

El Paso County
Child Support Services
Young Williams PC

30 E. Pikes Peak Ave. Suite 203
Colorado Springs, CO 80903
Phone: (719) 457-6331
Toll Free: (866) 270-2606
Fax: (719) 457-6340

Dear Applicant,

We have received your request for an application for child support services. **Please complete the attached application in its entirety, to the best of your ability; we cannot help you fill out your application.** If you need documents notarized, our office will notarize them at no additional charge.

Bring your application to our office, with the \$20 fee, between the hours of 8am and 4pm, Monday through Friday, except on federal holidays. Please plan for about 30/40 minutes of time. If you come in after 4 pm, there is no guarantee that your application review will be completed before the office closes. **You may also choose to mail it in, however, if you do so, make sure all pages requiring it, are notarized.**

► **PLEASE HAVE THE FOLLOWING WITH YOUR APPLICATION:**

- **Completed application, to the best of your knowledge/ability. No blank applications.**
- **\$20.00 non-refundable application fee (we accept cash, check, or money orders. We are unable to take credit/debit cards, or make change)**
- **Copy of birth certificates and social security cards for all children**
- **Applicant's proof of identification (valid government issued picture ID)**
- **Photo of the other parent, if available (will not be returned)**
- **Verification of income (last 3 months of pay stubs, and last year's Federal Tax Return)**
- **Copy of marriage certificate (if applicable)**
- **Copy of all court orders for child support (divorce decree, parenting plan, separation agreement, temporary orders and modifications)**
- **Complete payment record of support paid to the custodial parent directly, or to a state disbursement unit (e.g. the Colorado Family Support Registry)**
- **Incomplete applications will be returned to the applicant**

If you have any questions regarding our services please feel free to visit the child support web site www.childsupport.state.co.us or www.elpasocountyccss.com

► **FAQ's:**

- Who is the custodial party (CP)? – the party who receives child support.
- Who is the non-custodial party (NCP)? – the party who has the obligation to pay support.
- What if the father is not on the birth certificate? The alleged father has the opportunity to sign an acknowledgement of paternity. He may also request genetic testing which can be completed in our office at no extra charge to either party.
- What time frames should I expect after turning in the application? The child support process time frames vary depending on the specifics of your case.
- Can parenting time be ordered by the child support office? – No, child support and custody/parenting time are separate issues; the child support office can only address child support issues.
- Who can claim the child (ren) on their taxes? – Our office does NOT address IRS policies and/or procedures.
- What if I have multiple children from the same father? You need to complete only one application.
- What if I have multiple children from different fathers? You need to complete one application for each father.
- What if I am the caretaker of grandchildren or niece/nephew? You need to complete one application for each of the children's parent.



APPLICATION FOR CHILD SUPPORT ENFORCEMENT (CSE) SERVICES

_____ County

For Office Use Only:			
Date Sent	____/____/____		
Date Received	____/____/____		
Fee paid by:	CP	NCP	County CSE
How paid:	Cash	M.O.	Check #_____

GETTING STARTED

A \$20.00 non-refundable application fee (check or money order, or exact cash if applying in person) is required to process this application. Please do not mail cash. **If you have applied for or are receiving TANF this fee may not be required.**

WHAT WE NEED FROM YOU:

To start the process, please supply the following legal documents:

1. One (1) application for each non-custodial/custodial parent
2. Copy of a state issued birth certificate and social security card for all children
3. Copy of personal identification (i.e. driver's license)
4. A photo of the other parent, if available; it will be returned to you
5. Verification of your income (i.e., pay stubs, tax returns)
6. Copy of Marriage Certificate (if not available, supply date of marriage and/or other evidence of marital status)
7. Copy of Court Orders signed by a judge or magistrate (if not available supply date, county, state of filing and court case number):
 - Petition and/or Divorce Decree and/or Separation Agreement
 - Paternity Orders
 - Certified Copy of Child and/or Spousal Support Order
 - All modified orders
 - Allocation of Parental Responsibility Orders
 - Probate Orders
 - Dependency and Neglect Orders
 - Adoption Orders
 - Orders Terminating Parental Rights
8. Complete payment records of all support paid to the custodial party directly, through court, or a state disbursement unit

Note: Your application may be delayed if you do not provide the necessary documentation.

