

Enrolling for Child Support Services – What You Need to Know

The Child Support Program puts children first by helping both parents provide for the economic and social well-being, health, and stability of their children. Services include assistance with locating noncustodial parents, establishing parentage, establishing child support and medical support, collecting and distributing child support payments, and modifying and enforcing child support orders.

As a recipient of child support services, you will:

- Have your information kept confidential.
- Receive notice of certain case activities.
- Receive prompt payment of collected support.
- Receive timely notice of scheduled hearings.
- Receive copies of court orders and hearing decisions.
- Receive services even if you do not have a legal standing and your status will never be reported.

You may:

- Request genetic testing to confirm parentage.
- Challenge certain actions we take.
- Hire an attorney to represent you.
- Request a review of payments received and disbursed.

You have the responsibility to:

- Provide information to process your case.
- Complete requested documents.
- Cooperate with us to take the next step in providing services.
- Share changes in your circumstances, such as changes in your address and phone number.
- Ensure all support payments are paid through us.

What We Will Do After Receiving Your Child Support Enrollment Form

The Child Support Program will take steps to get your children the support they need from the other party, such as obtaining information about addresses and employment; helping you to complete an Acknowledgment of Parentage; filing court petitions to establish or modify an order of support; and initiating income withholding. Be sure to keep the Child Support Program up to date. Notify us if there is a change in custody for a child; a change in your mailing address, phone number, or email address; or when you obtain new information about the other party. Call the Child Support Helpline toll-free at **888-208-4485 (TTY: 866-875-9975 – Relay Service)** <http://www.fcc.gov/general/internet-based-trs-providers>) or contact your local Child Support Program office. The contact information for your local Child Support Program office, including an email link, can be found at <https://www.childsupport.ny.gov/DCSE/LocalOffices>.

Fees, Payments, and Disbursements

Fees:	Federal law requires us to charge a \$35 annual fee on each case where we have collected at least \$550 in child support payments between Oct. 1 and Sept. 30 but only if you have never received Temporary Assistance for Needy Families (TANF) benefits. The fee is deducted from the child support collected.
Payments:	Federal and State law determines how we apply payments. Current support due is paid first, then health insurance premiums, and past-due support (arrearages) are paid after that. If the noncustodial parent does not earn enough to cover both the current child support amount and the cost of health care coverage, the current child support amount will be collected first. In this situation, the cost of health care coverage will not be paid. Note that court-ordered support payments may not be received by you directly from the noncustodial parent. If this happens, immediately forward the payment to the New York State Child Support Processing Center (SDU), P.O. Box 15363, Albany, NY 12212-5363. Do not mail cash.
Disbursements:	Disbursements may be made by debit card, direct deposit, or paper check. In rare instances, an overpayment can occur. It is your responsibility to return or repay these funds. We will contact you to arrange repayment of the amount overpaid.

Safety Concerns

If we are aware of your safety concerns, we can help.

- If you cannot safely receive mail at your address, the court can permit use of an alternate mailing address.
- You can request to appear in court by telephone or video, instead of in person.
- You can request that the court not reveal your location, residence, or employer, among other precautions.
- Your laboratory appointment for genetic testing to establish parentage can be scheduled separately from the other parent.
- Your child support case can be flagged to keep your personal information confidential.

Legal Services

If your children receive Temporary Assistance or Medicaid, legal services are provided without cost. Otherwise, you may choose to request and pay for legal services to establish parentage or to establish, modify, or enforce a child support order by completing the Right to Recovery Agreement for Legal Services (LDSS-4920). Legal services are not provided for matters of custody or visitation, negotiation, or drafting of surrogacy agreements.

The attorney assigned to your case is the legal representative of the Commissioner of the social services district and **does not** represent you personally. Any information that you provide to the attorney of the social services district or their staff may not remain confidential.

Your Privacy

Social Security Numbers: We take your privacy very seriously. Section 466(a)(13) of the Social Security Act requires all people subject to child support orders to provide their Social Security numbers. Social Security numbers are kept in case records and are only used for purposes permitted by law, including to locate parents to establish parentage and/or establish, modify, and enforce support obligations.

