enforcement has the authority to take whatever action is necessary to establish paternity and to establish, modify and/or enforce an obligation for child and medical support. I have been advised that the court may order that I provide medical support for my child(ren). Child Support Enforcement does not guarantee that efforts on my behalf will be successful.
2. If I do not cooperate with Child Support Enforcement, my case may be closed after advance notice is provided. The information I provide may affect the relative priority assigned to my case and any change in priority will only result from additional information received by Child Support Enforcement. I must notify Child Support Enforcement if my street/mailling address should change; failure to do so could be considered as failure to cooperate and reason to close my case.
3. A nonrefundable fee of \$25.00 is charged for full service, unless I receive FITAP, KCSP, or Medicaid benefits. No action will be taken on my case until this fee is paid. A nonrefundable fee of \$10.00 is charged for parent locate only cases. An additional fee of \$4.00 is charged if I do not provide the noncustodial parent's social security number.
4. A \$25.00 annual fee will be imposed in each case where an individual has never received FITAP assistance and for whom the State has collected at least \$500.00 of support. CP's Initials: \_\_\_\_\_
5. I understand that it is mandatory that all recipients of child support payments receive payments via Direct Deposit or the DCFS Debit Card. I acknowledge that I have been advised that fees will be associated with the DCFS Debit Card and I have been provided a [Direct Deposit Authorization Form](#).
6. I must notify Child Support Enforcement Services of any direct support payments received from the noncustodial parent. I must also report if the child(ren) receiving services are no longer residing with me.
7. The state staff attorney, District Attorney, and/or private contract attorney providing services pursuant to this application:
  - a. Does not represent me in any actions that may occur.
  - b. Represents only the State and the State's interest.
  - c. Cannot give me any legal advice. I must contact my own attorney or the local legal services for legal advice.
8. Any information provided, orally, in writing, or in other form, is not protected by the attorney-client privilege and could be used by the State in a civil or criminal action against me. Whenever the interests of the Louisiana Department of Children and Family Services conflict or are adverse to me, I should retain independent counsel to advise me of my rights. Any monies paid by me herein are not attorney fees.
9. Either party to a child support order may request a review of the child support order every three years to determine if the amount of support is consistent with the Louisiana child support award guidelines.
10. In accordance with Section 466(a)(13) of the Social Security Act [42 U.S.C. 666(a)(13)], disclosure of social security numbers is required. The information may be used for purposes of establishing paternity, modifying, and enforcing support obligations. Social security numbers may also be released for reasons directly connected to programs within the Department of Children and Family Services.
11. Child Support Enforcement has authority to deposit and distribute all monies collected pursuant to this authorization in accordance with LA R.S. 46:236.1.1 through 236.1.10.
12. Child Support Enforcement does not calculate interest on delinquent child support payments. However, if an individual obtains a judgment for interest owed and requests enforcement on the delinquency, the judgment may be enforced.
13. **Child Support Enforcement may withhold up to 10% from future child support payments from all of my child support cases to correct an overpayment.** ☐ Yes ☐ No CP's Initials: \_\_\_\_\_
14. By applying for child support services, I understand that medical support services will be provided and that the court may order me to obtain medical insurance and/or provide medical support for my child(ren).
15. Either party to a child support order may request a review of actions taken, or when there is evidence that an action should have been taken on a case. The purpose of the administrative review is to determine if the action or proposed action is appropriate and in compliance with all applicable federal and state laws and regulations. A request for an administrative review should be forwarded to the office that is handling the case.
16. If I believe that I have been discriminated against because of race, color, or national origin, it is my right to file a complaint either through my local Department of Children and Family Services or directly to the State Department of Children and Family Services, or to the federal government. If I wish to file such a complaint, I may secure the complaint form from my local Child Support Enforcement office.
17. I have read the above, or it has been read to me, and I certify that my answer to each question is true and correct. I understand that if I have given false information or answer to any material question herein, I may be subject to criminal and civil prosecution for knowingly giving such false information or answer.

### **WITNESSES:**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Typed or Printed Name of Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name of Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name, Title, and Notary Identification Number

\_\_\_\_\_  
Signature