SERVICES PROVIDED BY CSE:

CSE is authorized by law to provide the following services:

1. Establish child/medical support orders and paternity
2. Modify child/medical support orders
3. Enforce child/medical support orders, including spousal maintenance when combined with child support
4. Process payments through the Family Support Registry (FSR); once an FSR account number is assigned to you, you will be able to register on the CSE website (www.childsupport.state.co.us) to view your account information online
5. Collect past due child support from the non-custodial parent's federal and state tax refunds and lottery winnings:
 - If a federal intercept occurs, a \$25 fee will be deducted from the intercept
 - Federal joint tax refunds can be held for up to six (6) months
 - Interest will not be paid on funds that are held
6. Collect past due child support from the non-custodial parent through other enforcement measures
7. Ask another state's child support agency to establish, modify, or enforce an order on our behalf

GETTING STARTED

Please read and initial each of the following statements. By initialing each statement, you understand and agree:

HOW WE WORK TOGETHER

INITIAL

____ CSE represents the People of the State of Colorado. No attorney-client relationship or privilege exists between either party and the CSE staff.

INITIAL

____ CSE does **not** handle parental responsibility (custody), parenting time (visitation), or property settlement.

INITIAL

____ CSE will not accept the application for services if all the children associated with the applicant are emancipated.

INITIAL

____ CSE determines the appropriate actions to be used when providing services.

INITIAL

____ If you believe that there is a change that could cause an adjustment to the amount of the order (e.g. financial, medical, etc.), you may submit a written request for a review.

INITIAL

____ A written request from the applicant to stop CSE services may be made. However, if you are receiving TANF or assigned arrears are owed, the case may remain open. CSE may also close your case by using criteria established by current state and federal regulations (e.g. not being able to locate you, you do not supply a forwarding address, you do not provide required documents to take the next step to work your case, etc.).

INITIAL

____ Each individual county determines optional services. Inquire about services available in the county of application.

YOUR RESPONSIBILITIES

INITIAL

____ You are the best source of information regarding the other party. The information you provide may help in the progress of your case. There may be a delay in the progress of your case due to lack of information and/or involvement with another state.

INITIAL

____ You are required to cooperate with CSE in the processing of your case. Failure to do so may result in closure.

INITIAL

____ If you are a caretaker/relative (e.g. grandparent, aunt, uncle, adult sibling, stepparent, etc.) you are required to open a child support case against both biological parents. CSE will not close only one of the two cases against the biological parents at your request.

INITIAL

____ You may be required to complete and sign an affidavit agreeing to the amount of child support arrears owed (if there is a current child support order).

INITIAL

____ If you have special needs or need special accommodations under the Americans With Disabilities Act, contact the county of application.

GETTING STARTED

INITIAL

_____ You must notify the CSE office in writing if any of the following changes occur. Failure to do so may affect your child support payments or medical support payments.

1. Change to your legal name, residence/mailling address, telephone or contact numbers, place of employment, or health insurance, or if you know of changes about the other party.
2. If child support payments are made directly to the custodial party instead of through the FSR.
3. When a child no longer lives with the custodial party.
4. If parenting time (visitation) changes for longer than one month.
5. If you retain a private attorney or private collection agency regarding child support, parenting time (visitation) or parental responsibility (custody).
6. If an action has been filed with a court that CSE was not involved with (e.g. separation, divorce, parental responsibility, etc.).

INITIAL

_____ Arrears owed to the custodial party are paid before TANF arrears are paid to the State of Colorado, unless there is a federal tax intercept.

INITIAL

_____ If a payment is sent in error or is unfunded (i.e. bounced check), it is your responsibility to pay back the unfunded amount. You may repay in full, or CSE will deduct 10% or \$10.00 (whichever is greater) from each payment received until the balance is paid in full. The non-custodial parent will still owe the unfunded amount.

INITIAL

_____ Once a Family Support Registry (FSR) account number has been assigned, sending or receiving direct payment may result in case closure. Note: the FSR is the central payment processing center for Colorado.

INITIAL

_____ Federal law requires CSE to withhold \$25.00 one time each year from the child support collected on a non-public assistance case, if over \$500.00 is collected during the year.

The provision of your Social Security Number (SSN) is mandatory (§42 U.S.C. 666(a) (13)). However, if you do not have a SSN, your application for services will not be denied. SSNs are used by the CSE Program to locate individuals to establish paternity or support obligations, modify and enforce support obligations, and to distribute child support payments.

Confidentiality laws protect all information provided to CSE. CSE offices throughout the United States and some countries have access to this information through State and Federal Child Support Case Registries. If family/domestic violence is an issue, you must alert CSE to further safeguard this information.

Print Legal Name: _____.

Signature of applicant: _____ Date: _____.

