

## Attention Out-of-State Applicants:

Our office recommends you apply for services in the state in which you reside. The state in which you reside will then contact the state of Colorado for enforcement of your case.

Interfacing directly with the state in which you reside will be more convenient and provide a local contact instead of going through another state.

## **WHICH FORMS DO I NEED TO COMPLETE?**

- 1. The application for child support pages 1-7 must be completed by each applicant.**
- 2. The affidavit of paternity must be completed if paternity is an issue.  
Example: Father's name is not on the birth certificate or there is more than one possible father.**
- 3. The income & expense affidavit must be completed if you do not  
Currently have a court order for child support or you are interested in modifying your current child support order.**
- 4. The affidavit of arrears/direct payments if you currently have a child support order.**

**Note:** It is the applicant's responsibility to provide copies of the requested documents.

**Thank you**



Colorado Department  
of Human Services  
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## APPLICATION FOR CHILD SUPPORT ENFORCEMENT (CSE) SERVICES

\_\_\_\_\_ County

### For Office Use Only:

Date Sent \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

Fee paid by:  CP  NCP  County CSE

How paid:  Cash/M.O.  Check # \_\_\_\_\_

## GETTING STARTED

A \$20.00 non-refundable application fee (check or money order, exact cash if applying in person) is required to process this application. **If you have applied for or are receiving TANF or Medicaid this fee may not be required.**

### WHAT WE NEED FROM YOU:

To start the process please supply the following legal documents that apply to your situation:

1. One (1) application for each non-custodial parent
2. Copy of Birth Certificate and Social Security card for all Children applying for services
3. Provide copy of personal identification (i.e., Driver's License)
4. A photo of the other parent, if available, to be returned
5. Verification of income (i.e., pay stubs, tax returns)
6. Copy of Marriage Certificate (if not available, supply date of marriage and court)
7. Copy of Court orders signed by a judge or magistrate, (if not available supply date, county, state of filing and court case number)
  - Divorce Decree or Petition, Separation Agreement
  - Paternity Orders
  - Certified Copy of Child and/or Spousal Support Order
  - All modifications
8. Complete payment records of all support paid to the custodial party directly or through a court

### SERVICES PROVIDED BY CSE:

CSE is authorized by law to provide the following services:

1. Establishment of paternity (if necessary)
2. Establishment and/or modification of a child/medical support order
3. Enforcement of a child/medical support order, including spousal maintenance when combined with child support
4. Payments are processed through the Family Support Registry (FSR)
5. May collect overdue child support from the non-custodial parent's IRS and State tax refunds or lottery winnings.
  - If an IRS intercept occurs, a \$25 fee will be deducted from the intercept
  - CSE has authority to hold an IRS joint tax refund prior to release of funds for up to six (6) months
  - Interest will not be paid on funds that are held

## HOW WE WORK TOGETHER

Please read and initial each of the following statements. By initialing each statement, you understand and agree:

INITIAL

\_\_\_ CSE represents the People of the State of Colorado. No attorney–client relationship or privilege exists between either party and the CSE staff.

INITIAL

\_\_\_ CSE does **not** handle parental responsibility (custody), parenting time (visitation), or property settlement.

INITIAL

\_\_\_ CSE determines the appropriate actions to be used when providing services.

INITIAL

\_\_\_ If you believe that there is a change (i.e. financial, medical ...) which could cause an adjustment to the amount of the order, you may submit a written request for a review.

INITIAL

\_\_\_ A written request from the applicant to stop CSE services may be made. However, if TANF and/or Medicaid is still being received or arrears are owed, the case may remain open. CSE may also close your case by using criteria established by current state and federal regulations (i.e. not being able to locate you, if you do not supply a forwarding address ...).

INITIAL

\_\_\_ Each individual county determines optional services. Inquire about these services that may be available in the county of application.

## YOUR RESPONSIBILITIES

INITIAL

\_\_\_ You are the best source of information regarding the other party. The information you provide may help in the progress of your case. There may be a delay in the progress of your case due to lack of information and/or involvement with another state.

INITIAL

\_\_\_ You are required to cooperate with CSE in the processing of your case. Failure to do so may result in case closure.

INITIAL

\_\_\_ If you are a caretaker/relative (i.e. grandparent, aunt, uncle, adult sibling or stepparent ...) you are required to open a child support case against both biological parents. CSE will **not** close one of the two cases against the biological parents at your request.

INITIAL

\_\_\_ You are required to complete and sign an affidavit agreeing to the amount of child support arrears owed (if there is a current child support order).

