Print Form

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

ARNOLD SCHWARZENEGGER, *Governor*

CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES

P.O. Box 419064, Rancho Cordova, CA 95741-9064

Reason for this Transmittal

[ ] State Law or Regulation Change
[ ] Federal Law or Regulation Change
[ ] Court Order or Settlement Change
[ ] Clarification requested by One or More Counties
[X] Initiated by DCSS

June 25, 2004

CSS LETTER: 04-14

ALL IV-D DIRECTORS
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL BOARDS OF SUPERVISORS

SUBJECT: NONASSISTANCE APPLICATION FOR CHILD SUPPORT SERVICES

REFERENCE: ORANGE COUNTY PILOT PROJECT

The Orange County Department of Child Support Services (Orange County DCSS) has implemented a pilot program utilizing an abbreviated nonassistance application form. The pilot results indicate that the abbreviated application, coupled with the follow-up activities conducted by the Orange County DCSS, significantly improve customer participation. As a result, the Department of Child Support Services (DCSS) has utilized the Orange County DCSS form as the basis for development of an abbreviated version of the current nonassistance application form for optional use by local child support agencies (LCSAs).

This letter transmits the "Nonassistance Application for Support Services," (DCSS 0373) dated 5/26/04. This form may be used for nonassistance applicants as an alternative to the "Application for Support Services," CSS 2101, dated (01/02). The following DCSS forms must accompany the abbreviated nonassistance application form, DCSS 0373: CS 196, "Child Support Services Program Notice," dated (01/02); CSS 2111, "Health Insurance Information," dated (09/01/01); CSS 2115, "Request for Support Services," dated (02/02) and CSS 2142, "Child Support Domestic Violence Questionnaire," dated (01/02).

The LCSA must conduct the appropriate follow-up activities based on the information provided in the application. These activities consist of, but are not limited to, reviewing the forms for completion, determination of the existence of a child support order(s), interviewing the applicant to collect additional information, and providing the applicant the following forms, if appropriate: CSS 2105, "Child Care Verification," dated (09/01/01); CSS 2107, "Visitation Verification," dated (09/01/01); and CSS 2109, "Declaration of Support Payment History," dated (09/01/01).

LCSAs may begin using form DCSS 0373 effective with the date of this letter. However, any changes to the current consortia must be completed using existing funds and resources and must not interfere with the California Child Support Automation System (CCSAS) development. It is anticipated that the abbreviated application will be incorporated by DCSS into CCSAS. A Protected Document Format (PDF) copy of the form, as well as a JetForm version are attached.

We would like to thank the Orange County DCSS for its efforts to develop and pilot the abbreviated application form. If you have any questions or concerns regarding this matter, please contact Eddie Yamamoto, Manager of the Case Management Establishment Policy Unit, at (916) 464-5229.

Sincerely,

VICTOR M. REA
Acting Deputy Director
Child Support Services Division

Attachment

cc: Outreach Coordinators

INSTRUCTIONS FOR COMPLETING THE NONASSISTANCE APPLICATION FOR CHILD SUPPORT SERVICES

DCSS 0373 (05/26/04)

The processing of your case depends upon the information you provide on this form. Please provide as much information as possible. Answer every question completely. If you do not know the answ er, print "UNKNOWN." If the question does not apply, print "N/A."

Before you begin, please read the Child Support Handbook. This book explains the services available through the local child support agency. Also, read the Child Support Enforcement Program Notice. This notice explains your responsibility to the local child support agency and the local child support agency's responsibility to you. The local child support attorneys or Attorney General or any of their representatives are not your attorney or the child(ren)'s attorney.

Please complete all the forms in BLACK INK and PRINT clearly.

FACTS ABOUT CUSTODIAL PARTY OR GUARDIAN AND CHILD(REN)

This section is about the person or party who has primary custody of the child(ren). Please complete the entire section. If you are the custodial party, be sure to give us a telephone number w here you may be reached during the day.

If the children named in the application have different noncustodial parents, a separate application must be completed for each noncustodial parent. If you need additional space for any section, attach a separate sheet of paper or use the Comment Section provided at the end of the first page.

Please list all the child(ren) of the parents named for whom support services are being requested. Complete the full name of each child, including first name, middle name, last name, and suffix (Jr., Sr., III, etc.)

There are several questions w ithin this section related to determining the biological father of the child(ren) named in the application. One question asks w hether a Declaration of Paternity has been signed. The Declaration of Paternity is a legal form that, when signed (usually at the hospital or clinic) by both parents, says the man is the legal father. Signing the form and submitting it to the Department of Child Support Services legally establishes the man as the child' s father without having to go to court.

A second question asks whether a Paternity Judgment has been established. A Paternity Judgment is an order from the court that, through the legal process, determines the biological father of the child(ren). Determining the biological father is necessary before child support can be ordered by the court.

Comments: You may use this section as extra space, if needed, or add any additional information you think might help us establish or enforce an order for the child(ren). You may include information about the other person's temper, whether they own rifles or handguns, if they have made threats against you or the child(ren), etc.

