

OFFICE USE ONLY: check one:
 TA _____ MED only _____
 DPA Case No. _____

CHILD SUPPORT INFORMATION

PLEASE FILL OUT A SEPARATE INFORMATION SHEET FOR EACH ABSENT PARENT (Please print)

THE INFORMATION YOU PROVIDE BELOW WILL BE USED TO SET UP AND ENFORCE CHILD SUPPORT. PLEASE READ THE FORM "WHAT THE CHILD SUPPORT ENFORCEMENT DIVISION (CSED) CAN DO FOR YOU" BEFORE YOU FILL OUT THIS FORM.

Your Name: _____ SSN: _____ - _____ - _____

Address: _____

City/State/Zip Code: _____ Telephone: _____

Absent Parent's Full Legal Name: _____ SSN: _____ - _____ - _____

Your Relationship to child(ren) () Father () Mother () Other _____

SUPPLYING INFORMATION TO CSED AND APPLYING FOR A GOOD CAUSE EXEMPTION

You are required by law to give CSED information to get child support for a child receiving Temporary Assistance or medical assistance. This means you will be asked to give CSED the name of the absent parent and information you have about where he/she lives or works. You must also help CSED establish paternity if the child does not already have a legal father. Any money you receive from the absent parent for child support must be given to CSED.

If you believe that having a child support case will harm you or your child(ren), and you can provide evidence to support this belief, you may claim good cause by marking the 3rd box below. You will be asked by your caseworker to fill out the Good Cause claim forms.

If you want to cooperate with CSED in getting child support, but you are afraid that you or your child(ren) would be harmed if the absent parent was given your address, you may ask CSED to keep your address confidential by filling out the information on page four.

You must either cooperate with CSED or have good cause not to cooperate. If you do not cooperate or have good cause, your Temporary Assistance payment will be reduced and your family's Temporary Assistance will be paid to another person called a "protective payee".

- () I AGREE TO COOPERATE WITH CSED (Complete pages 1-3 of this form.)
- () I WANT TO COOPERATE WITH CSED IN GETTING CHILD SUPPORT BUT I WANT TO KEEP MY ADDRESS CONFIDENTIAL. If medical support is obtained through the absent parents health insurance, he or she may receive information about health insurance claims submitted on behalf of the child(ren).(Complete pages 1-4 of this form.)
- () I WANT TO APPLY FOR A GOOD CAUSE EXEMPTION FROM SUPPLYING INFORMATION TO CSED. (Do not complete the rest of this form.)

Signature _____

Date _____

INFORMATION FROM CHILD'S BIRTH CERTIFICATE:

Child's Name	Father's Name	Date of Birth	Place of Birth	State where child was conceived

LOCATE INFORMATION ON ABSENT PARENT

If a question does not apply to your situation, write "N/A" in the space. If you don't know the answer, write "UNKNOWN" in the space.

Other Names Absent Parent May Use: _____

Date of Birth: _____ Age: _____ Place of Birth: _____

Race: _____ Height: _____ Weight: _____ Sex: _____ Eye Color: _____ Hair Color: _____

Scars, Marks, etc.: _____

Current/Last Known Residence Address: _____

Phone #: _____ City/State/Zip: _____

Current/Last Known Mailing Address (if different from above): _____

If the absent parent lives in another state now, has he/she ever lived or worked in Alaska? **YES** _____ **NO** _____
If yes, give the last address in Alaska and the date he/she left the state:

Address: _____

Date left Alaska: _____

ASSET INFORMATION ABOUT THE ABSENT PARENT

His/her usual occupation: _____

Name of Employer: _____ Address of Employer: _____ Phone number: _____

Does the absent parent have medical insurance available for child(ren)? Yes _____ No _____ Unknown _____

If yes, name of insurance company: _____ Policy #: _____

Union(s) he/she belongs to: _____

Native Corporation(s) he/she belongs to: _____

Benefits he/she receives (for example: unemployment, retirement, disability, SSI, etc.):

Other known assets (for example: bank and credit union accounts, stocks, property, etc.):

MARITAL STATUS INFORMATION

Please provide the following information about the parents of the child(ren) listed on page one of this form:

- () Married: Date: _____ Place: _____
- () Separated (**Whether married or not**): Date: _____ Place: _____
- () Divorce Pending: Date filed: _____ Place: _____
- () Divorced: Date final: _____ Place: _____
- () Never Married If marked, has paternity been legally established by either court or administrative order for each child listed on page 1? YES _____ NO _____

PROVIDE COPY OF PATERNITY ORDER, DIVORCE/DISSOLUTION DECREE, AND ALL SUPPORT ORDERS

SUPPORT PAYMENT INFORMATION

IMPORTANT!

