

***OFFICE OF THE PROSECUTING ATTORNEY
MORGAN COUNTY
MARTINSVILLE, INDIANA***

IF YOU ARE A TANF OR MEDICAID RECIPIENT FAILURE TO COOPERATE, WILL RESULT IN A SANCTION BEING PLACED AGAINST YOUR STATE BENEFITS. A SANCTION MAY RESULT IN YOUR TANF/MEDICAID BENEFITS BEING REDUCED OR DISCONTINUED BY THE DEPARTMENT OF FAMILY RESOURCES.

If you are not receiving TANF/Medicaid benefits, you must submit a \$25.00 money order with your paperwork in order for this office to intervene on your case. Enclosed, please find a questionnaire, which needs to be completed and returned with this packet. Please enclose all of the following

- Child Support Questionnaire and Parent Locate Sheet
- Signed Office Policy Acknowledgement, IV-D Waiver and Application
- Divorce Decree
- Any and all orders on your case (copies of Morgan County orders may be obtained in Microfilm)
- Money Order (\$25.00 – if applicable)

YOU MUST SUBMIT A COPY OF YOUR DIVORCE DECREE/PATERNITY ORDER AND ALL MODIFICATION ORDERS WITH YOUR PAPERWORK!!

Case Number: _____

Date: _____

CHILD SUPPORT QUESTIONNAIRE

Your Name: _____

Your Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: _____

What is your relationship with the non-custodial parent? (If married *and* divorced please provide date of marriage)

Married _____ Date of Marriage _____ Never Married _____

Separated _____ Date of Separation _____ Other Relative _____

Divorced _____ Date of Divorce _____ County of Divorce _____

Is there a current support order? _____ Amount of Order _____

Children listed in order or for whom you are requesting support:

<u>Name</u>	<u>Date & Place of Birth</u>	<u>Social Security No.</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have the children lived with you during the entire period for which support is sought?

Yes _____ No _____ if no, please explain _____

Have you ever told the non-custodial parent that you did not want him/her to pay support? Yes _____ No _____ if so, please explain _____

Have you ever accepted any money paid directly to you for child support? Yes _____ No _____

If yes, please explain: _____

Total amount _____ During what time period? _____

INFORMATION REGARDING NON-CUSTODIAL PARENT:

Full Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Social Security No. _____

Date of Birth _____ Place of Birth _____

Last know employer _____

Address _____ City _____

State _____ Zip _____ Phone _____

Type of Work _____ Income _____

Is the non-custodial parent in the military? No ____ Yes ____ Which Branch? _____

Approximate Age: ____ **Race** ____ **Sex** ____ **Height** ____ **Weight** ____

Hair ____ **Eyes** ____ **Date of Birth** _____ **Place of Birth** _____

Social Security Number _____

Father's Name _____ **Mother's Name** _____

Address _____ **Address** _____

City/State _____ **City/State** _____

When was the non-custodial parent last seen? _____

Where? _____

Last known address

Date at this address _____

Has the non-custodial parent ever been arrested? _____

Date of Arrest _____

Place of arrest _____

What was the arrest for? _____

Is the non-custodial parent currently married? _____

Name of current spouse _____

Does the non-custodial parent of other children and is he/she ordered to pay support on these children?

<u>Name</u>	<u>Support Ordered?</u>	<u>Ordering County</u>
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COMPLETE SERVICE: The applicant will be entitled to all service offered by the IV-D program as long as the case remains active. This service shall include the Parent Locator Service and the legal services of the local IV-D agency. These services include Establishing Paternity, Establishing and /or Enforcing a support obligation (including health insurance coverage). The complete service does NOT include handling a divorce case, enforcement of custody or visitation provisions, nor matters other than those associated with the support of dependent children. All support payments may be directed to the State for monitoring and disbursement. Any costs incurred in excess of the application fee (\$25.00 money order only), such as court costs, witness fees, blood test costs, IRS intercept fees and administrative costs associated with this case may be charged against the applicant. (Application fee waived for AFDC/Medicaid recipients)

