

**WV DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR CHILD SUPPORT ENFORCEMENT**

IN ORDER FOR THE BUREAU FOR CHILD SUPPORT ENFORCEMENT (BCSE) TO PROVIDE YOU WITH THE BEST POSSIBLE SERVICE, IT IS VITAL THAT **ALL KNOWN** INFORMATION REQUESTED ON THIS DOCUMENT BE COMPLETED. IT IS PARTICULARLY IMPORTANT THAT INFORMATION REQUESTED IN THE **SHADED AREAS** BE COMPLETE.

**APPLICATION FOR SERVICES FROM
THE BUREAU FOR CHILD SUPPORT ENFORCEMENT**

IF YOU ARE NOT PRESENTLY RECEIVING WEST VIRGINIA WORKS OR MEDICAL CARD, **PLEASE CHECK THE BOX BESIDE THE SERVICE FOR WHICH YOU ARE APPLYING:**

- Full services of the Bureau for Child Support Enforcement , which may include, but are not limited to, location of the Obligor, establishment and enforcement of support orders, establishment of paternity, collection and distribution of support payments, enforcement of support orders by income withholding, Federal and State Tax offsets, unemployment compensation intercept, workers' compensation intercept, and interstate services as appropriate.

- Collection and Distribution Services only.

- Income Withholding Services only.

CHECK LIST

WHAT TO BRING TO INTERVIEW

FOR THE PURPOSE OF THIS APPLICATION THE FOLLOWING TERMS APPLY:

OBLIGEE: Person with whom the child primarily resides

OBLIGOR: May be the father, assumed father or mother of the child

Please bring the following items with you to the interview:

- ✓ The enclosed appointment letter
- ✓ The completed application
- ✓ All court orders for support (divorce decree and/or support order, magistrate order, judgment order, garnishment order, etc.).
- ✓ Child(ren)'s birth certificates and Social Security card(s).
- ✓ Any documents containing identifying information for the Obligor (W-2's, IRS filing form (1040), military records, etc.).
- ✓ Records of support payments (court records, records you may have kept, bank deposits of support amounts, copies of receipts, any other records or verifications of the Obligor's payment of support).
- ✓ Verification of any private medical insurance.

PLEASE ALLOW APPROXIMATELY ONE (1) HOUR FOR YOUR OFFICE INTERVIEW



If you need to reschedule your appointment, please call

YOUR RIGHTS AND RESPONSIBILITIES

A. All Applicants

1. It is my responsibility to provide accurate up-to-date information regarding the other people involved in this case and respond to any request made by the Bureau for Child Support Enforcement (BCSE).
2. It is my responsibility to update the BCSE when there is a change in my address, telephone number or e-mail address.
3. Any information I provide or fail to provide may affect the present actions and future outcome of my case.
4. Any information I provide to the BCSE in administering my case may be disclosed upon appropriate request to other persons, the court, or other agencies.
5. I agree to cooperate with the BCSE in their efforts in establishing and enforcing paternity, child support, and medical insurance obligations, and in collecting child and spousal support, which may require appearing as a witness in court or other proceedings initiated by the BCSE against the obligor.
6. I am free to pursue enforcement actions through private counsel; however, I must advise the BCSE if I do this.
7. I am obligated to redirect **all** child and spousal support payments received directly by me to the Bureau for Child Support Enforcement at P.O. Box 247, Charleston, WV 25321.
8. I must repay **all** child and spousal support monies I have retained in violation of the assignment of support rights or monies that I received in error.
9. I have the right to inspect certain information in my file that is not protected by law and/or policy and to appeal any action taken by the BCSE through the Department of Health and Human Resources (DHHR) Fair Hearing process.
10. 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.

B. Applicants/Recipients of Public Assistance or Medical Assistance Only

1. When I apply for Public Assistance, I understand that I automatically assign my

rights to child and spousal support to the DHHR. This means that any and all child and spousal support monies collected, up to the amount of the Public assistance I receive, will be retained by the State to reimburse the Public assistance paid. I may ask the Public assistance or child support worker to explain how this works.