When you receive Temporary Assistance you sign over to CSED any child support or alimony payments owed to you. The money is used to pay back the state for the assistance you get. This means that any time that you are given child support money while you are getting Temporary Assistance payments, you must turn in the entire payment to CSED. This is true whether or not there is an order for child support in effect. You should also be aware that if the other parent is behind in child support payments when you begin receiving Temporary Assistance, the entire amount owed to you may now belong to the state, depending upon how much money you receive in Temporary Assistance. This is a requirement of the Alaska State Statute 47.27.040

PLEASE LIST THE LAST CHILD SUPPORT PAYMENTS YOU HAVE RECEIVED:

\$ _____	Date received _____	\$ _____	Date received _____
\$ _____	Date received _____	\$ _____	Date received _____
\$ _____	Date received _____	\$ _____	Date received _____

IF YOU HAVE A CHILD SUPPORT ORDER, PLEASE COMPLETE THE FOLLOWING SECTION:

The first month you were owed child support was _____ year _____.

The monthly amount of child support owed is \$ _____. Has this amount ever changed? YES _____ NO _____

The amount of back support owed as of today is \$ _____. The next monthly payment is due on _____.

IF YOUR ORDER ALLOWS CREDIT FOR TIMES WHEN THE CHILD(REN) VISIT WITH THE OTHER PARENT PLEASE COMPLETE THE FOLLOWING:

Dates of last 2 periods of visitation: From _____ to _____ ; From _____ to _____.

CUSTODY INFORMATION

HAS CUSTODY OF THE CHILDREN BEEN LEGALLY DETERMINED? YES _____ NO _____

DO YOU HAVE: FULL CUSTODY _____ SHARED CUSTODY _____ DIVIDED CUSTODY _____
(Divided custody is when each parent has custody of at least one or more of the children of the relationship)

Under penalty of perjury, I attest that the above information is true and complete.

Signature

Date

COMPLETE ONLY IF YOU MARKED BOX 2 ON PAGE ONE
NONDISCLOSURE OF IDENTIFYING INFORMATION AFFIDAVIT

I, _____, swear under penalty of perjury that the following information is true to the best of my knowledge and belief.

1. Name of Obligor and Child Support Enforcement Case Number:

2. Who will be protected by withholding identifying information? Please list your name and your child(ren)'s names:

3. Have you or your child(ren) ever felt threatened by harassment, threats, mental or emotional abuse, or physical violence, including sexual assault or incest? Please explain when you felt this way, and describe who was involved, when, where, and how it happened.

4. Is there a restraining order in effect now for domestic violence? ____Yes ____No
If yes, include a copy when you return this form. Case number _____
Court/judicial district _____

5. Was there a restraining order in the past for domestic violence? ____Yes ____No
If yes, please write the case number and information about the case below, such as who was involved, when, where, and how it happened.
Case number _____
Court/judicial district _____

6. Were you ever involved in a criminal assault case with the other party as the defendant? ____Yes ____No
If yes, please write the case number and information about the case below, such as who was involved, when, where, and how it happened.
Case number _____
Court/judicial district _____

7. Is there any other information you can give to show why you feel threatened by the other party in your child support case?

Signed _____ Date _____
SUBSCRIBED and SWORN to before me this _____ day of _____, 20 _____

Notary Public for the State of _____
My commission expires: _____

Witness (Print Name) _____
Witness Signature _____ Date Signed _____
Witness Address _____ Zip Code _____
Telephone # _____ Social Security # (Optional) _____

I willingly state that I know the person who has signed this form to be the person that he/she states he/she is and I have witnessed their signature on this form.