OFFICE OF THE ATTORNEY GENERAL
CHILD SUPPORT SERVICES DIVISION
BASIC SERVICES PACKAGE

DATE: _____

1. This package contains a brochure on Child Support Services Division (CSSD) services and an application form. If you are seeking to establish parentage and/or support from more than one non-custodial parent, complete one form for each.

2. Read the brochure carefully to determine if you want the services of the Child Support Services Division (CSSD).

3. Enclose these items when you submit your application:

- Three certified copies of each out-of-state order; one certified copy of each D.C. order; Copies of the Divorce Decree, Separation Agreements, Custody Order, Birth Certificate, Acknowledgement of Paternity, etc.
- Proof of Income (*e.g.*, two most recent pay stubs, W-2's, tax returns, etc.);
- Proof of D.C. residency (*e.g.*, telephone bill, utility bill, etc.);
- Proof of identification (*e.g.*, government-issued identification); and
- A one-time $5.00 non-refundable application fee. Money Orders and Checks ONLY. NO CASH. Make the Money Order/Check payable to the D.C. Treasurer.

4. THE APPLICATION FORM MUST BE SIGNED OR IT WILL BE RETURNED TO YOU.

5. PLEASE NOTIFIY CSSD IF A PRIVATE ATTORNEY IS INVOLVED IN YOUR CASE FOR ACTIONS OTHER THAN CHILD SUPPORT MATTERS.

6. Please mail or bring the materials to our office at the following address:
   Office of the Attorney General, Child Support Services Division
   441 4th Street, NW Suite 550 North
   5th Floor
   Washington, D.C. 20001
   Hours of Operation: Monday-Friday, 8:15 a.m. to 4:45 p.m.

WE WILL CONSIDER THIS APPLICATION WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORGIN, SEX, AGE, MARITAL STATUS, PERSONAL APPEARANCE, SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, FAMILIAL STATUS, FAMILY RESPONSIBILITIES, DISABILITY, MATRICULATION, POLITICAL AFFILIATION, SOURCE OF INCOME, OR PLACE OF RESIDENCE OR BUSINESS.

NOTICE OF LEGAL REPRESENTATION

PLEASE READ THE FOLLOWING IMPORTANT INFORMATION CONCERNING LEGAL REPRESENTATION

CASE: _____

As a result of your application for child support services, receipt of TANF and/or Medicaid benefits, or as a result of the minor child(ren) being in the foster care system, CSSD attorneys will take the legal steps necessary to establish parentage and establish, modify (**including downward modifications if the mandatory three-year review and adjustment indicates a lower child support amount is warranted**) and enforce support obligations.

CSSD attorneys represent the District of Columbia ONLY. There is no attorney-client relationship between you and the child support attorney or between you and CSSD or its staff.

CSSD attorneys DO NOT represent you, and information you provide to these attorneys is NOT protected by the attorney-client privilege. CSSD attorneys represent the District in making sure that children are supported and in collecting overdue support. You may be required to appear as a witness or take other action in connection with the case.

Your interests may be the same as the District's interests in making sure support is paid. But if you disagree with the CSSD about your case, you should consider hiring your own attorney. If you hire an attorney, you MUST notify the CSSD in writing immediately of the name, address and phone number of the attorney. After applying for TANF and/or Medicaid benefits, you MUST notify CSSD in writing before you take any legal action to establish parentage or to establish, modify, or enforce support.

The CSSD will perform services related to parentage and support ONLY, even if the child support obligation is in an order that also relates to other issues such as divorce, custody, visitation, or property distribution, and even if other issues are raised in the child support case. You must obtain your own attorney if you need assistance with other issues.

The CSSD will protect the District's interests in parentage and support cases by filing and defending appeals only as the CSSD finds appropriate. These actions may or may not protect your interests. You should retain your own attorney to handle any appeal where your interests are different from the District's interests or where issues other than child support are involved.

I, _____, have read or have had read and explained to me this Notice of Legal Representation. I understand the nature of my relationship with the CSSD and its attorneys and I accept the terms of this relationship.