2. I am required to cooperate with the BCSE in establishing paternity, and establishing and collecting child support and medical support for any child, and in collecting spousal support when I am approved for public assistance.
3. I am required to cooperate with the BCSE in establishing paternity and medical support for any child that I receive medical assistance from the State of West Virginia and to cooperate in the collection of child and spousal support if a court order exists.
4. I may elect to request child support establishment and collection services for any child that receives medical assistance from the State of West Virginia.
5. I have the right at any time to request to claim good cause for not cooperating with the BCSE. I may ask the DHHR or child support worker to explain this to me.
6. Failure to cooperate with BCSE by not responding to appointment letters, redirecting ALL child/spousal support payments, not attending court hearings, or willfully withholding any information relating to this case may be considered a refusal to cooperate. If this determination is made, there may be penalties such as a reduction in public assistance checks and removal from the medical card.
7. I have the right to appeal any action or decision taken by the Department of Human Services (through the DHHR Fair Hearing process) regarding the obligation to accept the services of and to cooperate with the BCSE.

C. Information About Federal and State Tax Offset Collections

1. The Federal and State *Tax Offsets* are very effective methods for collecting past-due child support and, in some cases, spousal support, by intercepting the Obligor's Federal and/or State Tax refund.
2. To be eligible for referral to the Federal and State Tax offsets, I understand that I must receive full services from the BCSE.
3. If it is deemed appropriate by the BCSE, my case will automatically be referred for State and Federal Tax offset each new tax year without my having to ask for this service. I understand that my case must meet certain eligibility requirements to be eligible for referral to tax offset.
4. There must be a valid court order for support before the BCSE can attempt to intercept the Obligor's Federal or State Tax refund.

5. If the order for support was not entered in this State, a copy of the out-of-state order, any modifications and, where possible, a copy of the support payment record is required.
6. The Obligor must have a child support arrearage of at least \$500.00 to be referred to the IRS for tax offset and at least a \$100.00 arrearage to be referred for State Tax offset. (If money is received, the source of payment may not be released to me due to confidentiality restrictions.)
7. The Obligor's Social Security Number and address must have been verified.
8. An affidavit must be signed by me attesting to the amount of past-due support owed to me.
9. There is no guarantee that monies will be collected.
10. If monies are intercepted from the IRS and I have received West Virginia Works in the past, the IRS monies will first be paid to the DHHR to satisfy the state debt. If any monies remain after satisfying the state debt and monies are owed to me, these monies will be sent to me by the BCSE as long as the arrearage owed to me was also submitted for intercept.
11. If monies are intercepted from the State Department of Revenue and I no longer receive West Virginia Works, the State Tax monies will first be paid to me before satisfying the debt owed to the DHHR.
12. I understand that I am personally liable for the repayment of any amounts received by me in error or which must be returned to the State Department of Revenue or to the IRS due to the filing of any amended return or injured spouse claim by the Obligor parent's spouse in a State or Federal Tax offset intercept.
13. If the Obligor parent's tax refund is intercepted, I understand that the BCSE has the authority to hold the refund (if it involves a joint return) for six (6) months before sending the collection to me.

I accept these responsibilities, and I certify that all statements on this form have been read by me or to me, and I understand these statements. I certify that all information I have provided is true and accurate to the best of my knowledge.

**The BCSE Attorney represents the interests of the State of West Virginia.
There is no attorney-client relationship between the BCSE Attorney and me.**

I certify that I have read or have had read to me the above statements and that I understand these statements.

Your Signature _____ Date _____

PAYMENT OPTIONS:

The Bureau for Child Support Enforcement no longer issues paper checks for support payments. Therefore, you must select one of the options below for receiving support payments by placing an "X" in one of the boxes. If you do not select an option, you will automatically be issued a debit card.

- Direct Deposit – Direct deposit authorizes the BCSE to electronically deposit your support payments directly into your account. If you choose this option, please complete the Direct Deposit Authorization Form.

- Debit Card – When support payments are received, the payments will be loaded onto the debit card. See the Debit Card brochure for program details.

AUTHORIZATION TO CONTACT BY E-MAIL:

- I hereby authorize the Bureau for Child Support Enforcement to contact me or respond to verbal or written inquiries by using the e-mail address I have provided below until revoked by me in writing. I understand and assume the risk that communications by e-mail may be intercepted through no fault of the Bureau for Child Support Enforcement.

E-mail Address: _____

Signature: _____

Date: _____

OBLIGEE: Person with whom the child primarily resides

OBLIGOR: This person may be the father, assumed father or mother of the child.

Obligee Social Security Number: _____ - _____ - _____

Obligee Name: _____
Last First Middle Jr./Sr./etc.

Obligee Birth Date: Month: _____ Day: _____ Year _____ Sex: F / M
<Circle>

Obligor Parent Social Security Number: _____ - _____ - _____

Obligor Parent Name: _____
Last First Middle Jr./Sr./etc.

