



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, or exact cash if applying in person) is required to process this application. Please do not mail cash. **If you have applied for or are receiving TANF this fee may not be required.**

WHAT WE NEED FROM YOU:

To start the process, please supply the following legal documents:

1. One (1) application for each non-custodial/custodial parent
2. Copy of a state issued birth certificate and social security card for all children
3. Copy of personal identification (i.e. driver's license)
4. A photo of the other parent, if available; it will be returned to you
5. Verification of your income (i.e., pay stubs, tax returns)
6. Copy of Marriage Certificate (if not available, supply date of marriage and/or other evidence of marital status)
7. Copy of Court Orders signed by a judge or magistrate (if not available supply date, county, state of filing and court case number):
 - Petition and/or Divorce Decree and/or Separation Agreement
 - Paternity Orders
 - Certified Copy of Child and/or Spousal Support Order
 - All modified orders
 - Allocation of Parental Responsibility Orders
 - Probate Orders
 - Dependency and Neglect Orders
 - Adoption Orders
 - Orders Terminating Parental Rights
8. Complete payment records of all support paid to the custodial party directly, through court, or a state disbursement unit

Note: Your application may be delayed if you do not provide the necessary documentation.

SERVICES PROVIDED BY CSE:

CSE is authorized by law to provide the following services:

1. Establish child/medical support orders and paternity
2. Modify child/medical support orders
3. Enforce child/medical support orders, including spousal maintenance when combined with child support
4. Process payments through the Family Support Registry (FSR); once an FSR account number is assigned to you, you will be able to register on the CSE website (www.childsupport.state.co.us) to view your account information online
5. Collect past due child support from the non-custodial parent's federal and state tax refunds and lottery winnings:
 - If a federal intercept occurs, a \$25 fee will be deducted from the intercept
 - Federal joint tax refunds can be held for up to six (6) months
 - Interest will not be paid on funds that are held
6. Collect past due child support from the non-custodial parent through other enforcement measures
7. Ask another state's child support agency to establish, modify, or enforce an order on our behalf

GETTING STARTED

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

HOW WE WORK TOGETHER

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 will not accept the application for services if all the children associated with the applicant are emancipated.

INITIAL

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

INITIAL

_____ If you believe that there is a change that could cause an adjustment to the amount of the order (e.g. financial, medical, etc.), 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 you are receiving TANF or assigned arrears are owed, the case may remain open. CSE may also close your case by using criteria established by current state and federal regulations (e.g. not being able to locate you, you do not supply a forwarding address, you do not provide required documents to take the next step to work your case, etc.).

INITIAL

_____ Each individual county determines optional services. Inquire about services 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 closure.

INITIAL

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

INITIAL

_____ You may be 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 Americans With Disabilities Act, contact the county of application.

GETTING STARTED

INITIAL

_____ You must notify the CSE office in writing if any of the following changes occur. Failure to do so may affect your child support payments or medical support payments.

1. Change to your legal name, residence/mailling address, telephone or contact numbers, place of employment, or health insurance, or if you know of changes about the other party.
2. If child support payments are made directly to the custodial party instead of through the FSR.
3. When a child no longer lives with the custodial party.
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 (e.g. separation, divorce, parental responsibility, etc.).

INITIAL

_____ Arrears owed to the custodial party are paid before TANF arrears are paid to the State of Colorado, unless there is a federal 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 payment may result in case closure. Note: the FSR is the central payment processing center for 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 the year.

The provision of your Social Security Number (SSN) is mandatory (§42 U.S.C. 666(a) (13)). However, if you do not have a 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.

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

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): _____
Street Apt/Unit City State Zip

Phone Numbers:

Home	Work	Cell	Fax
------	------	------	-----

Message #: _____ Email address: _____

Employer and/or Union: _____
Name

_____ Address City State Zip

Occupation or Trade: _____

Is it ok to contact you 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 Information: _____
Name

_____ Address City State Zip Phone

Have the child(ren) received public assistance? Yes No

If yes: 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 Phone

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: _____
Street Apt/Unit

City State Zip

Mailing address (if different): _____
Street Apt/Unit City State Zip

Phone Numbers:

Home	Work	Cell	Fax
------	------	------	-----

Message #: _____ Email address: _____

Employer and/or Union: _____
Name

Address City State 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 of service _____
Disabled? Yes No If yes, receives Social Security? Yes No

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

List any vehicles (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 Phone

NCP's Father's information _____
Name Address Phone

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 Phone

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 County 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 County 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, 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

Where and when? _____.