For more child support information and additional forms you may visit our website at:

www.childsupport.state.co.us

CUSTODIAL PARTY (CP) INFORMATION

Legal Name: _____
Last First Middle Maiden/Other

Social Security #: _____ Date of Birth: _____ Gender: M F

Place of Birth: _____
City State County

Residence address: _____
Street Apt/Unit City State Zip

Mailing address (if different): _____
Street Apt/Unit City State Zip

Phone Numbers:

Home	Work	Cell	Fax
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Message #: _____ Email address: _____

Employer and/or Union: _____
Name

_____ Address City State Zip

Occupation or Trade: _____

Is it ok to contact you at work? Yes No Work Schedule: _____

Relationship to the child(ren): Mother Father Other, explain:

When was custody of the child(ren) obtained? _____

What was the situation (leading to obtaining custody)? _____

Is there currently an attorney involved in this child support case? Yes No

If yes: Attorney's Information: _____
Name

_____ Address City State Zip Phone

Have the child(ren) received public assistance? Yes No

If yes: Type received TANF Medicaid Foster Care

What County/State? _____ Begin/End Date _____

If you are the mother, are you pregnant? Yes No, if yes what is the due date? _____

Who is the father? _____

Emergency Contact (if CP can't be reached): _____
Name

_____ Address City State Zip Phone

NON-CUSTODIAL PARENT (NCP) INFORMATION

Legal Name: _____
Last First Middle Maiden/Other

Relationship to the child(ren): Mother Father Alleged Father (paternity not established)

Social Security #: _____ Date of Birth: _____ Gender: M F

Place of Birth: _____
City State County

Current or Last Known residence address: _____
Street Apt/Unit

City State Zip

Mailing address (if different): _____
Street Apt/Unit City State Zip

Phone Numbers:

Home	Work	Cell	Fax
------	------	------	-----

Message #: _____ Email address: _____

Employer and/or Union: _____
Name

Address City State Zip

Occupation or Trade: _____

Physical Description: Height _____ Weight _____ Hair Color _____ Eye Color _____
Identifying Marks (i.e., scars, tattoos, piercing ...) _____

Race: Caucasian African American Hispanic Asian Other _____

In prison? Yes No Date of release: _____
Which facility: _____ DOC# _____

In the military? Yes No Branch of service _____
Disabled? Yes No If yes, receives Social Security? Yes No

List any assets (i.e., real estate, bank accounts, and license to work a profession ...)

List any vehicles (model, make, year, and color) _____

Driver's License Number: _____ **State:** _____

List any other biological child(ren) _____

Child(ren)'s other biological parent
NCP's Mother's information _____
Name Address Phone

NCP's Father's information _____
Name Address Phone

Is there any other information that may help us locate the other party? _____

Emergency Contact (if NCP can't be reached) _____
Name

Address City State Zip Phone

CHILD(REN)'S INFORMATION

	Child 1	Child 2	Child 3
Legal Name			
Gender (M or F)			
Date of Birth			
Social Security Number			
City & State of Birth			
State or County of Conception			
Who are listed as the Parents on the Birth Certificate?			
Child Support Order #, County and State			
	Child 4	Child 5	Child 6
Legal Name			
Gender (M or F)			
Date of Birth			
Social Security Number			
City & State of Birth			
State or County of Conception			
Who are listed as the Parents on the Birth Certificate?			
Child Support Order #, County and State			

PARENT RELATIONSHIP STATUS

Were the parents of the child(ren) ever married? Yes No Date of Marriage: _____.

Date Separated: _____. Date Divorced: _____. In what city, county, state? _____.

Date of last contact with other parent: _____.

If paternity has been established, how? Genetic Testing Acknowledgement of Paternity Court

Did this person ever live with the child(ren) in the State of Colorado? Yes No

Where and when? _____.

Is domestic violence a concern? Yes No

Is there a restraining order? Yes No

MEDICAL INSURANCE INFORMATION

A copy of the benefit card used to process medical claims MUST be provided.

Is your child(ren) on MEDICAID? Yes No

Does your child(ren) have health insurance coverage other than Medicaid? Yes No

If yes, name of child(ren) covered by other insurance: _____.

_____.

Other insurance company's information:

- Name: _____.
- Address: _____.
- Phone number: _____.
- Group number: _____.
- Date insurance began: _____.
- Type of Coverage(s) provided: Medical Dental Vision Other _____.

Who provides other insurance coverage?

- Name: _____.
- Social Security Number: _____.
- Relation to the covered child(ren): _____.
- Address: _____
Street City State Zip
- Phone numbers: _____
Work Home Cell Message



Colorado Department
of Human Services
people who help people

WAIVER OF INTEREST COLLECTIONS

The _____ County Child Support Enforcement (CSE) has the option of collecting interest on my overdue child support as set forth in §14-14-106 and §5-12-101 of the Colorado Revised Statutes.

