

APPLICATION FOR CHILD SUPPORT SERVICES

NYS OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE

FOR AGENCY USE ONLY						
		NAME OF REFERRING OFFICIAL			TELEPHONE NO.	
		UNIT	DATE OF REFERRAL	APPLICATION TYPE <input type="checkbox"/> Original <input type="checkbox"/> Supplemental		
A Applicant/ Petitioner	NAME (Last, First, M.I.)		RELATIONSHIP TO CHILDREN	SOC. SEC. NO.		DATE OF BIRTH
	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	<input type="checkbox"/> I have not applied for nor am I in receipt of HR/ADC/MA	(N/P = No Phone)	BUSINESS
B Absent Parent/ Respondent	NAME (Last, First, M.I.)		RELATIONSHIP TO APPLICANT	SOC. SEC. NO.		DATE OF BIRTH
	ADDRESS—Legal Residence (Street, City, State, Zip) Current or Last Known			TELEPHONE NUMBER	HOME	
	EMPLOYER'S NAME/ADDRESS (Current or Last Known)			(N/P = No Phone)	BUSINESS	
	PLACE OF BIRTH	MOTHER'S MAIDEN NAME	FATHER'S FULL NAME		DATE OF DESERTION	
C Child Subject of Application	NAME (Last, First, M.I.)		DATE OF BIRTH	NAME (Last, First, M.I.)		DATE OF BIRTH
D Services Requested Applicant/ Petitioner	<input type="checkbox"/> File Search (location)		<input type="checkbox"/> Child Support Enforcement		DATE OF COURT ORDER	DOCKET NO.
	<input type="checkbox"/> Paternity Establishment		<input type="checkbox"/> Medical Support Enforcement		COURT	
<input type="checkbox"/> Child Support Establishment		<input type="checkbox"/> Field Investigation—Child Support*				
<input type="checkbox"/> Medical Support Establishment		<input type="checkbox"/> Field Investigation—Medical Support*				
<input type="checkbox"/> Child Support Collection		<input type="checkbox"/> Legal Representative—Child Support*				
<input type="checkbox"/> Medical Support Collection		<input type="checkbox"/> Legal Representation—Medical Support*		* Right to Recovery MUST Be Signed in the presence of a IV-D Unit Staff Member, and Notarized to Be Eligible for Field Investigation of Legal Services		
E Affirmation	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 _____ SIGNATURE	
F Right to Recovery (Supplement)	COMPLETE THIS SECTION ONLY IF FIELD INVESTIGATION/LEGAL REPRESENTATION IS REQUESTED					
	I assign to the _____ Department of Social Services and New York State the title to and right to receive up to 25% of each child support payment to be received by me on behalf of the children listed above until such time that DSS is reimbursed for actual costs incurred in providing the necessary service(s) I requested.					
	If child support payments are made payable through the Support Collection Unit (S.C.U.) I authorize the S.C.U. to pay the _____ Department of Social Services the amounts assigned above.					
	I understand that if I do not reimburse the _____ Department of Social Services and New York State for these costs out of child support payments received by me, they may initiate a civil proceeding, the total costs for which I will be responsible to pay.					
	X _____ SIGNATURE					
	_____ DATE					
State of _____ SS: _____ County of _____						
On the ____ day of _____, 20____, _____, to me known to be the individual described in and who executed the foregoing instrument and acknowledged that he executed the same.						
X _____ NOTARY PUBLIC						
_____ DATE						
FOR AGENCY USE ONLY						
HR	SSI	MA	CW	COURT ORDERED	F8	GENERAL PUBLIC
APPROVED		APPLICATION REVIEW			DENIED	
REASON FOR REJECTION OF APPLICATION						
				DSS REPRESENTATIVE	DATE	
				X _____		

NOTE TO APPLICANT: On the back of this form, please write additional information which might be helpful in efforts to locate or secure/enforce support from the absent parent.