
INDIANA STATE CHILD SUPPORT SERVICES

ENROLLMENT FORM CHECK LIST

BLACKFORD COUNTY

Please submit any and/or all of the following information with your completed enrollment form. Read and sign the Title IV-D Waiver. Always make sure that you are giving its the **FULL** names of everyone listed on the enrollment form.

1. Copy of your Picture ID or Driver's License
2. Social Security Cards for You and your Child(ren)
3. Birth Certificates for Child(ren)
4. Medicaid/Hoosier Health wise cards for Child(ren)
5. Insurance Cards through employment of either party for Child(ren)
6. Divorce Decree or Paternity Decree (If Applicable)
7. Modification Orders (If Applicable)
8. Change of Custody Order (If Applicable)
9. Guardianship Order

PLEASE ANSWER ALL QUESTIONS

Do you have a court ordered child support order in effect of this date?

If so, we will need a copy of that order_____

If you have an Out Of county or state order, we will need a copy of that order_____ and print out of the payment history_____

Was there a Paternity Affidavit signed at the time of the child's birth_____?

Make sure you have written all places of birth, Social Security numbers, dates of birth and addresses and phone numbers.

••Always make sure that you are giving us ALL information that you know through the entire enrollment form.

TITLE IV-D WAIVER

The undersigned custodial parent acknowledges that the Blackford County Prosecutor's Office is an agent of the State of Indiana and the Department of Child Services Administration and cannot serve as a private attorney to custodial persons. The Prosecuting Attorney's Office function is to protect and promote the interests of State at large and the best interest of the children in particular and these interests may conflict at times with the interests of a custodial person.

Pursuant to Title IV-D of the Social Security Act, the office of the Blackford County Prosecuting Attorney provides four basic services:

1. The location of absent parents.
2. The establishment of paternity and support orders.
3. The enforcement of support orders.
4. The modification of support orders.

The Prosecutor's Office does not provide representation with regard to the issues of visitation, custody and property settlement. In fact, pursuant to the mandate of Title IV-D, this office is not allowed to become involved in such matters of custody, visitation, or property settlement. You should consult with a private attorney or legal aide concerning those issues.

The undersigned acknowledges that they are not entering into an attorney-client relationship with any attorney in the office of Blackford County Prosecuting Attorney. Therefore, information provided to this office can be used in the prosecution of criminal offenses or civil violations without regard for source of information. The undersigned acknowledges that his/her involvement in the Title IV-D Child Support program does not protect him/her from prosecution for any criminal offense or civil infraction.

NOTE: THIS FORM IS A WAIVER OF LEGAL RIGHTS AND SHOULD BE SIGNED ONLY AFTER BEING READ CAREFULLY. YOUR SIGNATURE VERIFIES THAT YOU HAVE READ AND UNDERSTAND THE CONTENTS OF THIS FORM.

I have read the above and fully understand the contents of this waiver and consent to its terms.

Date: _____

IV-D Applicant

OFFICE OF BLACKFORD COUNTY PROSECUTING ATTORNEY



INDIANA CHILD SUPPORT SERVICES ENROLLMENT

State Form 34882 (R17 / 3-20) / USB 425A
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS:

1. Complete this form by providing the requested information.
2. Take or mail the signed form to your County Child Support Office

NOTICE TO ENROLLEE

All custodial parties and non-custodial parents may enroll to receive child support services. There is no enrollment fee or residency requirement.

Child Support Services include:

- Parent location,
- Establishment of paternity,
- Establishment, modification, and/or enforcement of child support obligations, and
- Establishment, modification, and/or enforcement of medical support for dependent children.

Information provided for this enrollment is confidential and is protected to prevent unauthorized disclosure.

ENROLLEE INFORMATION

Last name		First name		Middle name	Suffix (Jr., III, etc.)
Other names used		Relationship to dependents on this form (mother, father, guardian, other)		Do you have primary physical custody of dependents on this form? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of birth (month, day, year)	Gender	Race	Social Security Number / ITIN		
Home address (Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code)					
Mailing address, if different from address above (Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code)					
Telephone number (cellular) ()	Telephone number (home) ()	Telephone number (work) ()	E-mail address		
Do you need special assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete next box.)		Specify assistance needed here (i.e., physical, hearing impaired, language interpreter, other)			
Do you believe that pursuing child support services may result in physical or emotional harm to you or your child(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, your case worker may discuss additional protections offered when providing child support services.)					
Do either of the following apply? <input type="checkbox"/> Active Military Duty <input type="checkbox"/> Currently Incarcerated		Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete the next two boxes.)		Name of employer	
Address of employer (Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code)					
Marital status of enrollee to other parent <input type="checkbox"/> Never married <input type="checkbox"/> Divorced <input type="checkbox"/> Divorce pending <input type="checkbox"/> Married <input type="checkbox"/> Legally separated <input type="checkbox"/> Separated					
Do you have a private attorney handling paternity and/or support matters for dependents listed in this form? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete next box.)				Name of attorney (full name)	
Are you applying for services for an unborn child? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete next box.)				Due date (month, day, year)	