I understand that by waiving my right to interest due on my child support order(s), CSE may be able to negotiate payments with the non-custodial parent, by reducing or eliminating the interest owed.

I, _____, Do Don't waive my rights to the amount of interest, which may be allowed to be charged by statute.

I have read and understand the above statements.

Signature _____ Date _____

Subscribed and sworn before me in _____ County,

Colorado, on _____.

My commission expires: _____

Notary Public: _____

APPLICANT ADVISEMENTS

I hereby acknowledge that I have been advised of each of the following,
and that I understand each of the following:

CSE Attorney

- Attorneys for the CSE Unit represent the People of the State of Colorado. An attorney for the CSE Unit does not represent any of the parties, including the custodial party, the non-custodial party, an alleged father, or the child(ren).
- Neither a CSE staff member nor an attorney for the CSE Unit can provide you legal advice.
- You have the right to consult with or retain private legal counsel at any time.
- No attorney-client relationship or privilege exists between you and the attorney for CSE Unit.

Signature

Date

Medical Support

Medical support is a service offered by all child support agencies. The CSE Unit will establish and enforce an order for medical support on your child(ren)'s behalf. The CSE Unit is obligated to obtain and enforce for medical insurance coverage for your child(ren), if such coverage can be obtained at a reasonable cost to either party and if such coverage is available. We cannot offer any guarantee that such coverage will be in place and effective when your child(ren) might need it. In addition, by law we may not pursue reimbursement for past medical bills, co-payments, or judgments against either party.

Signature

Date

Interest Rights

I acknowledge that I have been advised by the El Paso County Child Support Services Unit that pursuant to Colorado Revised Statutes Section 14-14-106, I may be entitled to interest of 12% compounded monthly on any unpaid child support unless I waive my right to interest.

I acknowledge that I have been advised that the regulations of the Colorado Department of Human Services allow individual counties' CSE Units to elect whether or not to collect interest on unpaid child support. I acknowledge that I have been advised that the El Paso County CSE Unit does not compute or collect interest on unpaid child support. I acknowledge that I have been advised that the El Paso County CSE Unit's election not to compute or collect interest may affect my rights to collect interest on unpaid support.

I understand that I may choose to collect interest on my unpaid child support on my own or may retain a private attorney to collect interest on my unpaid child support on my behalf.

Signature

Date

STATEMENT CONCERNING PAYMENTS

I, _____, Custodial parent, hereby state that I have received

• Child Support payments / • Spousal support payments from _____,
(non-custodial parent's name)

Paid through the court registry or child support agency in _____,
(County)

(State)

The payments were received from _____ through _____.
(Date) (Date)

My court order number is _____.

Signature _____ Today's date _____

Sworn Before Me on this _____ day of _____, 20____, in

El Paso County, Colorado.

My commission expires _____

Notary Public _____

MANDATORY DISCLOSURE FORM

To participate in the State Child Support Enforcement Program, it is mandatory that you disclose your Social Security number on Child Support enforcement program forms requesting it. The disclosure is required by section 205 (c)(2) (C) of the Social Security Act [42 U.S.C. & 405 (c)(2)(c)]. It will be used by the State's Child Support Enforcement program to identify you for purposes of establishing paternity and establishing, modifying, and enforcing support obligations.

For the same reasons, you might be asked for your Social Security Number again when you contact the local Child Support office.

Social Security number : _____

Printed Name: _____

Street address: _____

City, State and Zip : _____

Signature: _____

Date: _____

NONDISCLOSURE OF INFORMATION

Attached to this document is an Affidavit of Nondisclosure of Information.

Non-Disclosure of Information (NDI) is available to applicants who believe the disclosure of certain personal information on pleadings and other court-filed documents may cause the applicant or applicant's children to be at a health or safety risk because of previous or current acts or threats by the other party in the child support case.

By completing the attached affidavit you are requesting that your home address, work address, daycare address, Social Security Number, and birth date and those of your child(ren) be withheld from the Court file and the other party.

NDI remains active on the case until the case is closed in our office and Child Support Services is no longer involved with the establishment or enforcement of the case.

Please indicate below your decision to request nondisclosure:

_____ Yes, I want to file for nondisclosure of information – **COMPLETE Attached Affidavit of Nondisclosure**. Please read the affidavit completely and consider the information contained in the affidavit.