_____	_____
Date	Recipient of Child Support Services
_____	_____
Date	Witness
	_____
	Title

OFFICE OF THE ATTORNEY GENERAL
CHILD SUPPORT SERVICES DIVISION
CSSD PROCESSES AND CLIENT RESPONSIBILITIES

CSSD PROCESSES

1. All cases are scheduled by D.C. Superior Court, Family Division on a first come, first served basis.
2. Most cases go before a Magistrate Judge or an Associate Judge.
3. An attorney will prosecute your case on behalf of the CSSD at all hearings.
4. CSSD will use all appropriate remedies to enforce Superior Court Family Division orders, including Wage Withholdings and interception of State/Federal tax refunds and Unemployment Compensation benefits.
5. All child support payments must be made either through the D.C. Child Support Clearinghouse or online at http://dc.SmartChildSupport.com.
6. CSSD will attempt to collect any arrears owed to the State.

CUSTOMER RESPONSIBILITIES

1. You must appear at all hearings when your participation is requested. Your attendance at out-of-state hearings/conference is at your discretion.
2. You must inform CSSD, in writing, of ANY change of address within five (5) business days.
3. You must cooperate with CSSD in resolving your case and pay all fees when due.
4. You must inform CSSD, in writing, if you hire a private attorney to represent you and provide CSSD with a copy the attorney's notice of appearance or praecipe.

APPLICANT'S (YOUR) INFORMATION

Your Full Name: _____

Maiden/ Others Names Used: _____

Birth date: _____ Sex ☐M ☐F Race: _____

Marital Status (single, married, divorced, domestic partnership): _____

If married or in a domestic partnership, date of marriage or domestic partnership:
_____

If divorced, date of divorce: _____

Your Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell phone: (____)_____ Email address: _____

Your Social Security Number: _____

Your Employer's Name and Address: _____

What is your relationship to the children? (*i.e.*, Mother, Father, Grandparent, Guardian, etc.) _____

If you are the Guardian, are you the Legal Guardian? _____

If "yes", were you named the Legal Guardian by a Court or State Agency? Please provide proof. _____

Are you presently living with, or have you ever lived with, the non-custodial parent?
_____

Where did you last live together? _____

Are you and the non-custodial parent currently:
Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Unmarried/Never Married ☐

If married, please give date of marriage and place: _____

If divorced or separated, please give date: _____

NON-CUSTODIAL PARENT INFORMATION

The following information will be used by CSSD to identify the non-custodial parent. Please complete each item carefully.

Non-custodial parent's Full Name: _____
Last First Middle

Alias, Maiden or Other Names Used: _____

Race: _____ Date of Birth: _____ Birthplace: _____

Non-custodial parent's Present Home Address: Current ☐ Last Known ☐

Street: _____ Apt. #: _____ Telephone: (___)_____

Cell phone: (___)_____ Email address: _____

City: _____ State: _____ Zip _____

Non-custodial parent's Social Security Number: _____

Non-custodial parent is the Child(ren)'s [Mother] [Father] [Other]: _____

Describe the non-custodial parent's:

Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

Other identifying features: _____

Information about the non-custodial parent's mother and father. Complete even if parent is not living.

FATHER's	MOTHER's
Name: _____	Name: _____
Street: _____	Street: _____
City/State/Zip: _____	City/State/Zip: _____
Phone: (____) _____	Phone: (____) _____

If the non-custodial parent is or was ever in the military, indicate which branch:

☐ Army ☐ Navy ☐ Marines ☐ Coast Guard ☐ National Guard ☐ Reserves Branch

Service Dates: Entered: _____

Discharged: _____

Non-custodial parent's Driver's License # and State where issued:

_____

Non-custodial parent's Car/Truck License Plate #: _____

State: _____

Professional License (*e.g.*, teacher, law, doctor, etc.). ☐ Yes ☐ No

If yes, in what State(s): _____

Job/Occupation: _____

Employer's Name: _____

Address: _____

Tel. #: ( ) _____

This employment is ☐ Present ☐ Last Known

Is health insurance coverage available for the child(ren) from this employer? ☐ yes ☐ no

If health insurance has already been ordered, has it been provided? ☐ yes ☐ no

Insurance Company Name: _____ Policy #: _____

How many years/months have you known the non-custodial parent?

_____

When did you last see or talk to the non-custodial parent?

_____

Was the non-custodial parent ever arrested? ☐ yes ☐ no. If "Yes", give (approximate) date, location and charge(s)

_____

Is (s)he in jail? ☐ yes ☐ no. Where? _____

Release Date: _____

Is the non-custodial parent a member of a union or club, enrolled in college or a training program? ☐ Yes ☐ No

Where? _____

Please give any other information that might help us locate the non-custodial parent (for example, the name of someone who can provide additional information).

