

**BUREAU FOR CHILD SUPPORT ENFORCEMENT**  
**APPLICATION AND INCOME WITHHOLDING FORM**

**This Form MUST Be Completed In All Cases Involving Minor Children or Spousal Support!**

Withholding services will begin immediately when the Bureau for Child Support Enforcement receives this completed application, which MUST be accompanied by a copy of the current Support Order IF one is now in effect.

Check this box if a Support Order in NOW in effect.

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**PETITIONER**

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Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Male /  Female Relationship to children involved in this case: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
(List complete physical address: county, city, street #, apt. #, zip code)

Mailing Address: \_\_\_\_\_  
(List mailing address ONLY if different from physical address)

Daytime Phone No: ( \_\_\_\_\_ ) - \_\_\_\_\_ Driver's License No: \_\_\_\_\_

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**RESPONDENT**

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Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Male /  Female Relationship to children involved in this case: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
(List complete physical address: county, city, street #, apt. #, zip code)

Mailing Address: \_\_\_\_\_  
(List mailing address ONLY if different from physical address)

Daytime Phone No: ( \_\_\_\_\_ ) - \_\_\_\_\_ Driver's License No: \_\_\_\_\_

Dependents: (List full name, sex, birth date, social security #, and custodian for each dependent)

Name	Sex	Date of Birth	Social Security No.	Custodian
		/ /	- -	
		/ /	- -	
		/ /	- -	
		/ /	- -	

**Income Withholding (List complete address of the employer or other source of income to which an Income Withholding Notice should be sent.)**

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*Pursuant to the Privacy Act [5 U.S.C. 522a], the Bureau for Child Support Enforcement (BCSE) is required to inform you of the following: (a) that the request for your social security number is a mandatory requirement pursuant to the Social Security Act [42 U.S.C. 466(a)(13)]; and (b) the BCSE will use this information only in connection with the State's child support enforcement program for purposes of establishing paternity and establishing, modifying, and enforcing support obligations.*

**CONTINUED ON NEXT PAGE**

- Check this box if you or your children currently receive TANF benefits.
- Check this box if you currently receive, or have applied for DHHR's Child Support Services.

**IF YOU CHECKED any of the two items immediately above, skip to the end of the form, SIGN on the line provided, and you are done.**

**IF YOU DID NOT CHECK any of the two items immediately above, YOU MUST CONTINUE!**

- I understand that unless otherwise directed by the Court, any Court Ordered support MUST be collected by the BCSE through Income Withholding.

**YOU MUST CHOOSE ONE OF THE THREE FOLLOWING OPTIONS!**

**OPTION #1:**

- I am applying for FULL SERVICES from the BCSE. I understand that full services include, but are not limited to the following: \*Collection and distribution of support payments. \*Collection and Enforcement of support by income withholding. \*Establishment and enforcement of Support Orders. \*Establishment of paternity. \*Enforcement of Support Orders through Federal and State Tax offsets, unemployment compensation intercepts, and workers' compensation intercepts. \*Location of parent(s). \*Interstate services.
- As an applicant for FULL SERVICES, I AGREE to comply with the following requirements: (1.) I understand I MUST assist the BCSE to establish and enforce paternity, child support, and medical support, and to collect child and spousal support. I understand this assistance may include providing information about the non-custodial parent and responding promptly and completely to requests from the BCSE. I understand I may be required to testify as a witness in court or in other proceedings. (2.) I understand that I am free to pursue legal actions through a private lawyer, but that I must inform the BCSE if I do this. (3.) I understand that I MUST repay all money received in error to which I am not entitled.

**OPTION #2:**

- I am applying for Income Withholding Services ONLY.

**OPTION #3:**

- I DID NOT CHECK Option #1 or Option #2. I do not want services from the BCSE at this time.
- I understand that even though I have not requested services at this time, I can request services at any time by applying at the BCSE office in the county in which I live.

**I CERTIFY that I have read and understand all statements on this application, and that all information I have provided is TRUE and ACCURATE to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- Check this box if YOU WOULD FEAR FOR YOUR SAFETY, or THE SAFETY OF YOUR CHILDREN if your address and telephone number are disclosed.**