

Guardian Application for Child Support Services

Please complete all requested information on the pages below. Information provided on this form (including any attachments) may only be shared with others for the purpose(s) of the administration of the child support program and other related programs.

Name of Guardian Applying for Services (last, first, middle, suffix, e.g., Jr.) _____ Relationship to child _____ Is the father's name on the child's birth certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Race/ethnicity/disability: This information is for federal reporting purposes only and is voluntary.	Date Stamp <i>(for office use only)</i>
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- | | | |
|---|--|---|
| <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Native American/Alaskan Native |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Other (Please list all others) | | |

Do you have a disability?

- Yes No If yes, describe: _____

Are you, either parent of the child, or the child an enrolled member of a Wisconsin tribe? If yes, which tribe?

- Yes No

Mother: _____ Tribe Enrolled _____

Father: _____ Tribe Enrolled _____

Child 1: _____ Tribe Enrolled _____

Child 2: _____ Tribe Enrolled _____

Please Note:

Filling out this form:

- Please include as much information as possible.
- If you do not know or are uncertain of some of the information, you may leave that part blank.
- The more information your worker knows about your case, the better job he or she can do for you.
- If you have any questions about this form, please talk with your child support agency.
- **If you have a copy of the child's birth certificate (or the document that established paternity), a copy of the court order guardianship, or a placement/visitation schedule, please attach those to this application.**

Services Requested:

- Child Support Services Paternity Only (legal fatherhood) Only Locate (a parent) Services

Social Security Number/Individual Taxpayer Identification Number (ITIN): The provision of your social security number or ITIN is mandatory under Section 466(a)(42U.S.C.666(a)). Your social security number/ITIN will be used for identification purposes. If you do not provide your social security number/ITIN, your application will be denied.

SECTION 1 – Information about YOU, the guardian applying for services

Maiden Name or Alias (if any)	Date of Birth	Social Security Number/ITIN	<input type="checkbox"/> Male <input type="checkbox"/> Female
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1. Place of Birth	
City	County
State	Country

2. Please Check Services You Are Receiving or Have Received			
Child Support Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kinship Care	<input type="checkbox"/> Yes <input type="checkbox"/> No
W-2, including child care	<input type="checkbox"/> Yes <input type="checkbox"/> No		
State(s) Providing These Services:			

3. Home Phone Number ()	4. Cell Phone Number ()	5. Work Phone Number ()	6. Work Hours
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7. Can you accept text messages?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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8. Email Address	9. Mailing Address
City	State/Zip Code

10. Residence (home) Address, if different from above	
City	State/Zip Code

11. Job Information	
Employer Name	
Telephone Number ()	Fax Number ()
Address	
City	State/Zip Code

Is Health Insurance Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are the Children Covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Out of Pocket Cost Per \$ <input type="checkbox"/> Week <input type="checkbox"/>
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How Often Are You Paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	Gross Income Per Payday \$	Job Title
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Start Date	Occupational/Professional License <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, type:
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12. Member of the Armed Forces <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, <input type="checkbox"/> Active <input type="checkbox"/> Retired	Branch
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From	To	Veterans Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION 1 – Information about the FATHER of the child(ren) you have court ordered guardianship of

13. Father's Name (last, first, middle, suffix, e.g., Jr.)

Alias (if any)	Date of Birth	Social Security Number/ITIN
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14. Place of Birth

City & State	County
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15. Home Phone Number
()

16. Cell Phone Number
()

17. Work Phone Number
()

18. Work Hours

19. Email Address

20. Mailing Address

City	State/Zip Code
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21. Residence (home) Address, if different from above

City	State/Zip Code
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22. Has the father ever lived in Wisconsin?

Yes No

23. Job Information

Employer Name (add a comment if parent is retired)

Telephone Number ()	Fax Number ()
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Address

City	State/Zip Code
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How Often Is the Father Paid?
 Weekly Bi-Weekly Monthly

Gross Income Per Payday
\$

Job Title

24. Member of the Armed Forces
 Yes No

If yes,
 Active Retired

Branch

From To

Veterans Benefits
 Yes No

Receiving Social Security
 Yes No

25. Please provide the information below and any other information you believe may help find the father. Include all addresses where relatives may live and the type of income and assets the father might have. Include any additional information on separate pages. **Please include a picture of this father, if available.**

Distinguishing Marks (tattoos/scars/birth marks):

Height	Weight	Race	Hair Color	Eye Color
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Name of the Father's Mother (last, first, middle, maiden)

Name of the Father's Father (last, first, middle)

SECTION 2 – Information about the MOTHER of the child(ren) you have court ordered guardianship of

26. Mother's Name (last, first, middle, suffix, e.g., Jr.)

Maiden Name or Alias (if any)	Date of Birth	Social Security Number/ITIN
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27. Place of Birth

City & State	County
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28. Home Phone Number
()

29. Cell Phone Number
()

30. Work Phone Number
()

31. Work Hours

32. Mailing Address

City	State/Zip Code
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33. Residence (home) Address, if different from above