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: _____.
- Phone 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
- Phone numbers: _____
Work Home Cell Message



Colorado Department
of Human Services
people who help people

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 _____

NONDISCLOSURE AFFIDAVIT HH# _____

I understand that Colorado law requires that the complete address of all parties be included on all child support court orders. By completing and signing this document, I request that the court make an exception in my case and request that my home, work, daycare location information be kept out of the court file and not be submitted to federal and state case registries.

I HEREBY STATE UNDER PENALTY OF PERJURY, and with the knowledge that this document will be used in a court of law that I have a reasonable belief that physical or emotional harm will result to me or to my child (ren) if my location information is disclosed on court documents. MY BELIEF IS BASED ON ACTUAL EVENTS OR THREATS AND NOT MERELY A DESIRE TO AVOID CONTACT WITH THE OTHER PARTY OR TO PREVENT THE OTHER PARTY FROM EXERCISING PARENTAL RIGHTS.

- _____ The Child Support Enforcement unit in another state has made a determination of nondisclosure.
- _____ Attached is an order from a court or administrative agency ordering that my location information is not to be disclosed to the other party.
- _____ Attached is a copy of a restraining order, no contact order or other protective order from a court.
- _____ Attached are medical records, police records, court reports, psychological reports, child welfare documents or other evidence demonstrating that an actual danger exists.
Explain: _____

- _____ Other: Explain: _____

YOUR REQUEST FOR NONDISCLOSURE MAY BE DENIED IF YOU HAVE NOT PROVIDED SUPPORTING DOCUMENTATION.

I, _____ understand that the Child Support Enforcement unit and its attorneys cannot make any guarantee that my request for nondisclosure will be granted, and that if the request is granted, that the other party may obtain my location information by some means regardless of the efforts of the Child Support Enforcement unit and in spite of the existence of a court order that prohibits the release of personal information. I understand that court files may be public information and this request will not affect any information that is already in the court file.

I, _____ understand it is my responsibility to provide an alternate address where I am willing to accept service and can receive mail. I understand and acknowledge that this address will be provided to the Court.

Alternate Street Address: _____
Care of - if applicable: _____
City, State and Zip Code: _____

I HEREBY CERTIFY that the statements made in this document are true and that I have completely read and understand the above document.

Signed this _____ day of _____, 20____.

Applicants Signature _____

Sworn to before me in the County of _____, State of _____, this _____ day of _____, 20____.

My commission expires: _____.

[SEAL] Notary Public _____

For Agency use only:



Colorado Department of Human Services
people who help people

AFFIDAVIT OF PREVIOUS PUBLIC ASSISTANCE

Date: _____

Custodial Party Name (print): _____

SS#: _____ Provision of your SS# is voluntary. However, if you fail to provide your SS#, we will not be able to process your affidavit. Your SS# will be used to ensure that your affidavit is properly updated to your case so that a \$25 service is not charged on your case.

Non-Custodial Parent Name (print): _____

Custodial Party Address: _____

Re: Self Authenticating Affidavit

Federal and State laws require state Child Support Enforcement offices to collect an annual \$25 fee for child support cases meeting the following conditions:

1. The custodial party has never received cash public assistance (AFDC or TANF) from Colorado or any other state. TANF or AFDC cash assistance does NOT include Food Stamps, WIC, child care, Medicaid, and/or Kid Care;
2. The custodial party has received at least \$500 in child support payments during the current federal fiscal year. The federal fiscal year starts October 1 and continues until September 30 of the following calendar year.

To aid us in determining if your case(s) should be assessed the \$25 fee, please answer the following questions:

Have you ever received TANF or AFDC case assistance from Colorado or any other state? TANF or AFDC cash assistance does NOT include Food Stamps, WIC, child care, Medicaid, and/or Kid Care.

_____ Yes, I have received TANF or AFDC cash assistance in the state of _____, from _____ (date) to _____ (date).

I certify under penalty of perjury and pursuant to the laws of the State of Colorado that the preceding is true and correct.

Signature: _____ Date: _____



Colorado Department
of Human Services
people who help people

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		
TOTAL			TOTAL			TOTAL		

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		
TOTAL			TOTAL			TOTAL		

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 _____



Mail or deliver the application form to the following address.

Denver County
Child Support Enforcement
1200 Federal Blvd.
Denver, CO 80204

Local Number: (720)944-2960

Fax Number: (720)944-2660

Hours: 8:00 AM - 4:30 PM