Obligor Birth Date: Month: _____ Day: _____ Year _____ Sex: F / M
<Circle>

OBLIGEE INFORMATION (CTDT)

Birthplace: City: _____ State: _____

County: _____ Country: _____

Maiden Name: _____ Alias Name(s): _____

Present Marital Status: Married / Separated / Divorced / Never Married/Widow(er)
<Circle>

Minor Mother: Yes / No <Circle> If Yes, Name Alternate Payee:

Obligee's Relationship to Obligor: _____

OBLIGEE'S MAILING ADDRESS (CTAD)

Street/Box: _____

City: _____ State: _____ Zip: _____

Country: _____ Address as of (Date): _____ / _____ / _____

E-mail Address: _____

OBLIGEE'S RESIDENCE ADDRESS IF DIFFERENT FROM MAILING ADDRESS

Street/Box: _____

City: _____ State: _____ Zip: _____

Country: _____

Directions to home (may be necessary to serve any legal documents) _____

OBLIGEE'S TELEPHONE NUMBER(S)

Home Phone Number: (____) _____ NOTE: _____

Other Phone Number: (____) _____ EXT: _____

OBLIGEE'S EMPLOYMENT INFORMATION (CTEM)

Primary Employer: Yes / No <Circle One>

Employment Status: Full Time / Part Time / Temporary / Self Employed / Unemployed
<Circle One>

Employment Status Effective Date: _____ / _____ / _____

Does Your Employer Provide Health Insurance? Yes / No
<Circle>

Employer Name: _____

Employer Doing Business As: _____

Employer Address: _____

Box / Street

City State Zip Code

(____) _____ - _____ Ext.: _____ Note: _____

<Employer's Telephone Number>

Occupation: _____ Note: _____

If there is more than one employer please note: _____

MARITAL DATA (MARI)
(For this Oblige and Obligor)

	<u>Date</u>	<u>City/State</u>	<u>Civil Action Number</u>
Married:	___ / ___ / ___	_____	_____
Separated:	___ / ___ / ___	_____	_____
Divorced:	___ / ___ / ___	_____	_____

OTHER MARITAL INFORMATION

Please list all other marriage dates, separation date, divorce date, counties where divorce occurred and names of ex-spouses of Oblige.

CHILD INFORMATION (CHLD)

LIST ONLY THE CHILD(REN) OF THE OBLIGOR NAMED IN THIS APPLICATION- IF NOT ENOUGH PAGES ARE PROVIDED, PLEASE ADD TO NOTES ON BOTTOM OF PAGE

Name _____
Last First Middle Jr./Sr./etc.
Social Security Number: _____ - _____ - _____ Sex: Male / Female
<Circle>
Date of Birth: Month _____ Day _____ Year _____
Birthplace:
City: _____ County: _____ State: _____
Country (If other than U.S.): _____

Was the child conceived in the State of West Virginia? Yes/No <Circle>

If no, list the name of the State where the child was conceived. _____

If the child is deceased, list the Date of Death: _____ / _____ / _____

Verification of Death: _____

Child Receives SSI: Yes / No <Circle>

What is your relationship to this child? _____

What is the Obligor's relationship to this child? _____

Does the Obligor's name appear on the birth certificate? Yes / No <Circle>

Has paternity been established? If so, which of the following methods of establishment was used?

- 1) Child conceived born of the marriage Yes / No <Circle>
- 2) Paternity Affidavit? Yes / No If Yes, when _____ / _____ / _____ and where? _____; or
- 3) through the court? Yes / No If through the court, what is the court's location? _____
Civil Action # _____ Month _____ Day _____ Year _____

Is the Obligor court ordered to provide medical insurance for this child? Yes / No
<Circle>

Does this child presently live with you? Yes / No <Circle>

Is this child a minor mother? Yes / No <Circle>

IF THIS CHILD HAS NOT ALWAYS RESIDED WITH YOU PLEASE PROVIDE INFORMATION INCLUDING DATES OUT OF THE HOME, CIRCUMSTANCES AND WITH WHOM THEY RESIDED.

NOTES: _____

FAMILY VIOLENCE RECORD (FVRE)

Affidavit

I swear or affirm, under penalty of false swearing, to the following:

My name is _____

I wish to have the information in this Bureau for Child Support Enforcement case file protected because of domestic violence.

I or my child(ren) have been subject to the following (check all that apply):

- A ***court has made a finding*** that I or my child(ren) have been victims of domestic or family violence or abuse.
- Pushing, shoving, or slapping.
- Punching or kicking.
- Choke holds or strangling.
- Other bodily harm resulting in physical injury.
- Threats of bodily harm or death.
- Threats with a gun, knife, or other weapon
- Destruction of property
- Sexual assault
- Denied access to telephones, financial resources, or employment.

