

## Guardian Application for Child Support Services

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 [[Wis. Statutes, § 49.83](#)].

Yes  No Do you have any concerns for your safety or your family's safety by filling out this application for child support services?

- If Yes, please see the information provided below:
- If No, Skip to Services Requested

We understand that filling out an application for child support services can be difficult, especially if you have concerns about your safety. If you would like to continue with child support services, check one of the boxes below and you will be granted Privacy Protection. Privacy Protection prevents the release of your address, phone number, employer, or other location information that would put you or your children at risk of harm.

**Date Stamp**  
(for office use only)

Fee Paid \$ \_\_\_\_\_ Rept. # \_\_\_\_\_

A protective order has been filed or entered against \_\_\_\_\_

in \_\_\_\_\_ County.

I believe that the release of identifying information may result in physical or emotional harm to my child(ren) or me. Name of person I need protection against \_\_\_\_\_.

I am participating in the Safe at Home/Address Confidentiality Program in the State of \_\_\_\_\_.

### SERVICES REQUESTED (check one):

#### Full Services

Child Support Services:

Check this box if you would like full **case management services**, which include locating an absent parent, establishing court orders, establishing paternity, and enforcement of child support orders. For more information, please see <https://dcf.wisconsin.gov/cs/overview>. While a custody and placement order may be established as a part of your case, that service is not directly provided by the child support agency. Child support services also do not include enforcement of maintenance-only (alimony) orders.

#### Limited Services

Paternity Only (legal fatherhood):

Check this box if you would only like services to locate a potential father (if applicable), establish paternity and update the child's WI birth record with the legal father's name. This type of case will be closed upon establishment of paternity. **Paternity-only services do not include custody and placement.** If you decide you would like additional services at a later date (e.g. establishment and enforcement of an order), you will need to submit a new application at that time. If you or the other parent are receiving public assistance, the child support agency (CSA) may still open a full-service case involving custody, placement, child support, and/or other orders as appropriate. Additionally, if the other parent requests full services, the case will automatically receive full services.

Only Locate (a parent) - \$25 fee due

Check this box if you only want help locating the other parent, and don't want other case management services. Location is not guaranteed. See Applications for Parent Locate-Only Services at <https://dcf.wisconsin.gov/cs/apply> for more information.

Please Note:

- If you are the parent, please fill out the **Parent Application for Child Support Services** form.
- 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, or a placement/visitation schedule, please attach those to this application.

Yes  No Are you applying for services for an unborn child?

- If yes, due date: \_\_\_\_\_

### Notice of Language Assistance

You have a right to an interpreter at no cost to you.

Yes  No Do you need an interpreter?

- If yes, in what language? \_\_\_\_\_

**Section 1 – Information about YOU, the guardian applying for 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.

1. Guardian Applying for Services

Name (last, first, middle, suffix, e.g., Jr.)

Maiden Name or Alias (if any)

Relationship to child(ren)

Date of Birth

Social Security Number/ITIN

Male

Female

Place of Birth

City

County

State

Country

2. Please Check Services You Are Receiving or Have Received in the Past

Yes  No Child Support Services

Yes  No Kinship Care

Yes  No W-2, including child care

State(s) Providing These Services:

Dates received:

3. Please check a box to indicate your preferred contact number

Home Phone Number

( )

Cell Phone Number

( )

Work Phone Number

( )

Yes  No Can you accept text messages?

Work Hours

4. Email Address

Secondary Email Address

Mailing Address

Physical Address if different from above (Street, City, State, Zip)

5. Job Information

Employer Name

Telephone Number

( )

Fax Number

( )

Mailing Address

Job Title

Start Date

Yes  No Occupational/Professional License

If yes, list licenses held

How Often Are You Paid?

Weekly  Bi-Weekly  Monthly

Gross Income Per Payday

\$

Yes  No Is Health Insurance Available?  Yes  No Are the Children Covered?

What is your health insurance out of pocket cost?  
\$ \_\_\_\_\_ per  Week  Month

6 Armed Forces

Yes  No Are you a member of the Armed Forces? If Yes, are you  Active or  Retired?

If yes, which branch? \_\_\_\_\_ From / To \_\_\_\_\_ / \_\_\_\_\_

Yes  No Veterans Benefits?