_____ No, I do not want to file for nondisclosure of information – DO NOT complete Affidavit of Nondisclosure

Signature of person completing request

Date

DISTRICT COURT, EL PASO COUNTY, COLORADO 270 SOUTH TEJON ST COLORADO SPGS, CO, 80903	
Attorney or Party Without Attorney: Attorney: Reg #: Phone: Fax: Email: 30 EAST PIKES PK AVENUE, STE 203 COLORADO SPGS, CO 80903	<p style="text-align: center;">Δ COURT USE ONLY Δ</p> Case Number: Division: Courtroom: IV-D CASE NUMBER: 21-
AFFIDAVIT OF NON-DISCLOSURE	

I understand that Colorado law requires that the complete address of all parties be included on all child support court orders.

By completing and signing this document, I request an exception in my case.

I HEREBY STATE, UNDER PENALTY OF PERJURY, and with the knowledge that this document will be used in a court of law, that I have reasonable belief that the health, safety, or liberty is at risk for me or my child(ren) if my location information is disclosed on court documents. THIS ALLEGATION IS BASED ON ACTUAL EVENTS OR THREATS, AND NOT MERELY A DESIRE TO AVOID CONTACT WITH THE OTHER PARTY, OR TO PREVENT THE OTHER PARTY FROM EXERCISING PARENTAL RIGHTS.

Per section 26-13-102.8 C.R.S. – “If a party alleges in an affidavit or a pleading under oath that the health, safety, or liberty of a party or child would be jeopardized by disclosure of specific identifying information, that information shall be sealed and may not be disclosed to the other party or the public. A party seeking disclosure of all or part of such information, may request a hearing before the court. After a hearing in which the court takes into consideration the health, safety, or liberty of the party or child, the court shall make findings based upon the considerations specified in this section, and may order disclosure of all or part of the information, if the court determines the disclosure to be in the interest of justice.”

_____ Attached is an order from a court or administrative agency, ordering that my location information is not to be disclosed to the other party.

_____ Attached is a copy of a restraining order, no-contact order, or other protective order from a court.

_____ Attached are medical records, police records, court reports, psychological reports, child Welfare documents, or other evidence demonstrating that an actual danger exists.

_____ Other (explain) : _____

I, _____ understand that the Child Support Enforcement unit and its Attorneys cannot make any guarantee that the other party may obtain my location information by some other means, regardless of the efforts of the Child Support Enforcement unit. I understand that court files may be public information and this request will not affect any information that is already in the court file.

This request for non-disclosure of information, will remain in effect until further ordered by a court in this matter. Upon case closure, the county has no authority to enforce the order. A new affidavit must be completed upon case reopening.

I, _____ understand that I must provide an alternate address where I am willing to accept service and can receive mail. This address will be provided to the court and the other party. The address must be in the same state I live. All legal documents will be sent to the alternate address.

Alternate mailing address: _____

I HEREBY CERTIFY that the statements made in this document are true, and that I have completely Read and understand the above document.

Singed this ____ day of _____, 20 ____.

Applicant Signature: _____

Sworn to before me in El Paso County, Colorado, this ____ day of _____, 20 ____.

My commission expires: _____

Notary Public: _____

AFFIDAVIT OF CUSTODY AND DIRECT SUPPORT

21 - _____

That I, _____, am the custodian of:

Child's Name

Date of Birth

The child(ren) have been in my custody and resided with me at all times since the children's birth Yes _____
 No _____. (If no, please provide dates when and with whom the children resided and their relationship.)

That _____, the non-custodial parent has been ordered by the District Court to pay child support for the above-named children in the amount of \$_____per month. The non-custodial parent has been ordered to pay spousal maintenance (alimony) in the amount of \$_____per month. To the best of my knowledge and belief, I have received the following amount of support directly from the non-custodial parent on behalf of the children. **(Directly is defined as the non-custodial parent handing you the money personally, mailing it to your address, or depositing it directly into your bank account in the form of a military allotment, cashier's check, wire transfer, money order, personal check, cash, direct deposit or any other method. PLEASE DO NOT INCLUDE PAYMENTS YOU RECEIVED THROUGH ANY COURT, THE FAMILY SUPPORT REGISTRY OR OTHER STATE DISTRIBUTION UNIT.)**

YEAR		
	CHILD SUPPORT PAID	SPOUSAL SUPPORT PAID
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I, _____, Oblige in the above-referenced child support action, have completed this document under penalty of perjury to the best of my knowledge and belief.

Dated this ____ day of _____, 200__.

Obligee

Sworn to and signed before me this ____ day of _____, 200 ____, in El Paso County, Colorado.

Notary Public

My Commission Expires