I understand that the BCSE will protect the information in this case in accordance with state and federal laws. However, the law does allow a court to order the BCSE to release information if the court determines there is no danger to me or my child(ren).

Your Signature _____ Date _____

State of _____

County of _____

Taken, subscribed and sworn to before me this ____ day of _____ 20__.

My Commission Expires _____

Notary Public _____

OBLIGOR INFORMATION (APDT)

(THIS INFORMATION IS USED FOR IDENTIFICATION PURPOSES)

Does the Obligor have more than one social security number? Yes / No <Circle>

Maiden Name: _____ Alias Name: _____

Birthplace: City: _____ State: _____

County: _____ Country: _____

Language: _____ Ethnic Group: _____

U.S. Citizen: Yes / No <Circle> Education: _____ (0 thru 20)

Date of Death: _____ / _____ / _____ Verification of Death: _____

Weight: _____ Height: _____ Eyes: _____ Hair: _____

Present Marital Status: Married / Separated / Divorced / Never Married/Widow(er)
<Circle>

Physical Markings: _____

Spouse: _____

Person's Name With Whom Obligor is Living: _____

Military: Branch of Service: Army / Navy / Marines / Air Force / Other
<Circle>
Status: Active / Retired / Disabled / Discharged / Unknown
<Circle>
Start: Month _____ Year _____ Discharged: Month _____ Year _____

Drivers License State: _____ License Number: _____

Jail/Prison: Location: _____
Date In: _____ Date Out: _____

Does the Obligor currently receive Public Assistance services?
Yes / No / Unknown <Circle>

If yes, what kind of services? Public assistance/ Food Stamps / Medicaid
<Circle>

Notes: _____

OBLIGOR'S MAILING ADDRESS (APAD)

Box/Street: _____

City: _____ State: _____ Zip: _____

Country: _____ Address as of (Mo/Day/Yr): ____/____/____

E-mail Address: _____

RESIDENCE ADDRESS, ONLY IF DIFFERENT FROM MAILING ADDRESS

Box/Street: _____

City: _____ State: _____ Zip: _____

Country: _____ Address as of (Mo/Day/Yr): ____/____/____

Directions to home: (may be necessary to serve any legal documents) _____

TELEPHONE NUMBERS

Home: (____) _____ Note: _____

Other: (____) _____ Ext.: _____ Note: _____

EXISTING COURT ORDER (CIVL & OBLG)
(Please enter information from your existing court order.)

PLEASE PROVIDE COPIES OF ALL ORDERS

Case Number: _____ State: _____ County: _____

Parties names on Court Order: _____

Date the order was entered: Month _____ Day _____ Year _____

Is there a current court order for child support? Yes / No <Circle>

Is the court ordered child support to be paid to you? Yes / No <Circle>

If no, to whom? _____

When was the last support payment received? _____ Amount? _____

Is the Obligor court ordered to provide health insurance? Yes / No <Circle>

Is the Obligee court ordered to provide health insurance? Yes/No <Circle>

Is there a current court order for alimony or spousal support? Yes / No <Circle>

IF MORE THAN ONE ORDER PLEASE NOTE:

OBLIGOR'S CURRENT EMPLOYER (APEM)

Primary Employer: Yes / No <Circle> Employment Status Effective Date: ____ / ____ / ____

Employment Status: Full Time / Part Time / Self-employed / Temporary / On Strike / Employment Terminated / On-the-job Injury / Temporary Layoff / Unemployed <Circle>

Does the Obligor's employer provide Health Insurance? Yes / No / Unknown <Circle>

If yes, name of Insurance Company: _____

Employer Name: _____

Employer Doing Business As: _____

Employer Address: _____

City: _____ State: _____^{Box/Street} Zip _____

Employer's Telephone Number: (____) _____ - _____ Ext: _____

Note:(please provide any other current employers of the obligor): _____

MEDICAL INSURANCE (INSU)

Current Policy Holder Name: _____
Last First Middle Jr/Sr/etc.