For additional information, please see <https://otda.ny.gov/programs/applications/5258A.pdf> and childsupport.ny.gov.

Child Support Enrollment Form

Tell Us About You

I am the (check one): Custodial Parent Noncustodial Parent Alleged Parent Intended Parent Child
Guardian - Relationship:

What language do you speak most often?

English Español Other

What language do you read most often?

Do you need an interpreter? Yes No

Safety Concerns

Do you feel you will be harmed physically or emotionally if you request child support services? Yes No

You can update information about safety at any time. Even if you've already told your Child Support or Public Assistance worker that you did not have any safety concerns, things change – and we want to help you stay safe. Your safety is our priority.

Child Support History

Do you receive child support services now? Yes No

If yes, where? County State Case#

Did you receive child support services in the past? Yes No

If yes, where? County State Case#

Public Assistance History

Have you applied for or do you receive public assistance benefits (for example, Temporary Assistance or Medicaid)? Yes No

If yes, where? County State Case#

Did you receive Temporary Assistance benefits in the past? Yes No

If yes, where? County State Case#

Date you last received assistance (MM/DD/YYYY):

Your Full Name

First Middle Last Suffix Alias or Other Known Name

Your SSN/ITIN

Your Gender

Female Male X Other

Your Date of Birth (MM/DD/YYYY)

Your Home Address

Street City State ZIP

Your Mailing Address (if different than home address)

Street City State ZIP

Your Contact Information

Home Phone # Cell Phone # Other Phone # Email Address

Your Health Care Coverage Information

If employed, does your employer/organization offer or provide health insurance benefits? Yes No Unknown

If yes, what type of coverage do you have? Individual Coverage Family Coverage None Unknown

Do your children receive Medicaid? Yes No

Your Marital Status to Other Party

Were you ever married to the other party? Yes, Date of Marriage: Date of Divorce: No

Tell Us About the Other Party *(Complete a separate Child Support Enrollment Form for each Other Party.)*

The Other Party is the (check one): Custodial Parent Noncustodial Parent Alleged Parent Intended Parent
Guardian - Relationship:

Full Name**Check here if you do not know any part of the Other Party's name.**

First Middle Last Suffix Alias or Other Known Name

SSN/ITIN**Gender****Date of Birth** (MM/DD/YYYY)

Female Male X Other

Home Address

Street City State ZIP

Mailing Address *(if different than home address)*

Street City State ZIP

Contact Information

Home Phone # Cell Phone # Other Phone # Email Address

Employment

Is the Other Party employed? Yes No Unknown Date last employed:

Employer/Business Name

Current Last Known

Employer/Business Address

Street City State ZIP Phone #

Is the Other Party self-employed? Yes No Unknown

Is the Other Party receiving Unemployment Insurance Benefits? Yes No Unknown

Tell Us About the Children Who Need Support From this Other Party

Name <i>(First/Middle/Last)</i>	SSN/ITIN	Date of Birth <i>(MM/DD/YYYY)</i>	Gender	Was parentage established?	If yes, how?	Is there an order of support for this child?	If yes, what is the date of the order?
			Female Male X Unborn Other	Yes No Unknown	Court Order Acknowledgment of Parentage Born During Marriage	Yes No Unknown	
			Female Male X Unborn Other	Yes No Unknown	Court Order Acknowledgment of Parentage Born During Marriage	Yes No Unknown	
			Female Male X Unborn Other	Yes No Unknown	Court Order Acknowledgment of Parentage Born During Marriage	Yes No Unknown	
			Female Male X Unborn Other	Yes No Unknown	Court Order Acknowledgment of Parentage Born During Marriage	Yes No Unknown	

Child Support Enrollment Form/Affirmation

By signing below, I understand and agree that:

I am applying for child support services pursuant to New York State Social Services Law Section 111-g and under Title IV-D of the federal Social Security Act or applying for or **receiving Temporary Assistance and/or Medicaid**. I hereby subscribe and affirm under penalty of perjury that the information I have provided in this enrollment form and any accompanying documents has been examined by me and, to the best of my knowledge and belief, is true and correct. I will cooperate with the Child Support Program in its efforts to provide services, and I agree to tell my local Child Support Program office immediately of any new or changed information that relates to the information I have provided.