_____

Does the non-custodial parent have any other minor children? Please name the child(ren) and custodial parent. _____

CHILD(REN)'S INFORMATION

In this section below, list the children in your care for whom you seek support from the non-custodial parent named in this application.

CHILD'S NAME	SEX	BIRTH DATE	SOCIAL SECURITY	RACE

CONCEIVED LOCATION (city/state)	BIRTHPLACE LOCATION (city/state)	YOUR RELATIONSHP TO CHILD	DATE(S) OF CONCEPTION

1. If you have a support order, separation agreement, or divorce decree ordering child support, please provide the Court name and date.

   _____

2. Have you filed any CHILD SUPPORT action in court on your own? Yes ☐ No ☐
   If yes, please indicate type of action, date, Court (if known) and location.

   _____

3. Has any attorney ever represented you in a child support case? Yes ☐ No ☐ If yes, provide the name and address of the attorney.

_____

4. Does the attorney still represent you? ☐ Yes ☐ No.
5. Has anyone ever brought a child support action against you in court? ☐ Yes ☐ No. If yes, which court and by whom? _____
6. If you have ever received public assistance (TANF), Medicaid, or Foster Care for any of the following children named in this application, please complete the following:

CHILD'S NAME	TYPE OF BENEFIT	WHEN RECEIVED	COUNTY/STATE RECEIVED

7. Are you requesting that the D.C. Superior Court order the non-custodial parent pay child support on behalf of the minor child(ren)? ☐ Yes ☐ No.

If you are requesting court-ordered child support, you must provide CSSD with copies of your two most recent pay statements, proof of the minor child(ren)'s current daycare expenses (if any), and proof of any premiums that you pay to provide medical insurance for the minor child(ren) (if any).

8. Are you requesting that the D.C. Superior Court order the non-custodial parent pay retroactive child support* to you on behalf of the minor child(ren)? ☐ Yes ☐ No.

*Retroactive child support is support for a prior time period. District law limits the request to two years prior to the date the petition is filed. In limited circumstances, the retroactive child support award may exceed two years if the custodial parent can prove extraordinary circumstances. If you received TANF during the period in which retroactive child support is requested, CSSD will not pursue retroactive child support. If you are requesting retroactive child support, you must provide CSSD with proof of your income for the period of time in which retroactive child support is requested. If you are requesting retroactive child support in excess of two years, you must provide CSSD with documentation of the extraordinary circumstances.

SERVICES AND FEES
BASIC SERVICES

Parents who need to establish a support order or who want to have an existing order enforced are provided a wide range of services including:

- Legal services to get, change, or enforce child support orders.
- Wage Withholding to take child support payments from a parent's paycheck.
- Paternity testing to help identify a child's father to obtain support.
- Collections of child support to provide an automatic accounting of payments paid or owed.
- Modification to review and change child support orders at the request of either parent, or the Agency. All child support orders are reviewed every three (3) years. If after conducting the review and adjustment, CSSD determines a modification (upward or downward) is warranted, it will seek to have the order modified.
- Parent location to find non-custodial parents for support purposes.
- Medical support to require working non-custodial parents to provide health insurance coverage.

More information on the above services is available from the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Support Enforcement, 370 L'Enfant Promenade, S.W., Washington, DC 20447, or http://www.acf.hhs.gov.

SPECIAL SERVICES

These services are tailored to the needs of parents who have their own cases and are not interested in the full range of services:

Parent location to find non-custodial parents (for support purposes only).
Service of Summons to non-custodial parents from out-of-state agencies.

FEES

Services are provided to all eligible applicants.

BASIC SERVICES

$5.00 - One time application fee payable at time of filing.
$50.00 – Summons Service Fee
$25.00 – Federal Tax Refund Intercept Fee
$15.00 – D.C. State Tax Refund Intercept Fee

SPECIAL SERVICES

Persons receiving special services pay fees only for services requested and the application fee.

$15.00 – Parent Location (with Social Security Number provided)
$19.00- Parent Location (without Social Security Number provided)

CUSTOMER AGREEMENT FOR SERVICES
OFFICE OF THE ATTORNEYGENERAL/CHILD SUPPORT SERVICES DIVISION

I hereby request the services of the Child Support Services Division (CSSD) as outlined in this packet. I agree to abide by the stated CSSD processes and accept the customer responsibilities outlined herein.