APPLICANT'S OBLIGATIONS: The applicant is expected to fully cooperate with the local IV-D agency in the legal and non-legal preparation of the case, including, but not limited to notifying the local IV-D agency of change of address, supplemental information regarding the non-custodial parent, reuniting with the non-custodial parent and other information pertinent to the case. **THE APPLICANT MUST ALSO NOTIFY THE STATE CHILD SUPPORT BUREAU OR THE LOCAL COUNTY CLERK'S OFFICE OF ANY CHANGE OF ADDRESS.**

RECIPIENT STATEMENT:

I attest that the information provided in this questionnaire is true and I did not conceal requested information. I realize that failure to provide truthful information may result in possible perjury charges against me and I may be removed from AFDC/Medicaid assistance for failure to cooperate with the prosecuting attorney.

Recipient Signature:

_____ Date _____

APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES

State Form 34882 (R6/12-92) DFC Form 425A

Complete one application for each absent parent for whom application is made.

PRIVACY STATEMENT

Indiana Department of Child Services
CHILD SUPPORT BUREAU
402 W. Washington St. Rm. W360
Indianapolis, IN 46204

The records in this series are confidential according to 45 CFR 303.21. This agency is requesting disclosure of personal information that is necessary to accomplish the statutory purpose of the agency according to 45 CFR 303.70. Disclosure of this information is mandatory. Failure to provide any information may prevent this form from being processed.

INSTRUCTIONS (please read)

The Indiana Child Support Bureau offers child support services to persons desiring to obtain child support from a responsible parent outside the home. These services are: Complete Service or Parent Locator Only Service. **ALL FEES FOR SERVICES ARE NONREFUNDABLE.**

COMPLETE SERVICE: The applicant will be entitled to all services offered by the IV-D program as long as the case remains active. This service shall include the Parent Locator Service and the legal services of the local IV-D agency. These services include Establishing Paternity, Establishing and/or Enforcing a support obligation (including health insurance coverage). The complete service does NOT include handling a divorce case, enforcement of custody or visitation provisions, nor matters other than those associated with the support of dependent children. All support payments may be directed to the State for monitoring and disbursement. **ANY COSTS INCURRED IN EXCESS OF THE APPLICATION FEE, SUCH AS COURT COSTS, WITNESS FEES, BLOOD TEST COSTS, IRS INTERCEPT FEES AND ADMINISTRATIVE COSTS ASSOCIATED WITH THIS CASE MAY BE CHARGED AGAINST THE APPLICANT.**

In addition the Tax Refund Intercept Project may be used to collect child support arrearages. Application for complete service does not guarantee, however, that your case will be submitted for tax refund intercept nor that tax refund monies will be collected. In order to certify a case for intercept, there must be a valid child support order, the absent parent must be at least \$500 in arrears, and the applicant must have the absent parent's Social Security number. If any children of the absent parent have received TANF/AFDC in the past, any collection made from an intercept will first be applied by the State to any unreimbursed public assistance on any former TANF/AFDC case. If the IRS, for any reason, reclaims all or any portion of an intercepted refund that has already been paid to you, you are obligated to repay the State of Indiana the amount reclaimed by the IRS. You authorize that any such repayment may be deducted from support collected on your behalf if other arrangements have not been made and fulfilled.

PARENT LOCATOR SERVICE: The applicant will be entitled to all resources offered by the State and Federal Parent Locator Service until a verified address is provided or all sources for location are exhausted. The payment of the application fee does not guarantee a successful location. The success will greatly depend on the applicant's own knowledge about the absent parent. If all sources of information are exhausted without a successful location, the applicant will be notified. Upon notification, the applicant will have six months to provide additional information. If no additional information is provided within the six month period, the case will be closed and the applicant notified.