INITIAL

\_\_\_ If you have special needs or need special accommodations under the American Disabilities Act, contact the county with which you are applying.

INITIAL

\_\_\_ You must notify CSE in writing if any of the following changes occur. Failure to do so may result in child support payments or medical support discontinuing.

1. Legal name change, residence/ mailing address, telephone or contact numbers, place of employment, or health insurance, or if you know of changes about the other party
2. If direct payments are made to the custodial party
3. When a child no longer lives with the custodial party (i.e. marries, is adopted, joins the armed forces or is deceased ...)
4. If parenting time (visitation) changes for longer than one month
5. If you retain a private attorney or private collection agency regarding child support, parenting time (visitation) or parental responsibility (custody)
6. If an action has been filed with a court that CSE was not involved with (i.e. separation, divorce, parental responsibility...)

INITIAL

\_\_\_ Arrears owed to the custodial party will be paid first before TANF arrears will be paid to the State of Colorado, unless there is an IRS tax intercept.

INITIAL

\_\_\_ If a payment is sent in error or is unfunded (i.e., bounced check), it is your responsibility to pay back the unfunded amount. You may repay in full, or CSE will deduct 10% or \$10.00 (whichever is greater) from each payment received until the balance is paid in full. The non-custodial parent will still owe the unfunded amount.

INITIAL

\_\_\_ Once a Family Support Registry (FSR) account number has been assigned, sending or receiving direct payments may result in case closure. Note: the FSR is the central payment processing center in Colorado.

INITIAL

\_\_\_ Federal law requires CSE to withhold \$25.00 one time each year from the child support collected on a non-public assistance case, if over \$500.00 is collected during that year.

The provision of your Social Security Number/SSN is mandatory (§42 U.S.C. 666(a)(13)). However, if you do not have an SSN, your application for services will not be denied. SSNs are used by the CSE Program to locate individuals to establish paternity or support obligations, modify and enforce support obligations and to distribute child support payments.

Confidentiality laws protect all information provided to CSE. CSE offices throughout the United States and some countries have access to this information through State and Federal Child Support Case Registries. If family/domestic violence is an issue, you must alert CSE to further safeguard this information and an additional order of the court may be needed.

Print Legal Name \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**For more child support information and additional forms you may visit our website at**  
**[www.childsupport.state.co.us](http://www.childsupport.state.co.us)**

# CUSTODIAL PARTY (CP) INFORMATION:

**Legal Name:** \_\_\_\_\_  
Last First Middle Maiden/Other

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  M  F

Place of Birth: \_\_\_\_\_  
City State County

Residence address: \_\_\_\_\_  
Street Apt./Unit City State Zip

Mailing address (if different): \_\_\_\_\_

## Phone Numbers:

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Message # \_\_\_\_\_ Email \_\_\_\_\_

**Employer and/or Union:** \_\_\_\_\_  
Name

\_\_\_\_\_  
Address City Zip

Occupation or Trade \_\_\_\_\_

Is it okay to make contact at work?  Yes  No Work Schedule: \_\_\_\_\_

**Relationship to the child(ren):**  Mother  Father  Other, explain \_\_\_\_\_

When was custody of the child(ren) obtained? \_\_\_\_\_

What was the situation (leading to obtaining custody)? \_\_\_\_\_

Is there currently an attorney involved in this child support case?  Yes  No

If yes: Attorney's: \_\_\_\_\_  
Name

\_\_\_\_\_  
Address City State Zip Telephone

**Have the child(ren) received public assistance?**  Yes  No Type received:  TANF  Medicaid  Foster Care

What County/State \_\_\_\_\_ Begin/End Date \_\_\_\_\_

**If you are the mother, are you pregnant?**  Yes  No If yes: What is the due date? \_\_\_\_\_

Who is the father? \_\_\_\_\_

Emergency Contact (if CP can't be reached): \_\_\_\_\_  
Name

\_\_\_\_\_  
Address City State Zip Telephone

# NON-CUSTODIAL PARENT (NCP) INFORMATION:

**Legal Name:** \_\_\_\_\_  
Last First Middle Maiden/Other

Relationship to the Child(ren):  Mother  Father  Alleged Father (paternity not established)

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  M  F

Place of Birth: \_\_\_\_\_  
City State County

**Current or Last Known residence address:** \_\_\_\_\_  
(Circle one) Street Apt./Unit

City State Zip

Mailing address (if different): \_\_\_\_\_

## Phone Numbers:

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Message # \_\_\_\_\_ Email \_\_\_\_\_