I understand that the CSSD attorneys do not represent me, but rather the District of Columbia. I understand that CSSD will act in the best interest of the child(ren) in taking the necessary legal steps to establish parentage and establish, enforce and modify child support orders, which may include entering into negotiations with the Non-custodial Parent or his/her attorney to settle the child support claims. I further understand that if, at anytime, my interests differ from those of the District of Columbia, that I may hire my own attorney to represent my interests. If I hire a private attorney to represent my interest in the child support case, I will provide CSSD, in writing, with the name, address, and telephone number of the attorney.

I understand and agree that:

- I will not directly contact the Superior Court-Family Division or any Court personnel with regard to my claim for child support; I will act solely through CSSD in pursuing this claim.
- I must appear at all hearings where my participation is requested in my case. CSSD will seek an amount of current support in accordance with the District of Columbia Child Support Guideline.
- Child support payments owed to me will be paid through the D.C. Child Support Clearinghouse.
- I will advise CSSD, in writing within 5 days, of any change of address or telephone number.
- I understand that every 3 years, CSSD will conduct a review and adjustment of my case, and if warranted, modify the support order upwards or downwards depending on the outcome of the review and adjustment.
- I understand that fees paid to CSSD are non-refundable.
- I understand that I may consent to CSSD withholding ten percent (10%) from my future child support payments to correct my account for reasons that include, but are not limited to: fees, recovery of monies improperly paid to me, or paid in error, or for any other reason deemed necessary to correct my account. I further understand that if I do not consent to CSSD withholding ten percent (10%) from my future child support payments to correct my account DOES NOT mean that I am not obligated return any money received and/or withheld by me in error.
- Under the District of Columbia law, an Assistant Attorney General who prosecutes the child support case is deemed to represent the State Agency, Child Support Services Division, and not me individually.
- My non-compliance with any of these provisions or lack of cooperation with the office may be grounds to terminate service, and may be grounds for the office to deny future requests for service.

- I understand that as of November 2010, the following states recover costs or charge fees: Alabama, Alaska, Arizona, Arkansas, Colorado, Delaware, Florida, Georgia, Hawaii, Idaho, Indiana, Kansas, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Carolina, Oklahoma, Oregon, South Carolina, South Dakota, Texas, Utah, Virgin Islands, Virginia, Wisconsin, and Wyoming. I understand that when the District of Columbia is the initiating jurisdiction in an interstate child support case, the other state may recover costs of providing services from my child support payment. For updated information, I can visit the Office of Child Support Enforcement website and view the Intergovernmental Referral Guide.

Signature of Applicant _____ Date _____

GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE ATTORNEY GENERAL
CHILD SUPPORT SERVICES DIVISION

CUSTOMER AUTHORIZATION AGREEMENT

(**NOTE: YOU MUST ENTER YOUR INITIALS BY EACH SECTION OF THIS AGREEMENT.)**
I, _____, have read or had read and explained to me this Customer Authorization Agreement. I understand and agree to its content. I understand that the Office of the Attorney General, Child Support Services Division ("CSSD") will provide the services and take the actions stated in this agreement as a result of my application for child support services or my receipt of TANF and/or Medicaid benefits. If I am not receiving TANF and/or Medicaid benefits, or if I stop receiving these benefits, I authorize the CSSD to provide the services and take the actions as described.

I. SCOPE OF SERVICES

A. The CSSD will take all legal and other action it finds appropriate to establish parentage and establish, modify, and enforce child and/or medical support obligations for the child(ren) receiving services. These actions may include:

1. Preparing and filing legal documents to establish parentage and to establish, modify, and enforce child support, medical support and Medicaid obligations;
2. Issuing administrative orders concerning parentage and support including genetic testing orders;
3. Negotiating and approving legally binding agreements that determine the amount of child and/or medical support to be paid and the time, manner, and conditions of payment;
4. Litigating issues relating to parentage and support;
5. Reviewing and modifying support under the District of Columbia Child Support Guidelines. These modifications may increase or decrease the amount of support to be paid;
6. Using a wide variety of administrative and other tools to locate the non-custodial parent and to establish and enforce child support and/or medical support and Medicaid obligations.

B. The CSSD will review the amount of support three years from the date it was entered if either parent or the child's custodian requests a review or if the law supports such a review. If after conducting the review and adjustment, CSSD determines an upward or downward modification is warranted, it will ask the Court to increase or decrease child and/or medical support if the Child Support Guidelines show that a different amount should be paid. A review may be requested before the end of three years if there has been a change in circumstances since the order was entered.