FACTS ABOUT NONCUSTODIAL PARENT

If you are the Custodial Party, this section may require you to look through old papers to find some of the information requested. The more information w e have in this section the better and faster we will be able to serve you.

If at all possible, please provide the noncustodial parent's Social Security Number or numbers. If you do not know the exact date of birth, provide the approximate age.

Please provide any and all financial information about the noncustodial parent. Attach additional page(s) as needed or use the Comment Section on the first page.

If you are the noncustodial party, be sure to give us a telephone number w here you may be reached during the day.

SIGNATURE OF APPLICANT

We w ill not be able to open this case without your signature. Your signature indicates that you have answ ered the questions on the application to the best of your ability and that you w ant to open this case. It also indicates that you have read the information provided above the signature line carefully.

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NONASSISTANCE APPLICATION FOR CHILD SUPPORT SERVICES

DCSS 0373 (05/26/04)

I AM THE: ☐ CUSTODIAL PARTY ☐ NONCUSTODIAL PARENT

APPLICANT NAME (PERSON COMPLETING THIS FORM)

NOTE: The custodial party is the person or party who has primary custody of the minor children.

FACTS ABOUT CUSTODIAL PARTY OR GUARDIAN AND CHILD(REN)

FULL NAME *(LAST, FIRST, MIDDLE)*

MAIDEN NAME *(IF APPROPRIATE)*

NAME OF CURRENT SPOUSE

RELATIONSHIP TO CHILD(REN) ☐ FATHER ☐ MOTHER ☐ OTHER *(SPECIFY)*

TELEPHONE NUMBERS
HOME:
WORK:
CELL:
OTHER (*SPECIFY*)

BEST TIME TO BE REACHED ☐ A.M. ☐ P.M.

BEST NUMBER TO BE REACHED AT ☐ HOME ☐ CELL ☐ WORK ☐ OTHER

ADDRESS *(STREET, CITY, STATE AND ZIP CODE)*

E-MAIL ADDRESS

Does the custodial party currently live with the noncustodial parent? ☐ YES ☐ NO ***(If "NO", give date and address last lived together)***

DATE	ADDRESS *(STREET, CITY, STATE AND ZIP CODE)*						
SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	STATE	BIRTHDATE OR APPROXIMATE AGE	PLACE OF BIRTH	RACE	PRIMARY LANGUAGE SPOKEN IN HOME	GENDER: ☐ FEMALE ☐ MALE

NAME OF PRESENT EMPLOYER - IF NOT CURRENTLY WORKING, PRINT "UNEMPLOYED" HERE	JOB TITLE OR OCCUPATION	GROSS MONTHLY EARNINGS $
ADDRESS OF PRESENT EMPLOYER *(STREET, CITY, STATE, AND ZIP CODE)*	IS HEALTH INSURANCE AVAILABLE FOR CHILDREN? ☐ YES ☐ NO	NAME AND TELEPHONE NUMBER OF A RELATIVE OR FRIEND

Date and place of marriage (*If never married, check "None"*)

DATE OF MARRIAGE TO NONCUSTODIAL PARENT	COUNTY	STATE	☐ NONE

Date and place of divorce (*If no divorce, check "None"*)

DATE OF DIVORCE	COUNTY	STATE	☐ NONE

If parents were NOT married, please answer questions 1-5 below.

1. Has noncustodial parent ever lived in California? . . . . . ☐ YES ☐ NO If "YES", When? _____ Where? _____
2. Has noncustodial parent ever worked in California?. . . . . ☐ YES ☐ NO If "YES", When? _____ Where? _____
3. In which state were the child(ren) conceived?
   (Use number for each child listed below). . . . . .Child #____ State____ Child #____ State____ Child #____ State ____
4. Was a Declaration of Paternity signed at a California hospital or agency?. . . . . ☐ YES ☐ NO ☐ DON'T KNOW If "YES", Where? _____
5. Was a Paternity Judgment established?. . . . . ☐ YES ☐ NO ☐ DON'T KNOW If "YES", Where? _____

Have services been provided by another child support agency? *(If "YES", please give the date, city and state)*

DATES OF SERVICES From: To:	CITY AND STATE WHERE SERVICES RECEIVED	HAVE THE MINOR CHILDREN RECEIVED CASH AID? (WELFARE) ☐ YES ☐ NO

Is the noncustodial parent court ordered to pay child support for the child(ren) named below? ☐ YES ☐ NO **PENDING**

COURT ORDER #	AMOUNT OF ORDER $ ☐ PER WEEK ☐ PER MONTH	DATE OF ORDER	COUNTY	STATE

List full names of all minor children by this noncustodial parent *(If child is not yet born, write "unborn", and expected date of birth).*
(A separate application is required for children from another noncustodial parent)

IF CHILD IS NOT YET BORN, WRITE "UNBORN" HERE

EXPECTED DATE OF BIRTH FOR UNBORN CHILD(REN)

NAME	SEX	BIRTHDATE	BIRTHPLACE (CITY AND STATE)	SOCIAL SECURITY NUMBER	CHILD(REN) LIVING WITH YOU	
1.					☐ YES	☐ NO
2.					☐ YES	☐ NO
3.					☐ YES	☐ NO
4.					☐ YES	☐ NO