**Employer and/or Union:** \_\_\_\_\_  
Name

Address City Zip

Occupation or Trade \_\_\_\_\_

**Physical Description:** Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Identifying Marks (i.e., scars, tattoos, piercing ...) \_\_\_\_\_

Race:  Caucasian  African American  Hispanic  Asian  Other \_\_\_\_\_

In prison?  Yes  No Date of release \_\_\_\_\_

Which facility? \_\_\_\_\_ DOC# \_\_\_\_\_

In the military?  Yes  No Branch \_\_\_\_\_

Disabled?  Yes  No If yes, receive Social Security?  Yes  No

**List any assets (i.e., real estate, bank accounts, and license to work a profession ...)**

\_\_\_\_\_

**List any vehicle(s)?** (Model, make, year and color) \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

**List any other biological child(ren)?** \_\_\_\_\_

Child(ren)'s other biological parent \_\_\_\_\_

NCP's Mother's information: \_\_\_\_\_  
Name Address Telephone

NCP's Father's information: \_\_\_\_\_  
Name Address Telephone

Is there any other information that may help us locate the other party? \_\_\_\_\_

Emergency Contact (if NCP can't be reached): \_\_\_\_\_  
Name

Address City State Zip Telephone

## CHILD(REN)'S INFORMATION:

	Child 1	Child 2	Child 3
Legal Name			
Gender (M or F)			
Date of Birth			
Social Security Number			
City & State of Birth			
State or Country of Conception			
Who are listed as the parents on the Birth Certificate?			
Child Support Order # County and State			
	Child 4	Child 5	Child 6
Legal Name			
Gender (M or F)			
Date of Birth			
Social Security Number			
City & State of Birth			
State or Country of Conception			
Who are listed as the parents on the Birth Certificate?			
Child Support Order # County and State			

# PARENT RELATIONSHIP STATUS

Were the parents of the child(ren) ever married?  Yes  No Date of Marriage \_\_\_\_\_

Date Separated \_\_\_\_\_ Date Divorced \_\_\_\_\_ In what city, county and state? \_\_\_\_\_

Date of last contact with other parent \_\_\_\_\_

If paternity has been established, how?  Genetic Testing  Acknowledgement of Paternity  Court

Did this person ever live with the child (ren) in the State of Colorado?  Yes  No

When and where? \_\_\_\_\_

Is domestic violence a concern?  Yes  No

Is there a restraining order?  Yes  No

# MEDICAL INSURANCE INFORMATION

**A copy of the benefit card used to process medical claims MUST be provided.**

Is your child(ren) on MEDICAID?  Yes  No

Does your child (ren) have health insurance coverage other than Medicaid?  Yes  No

If yes, name of child(ren) covered by other insurance: \_\_\_\_\_

## Other insurance company's information:

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Telephone Number: \_\_\_\_\_
- Policy Number: \_\_\_\_\_
- Group Number: \_\_\_\_\_
- Date Insurance began: \_\_\_\_\_
- Type of Coverage(s) Provided:  Medical  Dental  Vision  Other \_\_\_\_\_

## Who provides other insurance coverage:

- Name: \_\_\_\_\_
- Social Security Number: \_\_\_\_\_
- Relation to the covered child(ren): \_\_\_\_\_
- Address: \_\_\_\_\_  
Street City State Zip
- Telephone numbers: \_\_\_\_\_  
Work Home Cell Message



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DISTRICT COURT, \_\_\_\_\_ COUNTY, COLORADO

COURT CASE NO. \_\_\_\_\_ DIVISION \_\_\_\_\_

## AFFIDAVIT OF PATERNITY AND PARENTAGE ADVISEMENT AND ADMISSION

I, \_\_\_\_\_, declare that the following statements are true and complete to the best of my knowledge.

\_\_\_\_\_ is the biological father of the following child(ren):

CHILD'S LEGAL NAME	DOB	STATE/COUNTRY OF CONCEPTION

### INFORMATION ABOUT THE FATHER:

Full Legal Name: \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Did the father ever live with the child(ren) in the state of Colorado?  Yes  No

If yes, which child(ren)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were you married at the time the child(ren) were conceived?  Yes  No

Name of your husband at the time: \_\_\_\_\_

Which child(ren)? \_\_\_\_\_

## ADVISEMENT

You and your child(ren) may be required to have genetic tests to determine paternity of the child(ren).

If the person you named is found not to be the father, then you may be held responsible for repayment of the cost of genetic testing.

Because this matter may proceed administratively, a court hearing on the issue of paternity may not be held.