TERMINATION OF SERVICES: The applicant may terminate services only if any charges due or overpayments owing are paid, by notifying the Child Support Bureau in writing that services are no longer desired. The State may terminate services only in accordance with 45 C.F.R. 303.11. Services in respect to this application will also terminate if the applicant receives TANF/AFDC.

APPLICANT'S OBLIGATIONS: The applicant is expected to fully cooperate with the local IV-D agency in the legal and non-legal preparation of the case, including, but not limited to notifying the local IV-D agency of change of address, supplemental information regarding the absent parent, reuniting with the absent parent, and other information pertinent to the case. **THE APPLICANT MUST ALSO NOTIFY THE CHILD SUPPORT BUREAU AT THE ABOVE ADDRESS OF ANY CHANGE OF ADDRESS.**

APPLICANT'S STATEMENT

I affirm that the information in this application is true and correct and that false information could result in perjury charges against me. I understand that I am to cooperate with the local IV-D agency in order for my case to be processed, and non-cooperation can result in termination of my case. I further understand that payment of the application fee does not guarantee successful action on the case but rather all reasonable attempts, will be made in my behalf to obtain successful results for the service requested. I have read and understand the above **NOTICE**.

I hereby request the following service under the terms outlined above.

Complete Service Parent Locator Service Only

Signature of applicant

Date signed (mo., day, yr.)

Application taken by

Fee paid

Case number

August 18, 2011

STATE OF INDIANA

) IN THE MORGAN _____ Court
) SS:
) CAUSE NUMBER:

MORGAN COUNTY

, BY STATE OF INDIANA

TITLE IV-D
Petitioner

vs

Respondent

TITLE IV-D WAIVER

The Undersigned custodial parent acknowledges that the MORGAN COUNTY Prosecutor's Office is an agent of the State of Indiana and the Department of Child Services and cannot serve as a private attorney to custodial persons. The Prosecutor's Office of Morgan County represents the State of Indiana, and not the interests of any other person. (I.C. 31-25-4-13(d)) The Prosecuting Attorney's Office function is to protect and promote the interests of the State at large and the best interest of children in particular, and these interests may conflict at times with the interests of a custodial person.

Pursuant to Title IV-D of the Social Security Act, the Office of the MORGAN COUNTY Prosecuting Attorney provides four basic services:

1. The location of absent parents.
2. The establishment of paternity and support orders.
3. The enforcement of support orders.
4. The modification of support orders.

The prosecutor's Office does not provide representation with regard to the issues of visitation, custody and property settlement. In fact, pursuant to the mandate of Title IV-D, the office is not allowed to become involved in such matters of custody, visitation, or property settlement. You should consult with a private attorney or legal aid concerning those issues.

Pursuant to I.C. 31-25-4-13(d)(e), the undersigned acknowledges that they are not entering into an attorney-client relationship with any attorney in the Office of the MORGAN COUNTY Prosecuting Attorney. Accordingly, any confidential information provided to this office is not information protected by an attorney-client relationship. Therefore, information provided to the Office of the Prosecuting Attorney may be used by the Office in the prosecution of criminal offenses or civil violations without regard for source of the information. The undersigned acknowledges that his/her involvement in the Title IV-D Child Support Program does not protect him/her from prosecution for any criminal offense or civil infraction.

NOTE: THIS FORM IS A WAIVER OF LEGAL RIGHTS AND SHOULD BE SIGNED ONLY AFTER BEING READ CAREFULLY. YOUR SIGNATURE VERIFIES THAT YOU HAVE READ AND UNDERSTAND THE CONTENTS OF THIS FORM.

I have read the above and fully understand the contents of this waiver and consent to its terms.

Date: _____ Signature _____

Printed Name

MORGAN COUNTY PROSECUTING ATTORNEY
CHILD SUPPORT DIVISION
COURTHOUSE
MARTINSVILLE, IN 46151
TELEPHONE: (765) 342-0086
FACSIMILE: (765) 342-1107
CASE NUMBER: 000

August 18, 2011