List full names of other minor child(ren) NOT related to this noncustodial parent

NAME	BIRTHDATE	CHILD(REN) LIVING WITH YOU	
		☐ YES	☐ NO
		☐ YES	☐ NO

COMMENTS (*Please attach a separate sheet if you need additional space)*

APPLICATION ID: **PLEASE COMPLETE BOTH SIDES**

FACTS ABOUT NONCUSTODIAL PARENT

FULL NAME *(LAST, FIRST, MIDDLE)*		TELEPHONE NUMBERS HOME: WORK: CELL: OTHER (*SPECIFY*)
MAIDEN NAME (IF APPROPRIATE)	RELATIONSHIP TO CHILD(REN) ☐ FATHER ☐ MOTHER	
NAME OF CURRENT SPOUSE		
OTHER NAMES OR ALIASES OF NONCUSTODIAL PARENT		E-MAIL ADDRESS
ADDRESS (STREET, CITY, STATE AND ZIP CODE)		☐ CURRENT NOW ☐ CURRENT AS OF (DATE)

SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	STATE	BIRTHDATE OR APPROXIMATE AGE	PLACE OF BIRTH	GENDER ☐ FEMALE ☐ MALE

Currently on probation or parole? ☐ YES ☐ NO

Currently in jail or prison? ☐ YES ☐ NO **If "YES", provide information below:**

DATE	AGENCY	CITY	STATE	OFFENSE (REASON)

Is the noncustodial parent a US citizen? ☐ YES ☐ NO **IF "NO", Please provide country of citizenship here:**

PHYSICAL DESCRIPTION: *(PLEASE PROVIDE PHOTO)*

RACE	COMPLEXION	PRIMARY LANGUAGE
HAIR	HEIGHT	IDENTIFYING FEATURES (MARKS, SCARS, TATTOOS, ETC.)
EYES	WEIGHT	

NAME OF PRESENT EMPLOYER (IF NOT WORKING, PRINT "UNEMPLOYED")	☐ CURRENT NOW	IS HEALTH INSURANCE AVAILABLE FOR CHILDREN?	GROSS MONTHLY EARNINGS
ADDRESS OF PRESENT EMPLOYER *(STREET, CITY, STATE AND ZIP CODE)*	☐ CURRENT AS OF (DATE)	☐ YES ☐ NO	$

If unemployed or present employer is unknown, give name, address and telephone number of last employment below.

NAME OF LAST EMPLOYER	ADDRESS OF LAST EMPLOYER *(STREET, CITY, STATE AND ZIP CODE)*	TELEPHONE NUMBER *(INCLUDE AREA CODE)*

USUAL OCCUPATION, TRADE, JOB TITLE OR SKILLS	ACTIVE MILITARY: ☐ YES ☐ NO WHAT BRANCH OF THE SERVICE?

IS THE NONCUSTODIAL PARENT A LABOR UNION MEMBER? ☐ YES ☐ NO	NAME AND NUMBER OF UNION	ADDRESS OF UNION *(STREET, CITY, STATE AND ZIP CODE)*

IF SELF-EMPLOYED, WHAT IS THE NAME OF THE BUSINESS? STEADY WORKER? ☐ YES ☐ NO IF NO, EXPLAIN:	GROSS MONTHLY EARNINGS $

List any other sources of income or assets. ***(For example, Veterans Affairs benefits, Social Security Disability, interest, dividends, trust, vehicles, boats, real estate, etc. Attach a separate sheet if necessary).***

MOTHER' S MAIDEN NAME *(LAST, FIRST)*	MOTHER' S STREET ADDRESS, CITY, STATE AND ZIP CODE	MOTHER' S TELEPHONE NUMBER
FATHER' S NAME *(LAST, FIRST)*	FATHER' S STREET ADDRESS, CITY, STATE AND ZIP CODE	FATHER'S TELEPHONE NUMBER

Name and address of current spouse, friend, or relative.

NAME	RELATIONSHIP	STREET ADDRESS, CITY, STATE ZIP CODE	TELEPHONE NUMBER

Is there visitation with the children? ☐ YES ☐ NO **If "YES", how many times per month?**

Is there any other child support obligation(s)? ☐ YES ☐ NO **If "YES", please provide amount: $**

Is there any other minor child(ren) in the home? ☐ YES ☐ NO **If "YES", how many children?**

Present marital status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Living with another person

I request the services of the Department of Child Support Services to assist me in the following efforts: ***(Mark all that apply)***

☐ Establish paternity	☐ Modify an existing child support order	☐ No medical insurance enforcement needed at this time. The children have satisfactory medical insurance coverage through: ☐ Custodial Parent ☐ Noncustodial Parent
☐ Obtain a child support order	☐ Obtain an order for medical insurance	
☐ Enforce an existing child and spousal support order (including past due)	☐ Enforce an existing medical insurance order	

I am applying for support services under the Child Support Program of Title IV-D of the Social Security Act. I declare under penalty of perjury (Penal Code, Section 118) that this questionnaire has been examined by me and to the best of my knowledge and belief it is true and correct.

SIGNATURE OF APPLICANT	DATE