7. Race/ethnicity: This information is for federal reporting purposes only and is voluntary.

Race

- Caucasian/White  Native American/Alaskan Native  
 Black/African American  Asian  
 Native Hawaiian/Other Pacific Islander  Other (Please list all others)

Ethnicity

Hispanic/Latino

8.  Yes  No Are you, the child, or either parent of the child an enrolled member of a Wisconsin tribe?

If yes, which tribe? \_\_\_\_\_

9.  Yes  No Do you have a disability?

If yes, describe: \_\_\_\_\_

10. **IMPORTANT** If a child is conceived or born during a marriage, the **spouse is the legal parent**. If you believe someone other than the spouse of the mother may be the natural parent, please provide the information about that person.

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number/ITIN \_\_\_\_\_

Mailing Address \_\_\_\_\_

**Information in Sections 2 and 3 must be about the spouse of the marriage, legal parent, or potential father—not the person above.**

**Section 2 – Information about Parent 1**

11. Parent 1 Name (last, first, middle, suffix, e.g., Jr.) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Maiden name or Alias (if any) \_\_\_\_\_ Social Security Number/ITIN \_\_\_\_\_

Relationship to child: \_\_\_\_\_

12 Place of birth

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

13. Home Phone Number ( ) Cell Phone Number ( ) Work Phone Number ( ) Work Hours \_\_\_\_\_

14. Email Address \_\_\_\_\_

15. Mailing Address

16. Physical Address if different from above (Street, City, State, Zip)

17.  Yes  No Has this parent ever lived in Wisconsin?

18. Job Information

Employer Name (add a comment if parent is retired)

Telephone Number  
( )

Fax Number  
( )

Mailing Address

Job Title

Start Date

Yes  No Occupational/Professional License

If yes, list licenses held

How Often Are They Paid?

Weekly  Bi-Weekly  Monthly

Gross Income Per Payday

\$

Yes  No  Don't Know Is Health Insurance Available?

Yes  No  Don't Know Are the Children Covered?

Health insurance out of pocket cost?

\$ per  Week  Month

19. Armed Forces

Yes  No Member of the Armed Forces?

If Yes,  Active or  Retired?

If yes, which branch?

From / To

/

Yes  No Receiving Veterans Benefits?

Yes  No Receiving Social Security?

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

Distinguishing Marks (tattoos/scars/birth marks):

Height

Weight

Race

Hair Color

Eye Color

Yes  No  Don't Know Has this parent ever been arrested or convicted?

Date of Arrest or Conviction

City and State of Arrest or Conviction

Name of Parole/Probation Officer

Name of Parent 1's Mother (last, first, middle, maiden)

Name of Parent 1's Father (last, first, middle)

### Section 3 – Information about Parent 2

21. Parent 2 Name (last, first, middle, suffix, e.g., Jr.)

Date of Birth

Maiden name or Alias (if any)

Social Security Number/ITIN

Relationship to child:

22. Place of birth

City	County
State	Country

23. Home Phone Number ( )	Cell Phone Number ( )	Work Phone Number ( )	Work Hours
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24. Email Address

25. Mailing Address

26. Physical Address if different from above (Street, City, State, Zip)

27.  Yes  No Has this parent ever lived in Wisconsin?

28. Job Information

Employer Name (add a comment if parent is retired)

Telephone Number ( )	Fax Number ( )
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Mailing Address

Job Title	Start Date
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Yes  No Occupational/Professional License

If yes, list licenses held

How Often Are They Paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	Gross Income Per Payday \$
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Yes  No  Don't Know Is Health Insurance Available?

Yes  No  Don't Know Are the Children Covered?

Health insurance out of pocket cost?  
\$ per  Week  Month

29. Armed Forces

Yes  No Member of the Armed Forces? If Yes,  Active or  Retired?

If yes, which branch?	From / To /
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Yes  No Receiving Veterans Benefits?  Yes  No Receiving Social Security?