DEPENDENT #1 INFORMATION

Last name		First name		Middle name	Suffix (Jr., III, etc.)
Date of birth (month, day, year)	Place of birth (City and State)	Gender	Race	Social Security Number / ITIN	
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, then complete the next two boxes.)		How was paternity established? <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit (If by court order, complete the next box.)		Where was paternity established? (County and state)	
Is there a court ordered child support obligation for this dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, complete the next box.)		Where was child support ordered? (County and state)		Enrolled in Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	

DEPENDENT #2 INFORMATION

Last name		First name		Middle name	Suffix (Jr., III, etc.)
Date of birth (month, day, year)	Place of birth (City and State)	Gender	Race	Social Security Number / ITIN	
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, then complete the next two boxes.)		How was paternity established? <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit (If by court order, complete the next box.)		Where was paternity established? (County and state)	
Is there a court ordered child support obligation for this dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, complete the next box.)		Where was child support ordered? (County and state)		Enrolled in Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	

DEPENDENT #3 INFORMATION <i>(Attach separate page with information requested below for all additional dependents.)</i>				
Last name		First name		Middle name
Date of birth (month, day, year)		Place of birth (City and State)		Gender
Race		Social Security Number / ITIN		
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, then complete the next two boxes.)</i>		How was paternity established? <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit <i>(If by court order, complete the next box)</i>		Where was paternity established? (County and state)
Is there a court ordered child support obligation for this dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, complete the next box.)</i>		Where was child support ordered? (County and state)		Enrolled in Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER PARENT INFORMATION <i>(Attach separate page with information requested below for all additional parents or additional potential parents if paternity has been established.)</i>				
Last name		First name		Middle name
Other names used		Relationship to dependents on this form (mother, father, potential father, guardian, other)		Does this parent have primary physical custody of dependent on this form? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of birth (month, day, year)		Gender	Race	Social Security Number / ITIN
Height	Weight	Hair Color	Other distinguishing characteristics (eye color, tattoos, etc.)	
Home address (sum address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code)				
Mailing address, if different from address above (Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code)				
Telephone number (cellular)		Telephone number (home)		Telephone number (work)
E-mail address				
Does this parent need special assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete next box.)</i>		Specify assistance needed here (physical, hearing impaired, language interpreter, other)		
Do either of the following apply? <input type="checkbox"/> Active Military Duty <input type="checkbox"/> Currently Incarcerated		Current or last known employer		Employer telephone number ()
Address of employer (Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code)				
Does this parent have a private attorney handling paternity and/or support matters for dependents listed in this form? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete next box.)</i>		Name of attorney (full name)		
AFFIRMATION AND AGREEMENT				
<ul style="list-style-type: none"> I hereby swear and affirm under the penalties of perjury that the information contained in this form is true and correct to the best of my knowledge. Providing false information could result in perjury charges being filed against me. I understand that child support services DO NOT include establishment or enforcement of parenting time or parenting time credits, the assignment of the right to claim a child as a dependent for federal or state tax purposes, nor any matters other than those associated with establishment of paternity (if needed) and the financial support of dependent children. I am advised that attorneys and staff at the Child Support Bureau and County Child Support Office providing these child support services represent the State of Indiana and do not represent the enrollee or any other person or entity. Communications between the enrollee or other participants and the Child Support Bureau or County Child Support Office are not confidential communications protected by the attorney/client privilege under IC 34-46-3-1. I understand that I must cooperate with the County Child Support Office in order for my case to be processed, and non-cooperation can result in termination of child support services. I further understand that this enrollment to receive child support services does not guarantee successful action on the case but rather that all reasonable attempts will be made to obtain successful results. I understand that I may terminate services by notifying the County Child Support Office handling my case in writing that services are no longer desired. Services may only be terminated in accordance with 45 C.F.R. 303.11. Termination of these services does not modify or terminate existing child support orders or obligations. I authorize the Indiana State Central Collection Unit (INSCCU) to endorse and negotiate any checks received by INSCCU for payment of support on my child support case. 				
Printed name of parent / guardian (if enrollee is an unemancipated minor)			Signature of parent / guardian (if enrollee is an unemancipated minor)	
Printed name of enrollee			I agree that if I am overpaid, the state may recoup the amount of the overpayment from future child support payments owed to me. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of enrollee			Date signed (month, day, year)	