C. The CSSD will provide appropriate services in each child and/or medical support case according to the law. The CSSD will use its discretion in deciding which tools to apply in a particular case. The CSSD may use enforcement remedies such as income withholding, credit bureau reporting, license revocation, passport denial, attachment and seizure of assets, and income tax refund interception. If the custodian is not receiving public assistance, the CSSD will deduct a fee of $25.00 when it collects support from a federal tax refund and a $15.00 fee when it collects a support from a District of Columbia tax refund.

II. FINANCIAL CONDITIONS

A. All payments to CSSD must be made through the Collection and Disbursement Unit of the D.C. Child Support Clearinghouse or online at http://dc.SmartChildSupport.com . If payments are made directly to me, without going through Court, the D.C. Child Support Clearinghouse, or online, they will not satisfy the support obligation.

B. When a parent or custodian receives TANF and/or Medicaid benefits, he or she assigns the right to receive child and/or medical support to the District of Columbia. The District then keeps all or part of the child and/or medical support payments as reimbursement for public assistance. When overdue support is owed and the parent or custodian stops receiving benefits, federal law determines the way in which payments must be divided between the government and the family. The CSSD distributes all payments according to these legal requirements. (**Effective October 1, 2009, persons who were receiving TANF and/or Medicaid benefits *before* applying for IV-D services *do not* assign their TANF and/or Medicaid arrears existing before they began receiving IV-D services.)**

C. I _____do or _____do not consent to CSSD withholding ten percent (10%) from future child support payments to correct an overpayment owed to CSSD for fees or for any other reason CSSD deems necessary to correct my child support account, including but not limited to payments sent to me in error. My receiving IV-D services IS NOT dependent upon my consenting to CSSD withholding ten percent (10%) from future child support payments to correct an overpayment. I understand my NOT CONSENTING to CSSD withholding ten percent (10%) from future child support payments to correct an overpayment DOES NOT excuse me from having to repay to CSSD any monies I receive in error.

_____	_____
Date	Recipient
_____	_____
Date	Witness
	_____
	Title

REQUEST FOR CONFIDENTIALITY OF INFORMATION

YOU MUST COMPLETE AND RETURN THIS FORM IF YOU WANT YOUR ADDRESS AND OTHER INFORMATION ABOUT YOUR LOCATION TO BE KEPT CONFIDENTIAL BECAUSE YOU OR YOUR CHILD(REN) COULD BE HARMED IF THE INFORMATION IS RELEASED.

YOUR NAME:
YOUR SOCIAL SECURITY NUMBER:
YOUR PHONE NUMBER:
OTHER PARENT'S NAME:

1. Have you or a child in your care ever been a victim of domestic violence, which includes but is not limited to physical abuse, sexual abuse, psychological abuse, or stalking committed by the other parent of your child(ren) and/or have you ever had to get an order of protection to protect you or your child(ren) from the other parent? Yes ☐ No ☐

If yes, please provide detailed information below (you may attach additional sheets if necessary):
_____
_____
_____
_____

2. Do you or does a child in your care receive TANF and/or Medicaid? Yes☐ No ☐

If you or your child have been the victim of domestic violence and you receive public assistance, you may be exempted from the requirement that you cooperate with the Child Support Services Division in its efforts to establish parentage and collect child support from the other parent. To apply for this good cause exemption, you must see a CSSD Child Support Enforcement Specialist at 441 4th Street, NW, Suite 550N, Washington, DC 20001.

3. CHOOSE ONE OF THE FOLLOWING STATEMENTS:

☐ I **need** confidentiality for my address or other information about my location because giving out this information could be harmful to me or a child in my care. I will tell the Office of the Attorney General Child Support Services Division, in writing, when I no longer need confidentiality for this information. I understand that, despite this request, a court could order the release of my information.

☐ I **do not need** confidentiality for my address or other information about my location because it would not be harmful to me or a child in my care if the information was given out. I understand this information may be given to the federal government, courts, child support, agencies, and possibly my child(ren)'s other parent to assist in obtaining child support.

I declare under penalty of perjury that I am the person named in this request and that the foregoing is true and correct:

Date: _____ Signature: _____
Return this form to: Office of the Attorney General for the District of Columbia Child Support Services Division/Attention: Intake/441 4th ST, NW, Suite 550 North, Washington, DC 20001.

Received by CSSD on _____ by _____