

**APPLICATION FOR
CHILD SUPPORT SERVICES**

NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES

		NAME OF REFERRING OFFICIAL		TELEPHONE NO.
		UNIT	DATE OF REFERRAL	APPLICATION TYPE <input type="checkbox"/> Original <input type="checkbox"/> Supplemental
A		NAME (Last, First, M.I.)	RELATIONSHIP TO CHILDREN	SOC. SEC. NO. DATE OF BIRTH
Applicant/ Petitioner	ADDRESS - Legal Residence (Street, City, State, Zip)		TELEPHONE NUMBER	HOME
	SUPPORT COLLECTION UNIT APPLICATION ONLY I have applied for or am in receipt of <input type="checkbox"/> HR <input type="checkbox"/> ADC <input type="checkbox"/> MA I have not applied for nor am I in receipt of HR/ADC/MA.		(Incl. Area Code) (N/P = No Phone)	BUSINESS
B		NAME (Last, First, M.I.)	RELATIONSHIP TO APPLICANT	SOC. SEC. NO. DATE OF BIRTH
Absent Parent/ Respondent	ADDRESS - Legal Residence (Street, City, State, Zip) Current or Last Known		TELEPHONE NUMBER	HOME
	EMPLOYER'S NAME/ADDRESS (Current or Last Known)		(Incl. Area Code) (N/P = No Phone)	BUSINESS
		PLACE OF BIRTH	MOTHER'S MAIDEN NAME	FATHER'S FULL NAME DATE OF DESERTION
C		NAME (Last, First, M.I.)	DATE OF BIRTH	Social Security No. Sex: M or F
D		<input type="checkbox"/> File Search (location) <input type="checkbox"/> Paternity Establishment <input type="checkbox"/> Child Support Establishment <input type="checkbox"/> Medical Support Establishment <input type="checkbox"/> Child Support Collection <input type="checkbox"/> Medical Support Collection	<input type="checkbox"/> Child Support Enforcement <input type="checkbox"/> Medical Support Enforcement <input type="checkbox"/> Field Investigation - Child Support* <input type="checkbox"/> Field Investigation - Medical Support* <input type="checkbox"/> Legal Representative - Child Support* <input type="checkbox"/> Legal Representative - Medical Support*	DATE OF COURT ORDER DOCKET NO. COURT
* Right to Recovery MUST Be Signed in the presence of a IV-D Unit Staff Member, and Notarized to Be Eligible for Field Investigation or Legal Services.				
E		AFFIRMATION - I hereby apply pursuant to Social Services Law § 111-g and 111-h for child support services under Title IV-D of the Social Security Act as amended. I subscribe and affirm under penalty of perjury that this application is made for the sole purpose(s) of obtaining assistance in establishing paternity and/or obtaining child support from an individual who is (or may be) legally responsible for the support of dependent children; and that statements made in this application or accompanying document have been examined by me and to the best of my knowledge and belief are true and correct.		
		SIGNATURE		DATE
		X		

SECTION A IS YOUR INFORMATION. YOU ARE THE PETITIONER.

SECTION B IS INFORMATION CONCERNING THE ABSENT PARENT, THE RESPONDENT.

SECTION C IS FOR INFORMATION CONCERNING THE CHILD OR CHILDREN.

PLEASE PRINT IN BLOCK LETTERS.

PLEASE PRINT LEGIBLY.

PRINT ALL ADDRESS INFORMATION INCLUDING APT. # AND ZIP CODES.

REGARDING SECTION B, --"RELATIONSHIP TO APPLICANT" --IF YOU WERE NEVER MARRIED TO THE ABSENT PARENT, HE OR SHE IS YOUR EX-BOYFRIEND OR EX-GIRLFRIEND. IF YOU ARE DIVORCED, THE RELATIONSHIP IS EX-HUSBAND OR EX-WIFE.

IF ANYTHING IS INCORRECT ON THIS APPLICATION, YOU MAY NOT RECEIVE YOUR CHILD SUPPORT PAYMENTS.

TYPE OF CASE-----

CSMS NUMBER-----