I have received the **Enrolling for Child Support Services – What You Need to Know** document, which includes information about the reimbursement of overpayments. I understand that in rare instances, an overpayment can occur. I further understand it is my responsibility to return or repay these funds and you will contact me to request reimbursement. I may repay the overpayment amount in one lump payment, or I may request you withhold twenty-five percent (25%) of collections until the overpayment is repaid. I understand that consent to withhold 25% of future collections is optional.

I understand that the Child Support Program may send correspondence electronically, including, by email, text messages or other available methods. To ensure confidentiality, I understand that it is my responsibility to provide a secure, valid, and active email address and cell phone number, and to notify the local Child Support Program office if this information changes.

Optional Provisions:

I do **not** wish to receive correspondence electronically.

I would like to receive child support services even if I am found to be ineligible for Temporary Assistance and/or Medicaid benefits. I understand that in that situation I will be charged a \$35 dollar annual service fee **if** I have never received Temporary Assistance for Needy Families (TANF) **and** the Child Support Program collects at least \$550 for me during the federal fiscal year (October 1 through September 30).

I wish to request legal services. (*A Right to Recovery Agreement for Legal Services* [LDSS-4920] will be provided to you for completion.)

Signature:

Date:

Print Name:

Additional Information About the Other Party

(e.g., physical description/photo, primary language, vehicle information, incarceration status)

For Agency Use Only

For Safety Net Assistance referrals only: I, the Commissioner or Commissioner's Designee of the social services district, hereby apply for child support services pursuant to New York State Social Services Law §111-g.

Commissioner/Designee Signature:

Date:

Commissioner/Designee Printed Name:

Date Received Family Violence Yes No If YES, Family Violence Indicator

District Referral Case Number Assistance Program Worker Code

NY Case Identifier Child Support Worker Code

Enrollment Form – Supporting Documentation

Please provide **copies** of all available supporting documents to your local Child Support Program office. Supporting documentation is necessary for the Child Support Program to proceed with your child support case. Supporting documentation also aids the court in determining the income of each parent and the basic child support obligation. **CHECK** (✓) the boxes indicating which documents you are providing.

Please do not send original documents in the mail.

General Documents

Applicant's Identification (*e.g., driver license, passport*)

Child Support Petitions Order(s) of Support Marriage Certificate Separation Agreement
Divorce Decree or Stipulation Custody Order(s) Order of Protection / Restraining Order Health Insurance Benefit Cards
Summary Plan Descriptions of Health Insurance Benefits Other

Custodial Parent Documents

Recent Paystub Most recently filed Federal Tax Returns and all Schedules W-2
Social Security Card / IRS Letter for ITIN Social Security / Supplemental Security Income Award Letter(s)
Other

Child Documents (for each child)

Birth Certificate Order Establishing Parentage (*ex., Order of Filiation, Judgment of Parentage*) Acknowledgment of Paternity/Parentage
Affidavit Alleging Paternity/Parentage Social Security Card Proof of Child Care Expenses Proof of Educational Expenses
Proof of Unreimbursed Health Care Expenses Social Security/Supplemental Security Income Award Letter(s)
Adoption Subsidy Agreement (*payment between adoptive parents and LDSS*) or Placement Agreement (*child placed for purpose of adoption*)
Surrogacy/Assisted Reproduction Agreement Other

Noncustodial Parent/Alleged Parent Documents

Social Security Card / IRS letter for ITIN Recent Paystub Most recently filed Federal Tax Returns and all Schedules
W-2 Unemployment Insurance Benefit Notice Social Security / Supplemental Security Income Award Letter(s)
Military Service (DD-214) Incarceration, Probation or Parole Information
Temporary Assistance for Needy Families (TANF) Benefit Notice Proof of MA, SNAP and/or Shelter Residency
Information About Professional, Business, Occupational, Recreational or Driver Licenses
Other