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

Distinguishing Marks (tattoos/scars/birth marks):

Height	Weight	Race	Hair Color	Eye Color
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<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know Has this parent ever been arrested or convicted?	Date of Arrest or Conviction
City and State of Arrest or Conviction	Name of Parole/Probation Officer
Name of Parent 2's Mother (last, first, middle, maiden)	
Name of Parent 2's Father (last, first, middle)	

**Section 4 – Information about the Children (children shared between Parent 1 and Parent 2 above) If there are more than three (3) children, please provide the information about the children on additional pages.**

**31. First Child**

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
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know Are both parent's names on the Birth Certificate?			
City of Birth		County of Birth	
State of Birth		Country of Birth	
<input type="checkbox"/> Yes <input type="checkbox"/> No Does the child receive Social Security Benefits?			If yes, monthly amount \$
<input type="checkbox"/> Yes <input type="checkbox"/> No Is this child now in High School?			If yes, expected date of graduation Month                      Year
Name of School			
Mailing Address			
<input type="checkbox"/> Yes <input type="checkbox"/> No Does this child live with you?			
If no, please provide the <b>name and relationship</b> of the person the child lives with:			

**32. Second Child**

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
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know Are both parent's names on the Birth Certificate?			
City of Birth		County of Birth	
State of Birth		Country of Birth	
<input type="checkbox"/> Yes <input type="checkbox"/> No Does the child receive Social Security Benefits?			If yes, monthly amount \$
<input type="checkbox"/> Yes <input type="checkbox"/> No Is this child now in High School?			If yes, expected date of graduation Month                      Year
Name of School			
Mailing Address			

Yes  No Does this child live with you?

If no, please provide the **name and relationship** of the person the child lives with:

33. **Third Child**

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
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Yes  No  Don't Know Are both parent's names on the Birth Certificate?

City of Birth	County of Birth
State of Birth	Country of Birth

Yes  No Does the child receive Social Security Benefits? If yes, monthly amount  
\$

Yes  No Is this child now in High School? If yes, expected date of graduation  
Month Year

Name of School

Mailing Address

Yes  No Does this child live with you?

If no, please provide the **name and relationship** of the person the child lives with:

**Section 5 – Current Legal Status (Attach Copies of Any Letters of Guardianship, Court Orders, Judgments, Decrees, or Stipulations.)**

34. The **current** relationship between the parents (in Section 2 and 3)

Married  Separated  Divorced  Annulled  Never Married

Date, place (city, county, state), and court case number of marriage, legal separation, divorce and/or annulment

35. If you or the parents have a Child Support Order for the child or children listed in Section 4, please provide the information below, including the court case number:

Court Case Number	County / State of Order	Monthly Amount Ordered
		\$
		\$
		\$

**Section 6 – Information about Other Children.**

36. List any child that parent 1 or parent 2 have with another person. If there are more than three (3) other children, please include the information about the other children on attached pages.

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



**Please read, sign, and date this page**

**Fee:** If you have **never** received a cash benefit from W-2, AFDC, SSI Caretaker Supplement, or Kinship Care, you will be charged a \$35 fee each year after you receive \$550 or more in support. The fee will be taken out of the support payment. This fee is charged on all cases whether or not you apply for services.

More information on fees associated with the child support program can be found here: <https://dcf.wisconsin.gov/cs/fees>

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

I understand that if I receive a 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 payor error on the tax return or fraudulent filers using a payor’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 a child support order where support is ordered as a percentage of the payor’s income rather than a dollar amount cannot be enforced by the local child support agency.

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 State of Wisconsin 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.

Information about rights and responsibilities of parents who receive child support services may be found at: [dcf.wisconsin.gov/cs/parent-rights](https://dcf.wisconsin.gov/cs/parent-rights)

**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.

More information about how child support payments are distributed can be found here: <https://dcf.wisconsin.gov/cs/ncp/pay/hierarchy>

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

\_\_\_\_\_  
Date

Please attach copies of any 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.

The Department of Children and Families is an equal opportunity employer and service provider. If you have a disability and need to access services, receive information in an alternate format, or need information translated to another language, please call the Child Support Program at 608-422-6250. Individuals who are **deaf, hard of hearing, deaf-blind or speech disabled** can use the free Wisconsin Relay Service (WRS) – 711 to contact the department.

**<https://dcf.wisconsin.gov/cs/home>**