City	State/Zip Code
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34. Job Information

Employer Name

Telephone Number
()

Fax Number
()

Address

City	State/Zip Code
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How Often Is the Mother Paid?
 Weekly Bi-Weekly Monthly

Gross Income Per Payday
\$

Job Title

35. Member of the Armed Forces
 Yes No

If yes,
 Active Retired

Branch

From To

Veterans Benefits
 Yes No

36. Please provide the information below and any other information you believe may help find the mother. Include all addresses where relatives might live and the type of income and assets the mother may have. Include any additional information on separate pages and attached. **Please include a picture of the mother if available.**

Distinguishing Marks (tattoos/scars/birth marks):

Height	Weight	Race	Hair Color	Eye Color
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Name of the Mother's Mother (last, first, middle, maiden)

Name of the Mother's Father (last, first, middle)

SECTION 3 – Information about the Children (These children must have the **same father and mother** – the parents listed on this form in Sections 1 and 2.) If there are more than three (3) children, please provide the information about the children on pages 8.

37. Name of First Child (last, first, middle, suffix, e.g., Jr.)

Social Security Number/ITIN	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race (optional)	Date of Birth
Is the Father's name on the Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know			City of Birth
County of Birth	State of Birth	Country of Birth	
Does the child receive Social Security Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, Monthly Amount: \$
If this child is now in high school, expected date of graduation: Month Year			
Name of School		Address	
City		State/Zip Code	
Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have legal custody/Court Ordered Guardianship of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No	

38. Name of Second Child (last, first, middle, suffix, e.g., Jr.)

Social Security Number/ITIN	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race (optional)	Date of Birth
Is the Father's name on the Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know			City of Birth
County of Birth	State of Birth	Country of Birth	
Does the child receive Social Security Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, Monthly Amount: \$
If this child is now in high school, expected date of graduation: Month Year			
Name of School		Address	
City		State/Zip Code	
Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have legal custody/Court Ordered Guardianship of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No	

39. Name of Third Child (last, first, middle, suffix, e.g., Jr.)

Social Security Number/ITIN	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race (optional)	Date of Birth
Is the Father's name on the Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know			City of Birth
County of Birth	State of Birth	Country of Birth	

Does the child receive Social Security Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is yes, Monthly Amount: \$
If this child is now in high school, expected date of graduation: Month Year		
Name of School		Address
City		State/Zip Code
Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have legal custody/Court Ordered Guardianship of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4 – CURRENT LEGAL STATUS—ATTACH COPIES OF ANY LETTERS OF GUARDIANSHIP, COURT ORDERS, AND/OR COURT JUDGMENTS, DECREES, OR STIPULATIONS

41. If you or the parents have a Child Support Order for the child or children listed in Section 3, please provide the information below.

County/State of Order:

SECTION 5 – Information about Other Children.

List any child that the mother or father have with another person. If there are more than three (3) other children, please include the information about the other children on page 8.

42. Name of Child	Child's Parent	Child's Date of Birth

Please read, sign, and date this page

Tax Intercept Information: I understand that the Menominee Tribal Child Support Agency will submit any certified past-due child support debts to the tax/lottery intercept programs.

I understand that if I receive the other parent's intercepted tax refund money, which is later recalled by the federal Internal Revenue Service (IRS) or the state Department of Revenue (DOR), I must immediately return the money. Tax returns may be recalled for various reasons, including NCP error on the tax return or fraudulent filers using an NCP's identification in an attempt to collect a refund. If I cannot repay all the money at once, I will follow a payment plan until the amount is repaid in full. (If the tax refund money is recalled, you will receive a letter with information about how to return the money and how to set up a payment plan.)

If a tax intercept collection is at least \$10, I understand that a fee of 10%, up to \$25, will be deducted from the tax intercept collection.

Child Support Orders: I understand that the law does not permit percentage orders in child support agency cases.

If I am opening a new child support case or reopening a closed child support case with the child support agency and have a percentage order, I understand that the child support agency is not responsible for reconciling the order for the period before the date that this application is accepted.

The child support agency is required to change the percentage order into a dollar amount order. By submitting this application, I am agreeing to cooperate with the agency in changing the order.

Disclaimer: The Menominee Tribal Child Support Agency will bring any necessary administrative or court actions to establish paternity (legal fatherhood), or to establish or enforce a support order. However, the **child support attorney does not represent you or the parents**, but rather represents the state's interest in enforcing support.

Overpayment: I understand that if I receive an overpayment (more support than I am due), the state may withhold part of future support payments, at a reasonable amount, until the overpaid amount is returned to the state.

I hereby request child support services under the Title IV-D of the Social Security Act. I understand that I must cooperate with the child support agency by providing all information as requested and by keeping my appointments with the agency or as required by the court.

Signature of Court Ordered Guardian applying for services

Date

IMPORTANT

Please attach copies of any letters of guardianship, and court orders, judgments, decrees, or stipulations involving child support. Any changes in this information should be sent, **in writing**, to the child support agency where you applied for services.