Health Insurance Provider: _____

Address of Insurance Co.: _____

City _____ State _____ Zip _____ Telephone: _____

Type of Insurance Coverage: Hospitalization / Major Medical / Dental / Vision / Hospital, Major Medical and Dental / Hospital, Major Medical, Dental and Vision / Unknown / Other Coverage

Primary Policy: Yes / No <Circle>

Policy Number: _____ Group Number: _____

Begin Date: _____ / _____ / _____ End Date: _____ / _____ / _____

Coverage Status of (Case Members)

Name: _____

Case Members Relationship to Policyholder: _____

Individual Policy No.: _____ Covered: Yes / No <Circle>

Name: _____

Case Members Relationship to Policyholder: _____

Individual Policy No.: _____ Covered: Yes/ No <Circle>

Name: _____

Case Members Relationship to Policyholder: _____

Individual Policy No.: _____ Covered: Yes / No <Circle>

OBLIGOR'S SOURCES OF INCOME (SINC)

Social Security, SSI, Unemployment, Veterans Benefits, Rental, Business, other: please list others or provide more information: _____

OBLIGOR'S ASSETS (ASET)

Checking/Savings Account, Car, Truck, Real Estate, Business Equipment, Valuables: please list others or provide more information: _____

CURRENT LICENSES HELD BY OBLIGOR (APLC)

Business, Contractors, CDL, Professional, Drivers, Hunters: please list and provide more information: _____

GRANDPARENTS OF THE CHILD(REN) (GRAN)

Obligor's Mother

Name: _____ Deceased: Yes / No
 Last First Middle
Maiden Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Country: _____ Phone:(_____) _____ - _____

Obligor's Father

Name: _____ Deceased: Yes / No
 Last First Middle
Maiden Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Country: _____ Phone:(_____) _____ - _____

Obligee's Mother

Name: _____ Deceased: Yes / No
 Last First Middle
Maiden Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Country: _____ Phone:(_____) _____ - _____

Obligee's Father

Name: _____ Deceased: Yes / No
 Last First Middle
Maiden Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Country: _____ Phone:(_____) _____ - _____

ATTORNEY INFORMATION (ATTY)

Obligor's Attorney (If Known)

Attorney Name: _____

Attorney's Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (_____) _____ - _____ Ext.: _____

Obligee's Attorney (If Known)

Attorney Name: _____

Attorney's Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (_____) _____ - _____ Ext.: _____

If you answer “yes” to any of the following questions, please provide a detailed explanation and complete the additional sections as instructed:

Has the child(ren) on this application always resided in the obligee’s home? Yes/No <Circle>

Has there ever been a domestic violence situation between the parties listed on this application?
Yes/No <Circle> (If yes, please complete page 11)

Has any other Child Support Agency been involved with the parties of this application?
Yes/No <Circle> (If yes, please include name and address of agency)

Have you ever received support payments directly from the obligor? Yes/No <Circle>
(If yes, please complete page 19)

I HAVE BEEN INFORMED BY THE BUREAU FOR CHILD SUPPORT ENFORCEMENT, AND I UNDERSTAND THE FOLLOWING:

The Bureau for Child Support Enforcement takes no position on and is not involved in litigation of the issues of custody, parenting plans or visitation.

On the day of my hearing, an attorney from the Bureau for Child Support Enforcement will be in attendance. That attorney represents only the State of West Virginia and does **not** represent me or my child or children or any other entity. This is true for the entirety of my case.

I understand that I may retain my own attorney to represent my personal interest at the hearing or in any portion of this case.

If I choose **not** to retain my own attorney, it will be considered by the Court that **I AM REPRESENTING MYSELF AND ACTING AS MY OWN COUNSEL.**

I certify that I have read or have had read to me the above statements and that I understand these statements.

Signature

Date

AFFIDAVIT OF DIRECT PAYMENTS

Only list the actual amount of payments received directly from the noncustodial parent.

____ (Year)	____ (Year)	____ (Year)
<u>Month</u> <u>Amount Paid</u>	<u>Month</u> <u>Amount Paid</u>	<u>Month</u> <u>Amount Paid</u>
January	January	January
February	February	February
March	March	March
April	April	April
May	May	May
June	June	June
July	July	July
August	August	August
September	September	September
October	October	October
November	November	November
December	December	December

____ (Year)	____ (Year)	____ (Year)
<u>Month</u> <u>Amount Paid</u>	<u>Month</u> <u>Amount Paid</u>	<u>Month</u> <u>Amount Paid</u>
January	January	January
February	February	February
March	March	March
April	April	April
May	May	May
June	June	June
July	July	July
August	August	August
September	September	September
October	October	October
November	November	November
December	December	December

I do hereby swear and affirm that to the best of my knowledge the above record is an accurate and true account of payments received directly from _____ for payment of support.

Interest on any unpaid child support will be calculated by the BCSE.

(CT signature) _____

Sworn and subscribed before me this _____ day of _____ 20____.

My commission expires: _____.

Notary Public