1. I state that I am the biological mother of the child(ren) named above and I am making this admission of my own free will.
2. I understand that statements contained in this affidavit may be used in legal action to determine paternity and a support obligation.
3. I state that all of the statements above are true and complete, to the best of my knowledge.

Print Legal Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn before me in \_\_\_\_\_ County,

Colorado, on \_\_\_\_\_.

My commission expires: \_\_\_\_\_

Notary Public: \_\_\_\_\_



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# INCOME & EXPENSE AFFIDAVIT

Name: \_\_\_\_\_ SSN \_\_\_\_\_  
 Address: \_\_\_\_\_ DOB: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

**Identify your employer in box below. If you are not currently employed provide information about your most recent employer. Show your hourly wage or monthly income at the time your job ended.**

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date Terminated: \_\_\_\_\_

1. Monthly Gross Income: (HOURLY WAGE = \$ \_\_\_\_\_) \$ \_\_\_\_\_ per month  
 (Include income from salaries, wages, commissions, bonuses, dividends, pensions, interest trust income, Social Security benefits, worker's compensation benefits, independent contract payments, self-employment, proprietorship of a business, business draw, rental income, unemployment insurance, disability benefit payments and in-kind payments such as free rental or meals.) Attach pay-stubs and most recent year's I.R.S. income tax return including Form 1040 and all attachments submitted with it to the I.R.S.

A. Pre-existing court-ordered child support paid by you monthly \$ \_\_\_\_\_

B. Court-ordered spousal support paid by you monthly \$ \_\_\_\_\_

2. MONTHLY ADJUSTED GROSS INCOME \$ \_\_\_\_\_

3. Number of all children whom you are legally obligated to support (not including step children) and there is no court-ordered child support obligation. Attach birth certificates showing your parenthood. \_\_\_\_\_

4. Number of overnights the children in this matter spend with you each year as stated in your custody or visitation court order (if ordered) \_\_\_\_\_

## 5. CREDITS PERMITTED BY COLORADO CHILD SUPPORT GUIDELINES

A. Monthly Amount of work-related Child Care costs—monthly average. Attach proof. \$ \_\_\_\_\_

B. Extraordinary Medical Expenses—monthly average. Attach proof (include uninsured expenses costing over \$100.00 monthly for the children of this matter only). \$ \_\_\_\_\_

C. Medical and/or Dental insurance payment—monthly average (include amount paid monthly for children of this matter only). Attach proof of enrollment and of cost \$ \_\_\_\_\_

I affirm this information is true and complete to the best of my knowledge: \_\_\_\_\_  
 Signature

Signed before me \_\_\_\_\_

Notary Public \_\_\_\_\_ My Commission expires \_\_\_\_\_



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# AFFIDAVIT OF ARREARS/DIRECT PAYMENTS

Payment History for Noncustodial Parent (NCP) (starting with most recent month)

NCP's Name: \_\_\_\_\_

YEAR: _____			YEAR: _____			YEAR: _____		
Month	Amount Due	Amount Paid	Month	Amount Due	Amount Paid	Month	Amount Due	Amount Paid
Jan			Jan			Jan		
Feb			Feb			Feb		
Mar			Mar			Mar		
Apr			Apr			Apr		
May			May			May		
June			June			June		
July			July			July		
Aug			Aug			Aug		
Sept			Sept			Sept		
Oct			Oct			Oct		
Nov			Nov			Nov		
Dec			Dec			Dec		
<b>TOTAL</b>			<b>TOTAL</b>			<b>TOTAL</b>		

  

YEAR: _____			YEAR: _____			YEAR: _____		
Month	Amount Due	Amount Paid	Month	Amount Due	Amount Paid	Month	Amount Due	Amount Paid
Jan			Jan			Jan		
Feb			Feb			Feb		
Mar			Mar			Mar		
Apr			Apr			Apr		
May			May			May		
June			June			June		
July			July			July		
Aug			Aug			Aug		
Sept			Sept			Sept		
Oct			Oct			Oct		
Nov			Nov			Nov		
Dec			Dec			Dec		
<b>TOTAL</b>			<b>TOTAL</b>			<b>TOTAL</b>		

**Declaration:** I declare under penalty of perjury the information I have provided on this application is true and correct to the best of my knowledge and belief and the statements contained herein are made for the purposes stated herein including, but not limited to, obtaining assistance in paternity and order establishment, and the enforcement and distribution of child support. By signing this application, I acknowledge the responsibilities as listed and agree to the services the Child Support Enforcement Program provides.

Name of Applicant (please print) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signed before me \_\_\_\_\_

Notary Public \_\_\_\_\_ My Commission expires \_\_\_\_\_