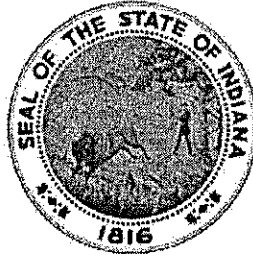


STATE OF INDIANA  
HUNTINGTON COUNTY  
CHILD SUPPORT  
OFFICE  
56<sup>TH</sup> JUDICIAL CIRCUIT  
HUNTINGTON, INDIANA



201 N. JEFFERSON STREET  
ROOM 417, COURTHOUSE  
HUNTINGTON, INDIANA  
46750

(260) 358-4884  
FAX (260) 358-2671

AMY C. RICHISON  
*Prosecuting Attorney*

## MEMORANDUM OF UNDERSTANDING

I understand that the Huntington County Child Support Office (HCCSO), also known as the Title IV-D Office will assist me in establishing paternity of my child and collecting child support. HCCSO will also assist me in modifying child support orders and emancipations. HCCSO **will not** assist me with custody or parenting-time (visitation) issues. HCCSO is not my attorney and my communications with them are not confidential or privileged. HCCSO only represents the interests of the State Of Indiana. Anything I tell HCCSO may be reported to the non-custodial parent (NCP). However, every attempt will be made to protect my privacy, and my home address will not be disclosed without my permission. I agree to cooperate with HCCSO, including attending court hearings if required and notifying them of any change of address, any information regarding the not-custodial parent (NCP), or any change of custody or family reunification. I understand HCCSO encourages parents to settle matters out-of-court. I will advise HCCSO of any such agreements or changes. Only written agreements approved by the judge are enforceable. Oral agreements are not enforceable. I understand HCCSO may enter into agreements with the NCP or may take action on my case without my express consent. Every effort will be made to discuss and explain why certain action is being taken.

I agree to tell the truth and obey all laws and court orders. I will not withhold parenting time solely because I am not receiving support. I will keep written records of all parenting time in the event of a dispute.

All child support payments are made through the clerk of the court and in no other fashion. I will not accept cash or other gifts directly as payments of support. I understand that support orders may be reviewed and modified upon the request of either party.

I may request in writing at any time for the HCCSO to close my file as long as no money is owed to the State of Indiana for past assistance (TANF). I may also be terminated from HCCSO for non-cooperation pursuant to 45 CFR 303.11.

I have read and understand the above and agree to its terms, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

KAYLA PATRICK  
Child Support Caseworker

TAMI MICHAEL  
Child Support Caseworker

CHEYANN HIBBERT  
Child Support Intake

SARAH KEMP  
Child Support Caseworker

TINA RUCKMAN  
Child Support Caseworker

CHEYANNE SLAGEL  
Paternity Caseworker

KARI HARMON  
Supervisor

JENNIFER M. PYCLIK  
Deputy Prosecuting Attorney



# APPLICATION FOR INDIANA TITLE IV-D CHILD SUPPORT SERVICES

State Form 34882 (R16 / 4-19) / CSB 425A

### INSTRUCTIONS:

1. Complete this form by providing the requested information.
2. Take or mail the signed form to your County Prosecutor's Title IV-D Child Support Office.

### NOTICE TO APPLICANT

Custodial parties and non-custodial parents may apply for child support services. There is no application fee or residency requirement.

Child Support Services are provided by the Child Support Bureau through County Prosecutors' Title IV-D Child Support Offices. Services include:

- Parent locate services,
- 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 in this application is confidential and is protected to prevent unauthorized disclosure.

### APPLICANT INFORMATION

Last name		First name		Middle name	Suffix (Jr., III, etc.)
Other names used		Relationship to dependents on this application (mother, father, guardian, other)		Do you have primary physical custody of dependents on this application? <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, additional documentation may be requested by your case worker.)					
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 applicant to other parent <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Divorce pending <input type="checkbox"/> Divorced <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 application? <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**

*(Attach separate page with information requested below for all additional dependents.)*

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 <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**

*(Attach separate page with information requested below for all additional parents, or additional potential parents if paternity has not been established.)*

Last name		First name		Middle name		Suffix (Jr., III, etc.)			
Other names used		Relationship to dependents on this application <i>(mother, father, potential father, guardian, other)</i>			Does this parent have primary physical custody of dependents on this application? <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 (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			
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 application? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete next box.)</i>				Name of attorney (full name)					

**APPLICANT'S AFFIRMATION AND AGREEMENT**

<ul style="list-style-type: none"> <li>I hereby swear and affirm under the penalties of perjury that the information contained in this application is true and correct to the best of my knowledge. Providing false information could result in perjury charges being filed against me.</li> <li>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.</li> <li>I am advised that attorneys and staff at the Child Support Bureau and County Prosecutor's IV-D Child Support Office providing these child support services represent the State of Indiana and do not represent the applicant or any other person or entity. Communications between the applicant or other participants and the Child Support Bureau or County Prosecutor's IV-D Child Support Office are not confidential communications protected by the attorney/client privilege under IC 34-46-3-1.</li> <li>I understand that I must cooperate with the County Prosecutor's IV-D 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 application for services does not guarantee successful action on the case but rather that all reasonable attempts will be made to obtain successful results.</li> <li>I understand that I may terminate services by notifying the County Prosecutor's IV-D 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 IV-D child support services does not modify or terminate existing child support orders.</li> <li>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.</li> </ul>			
Printed name of parent/guardian (if applicant is an unemancipated minor)		Signature of parent/guardian (if applicant is an unemancipated minor) X	
Printed name of applicant		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 applicant X		Date signed (month, day, year)	

**ADDITIONAL QUESTIONS**

1. Custodial Parent Name: \_\_\_\_\_

2. City and State where the Custodial Parent was born: \_\_\_\_\_

3. Do you have any additional biological children? Yes / No

If yes, how many are older \_\_\_\_\_ younger \_\_\_\_\_

List any additional biological children and place an X in front of the name(s) if they live with you:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

4. Is there a support order for any of these additional children? Yes / No \_\_\_\_\_

County where Order was issued

5. Non-Custodial Parent Name: \_\_\_\_\_

6. City and State where the Non-Custodial Parent was born: \_\_\_\_\_

7. Does the Non-Custodial Parent have any additional biological children? Yes / No

If yes, how many are older \_\_\_\_\_ younger \_\_\_\_\_

List the names of the Non-Custodial parent's additional children:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

8. Is there a support order for any of these additional children? Yes / No \_\_\_\_\_

County where Order was issued

**Dependent Information**

9. List the hospital name and county of birth for each dependent listed on the application:

_____	_____	_____	Yes / No
Child's Name	Hospital Name	County and State of birth	Paternity Affidavit Signed?

_____	_____	_____	Yes / No
Child's Name	Hospital Name	County and State of birth	Paternity Affidavit Signed?

_____	_____	_____	Yes / No
Child's Name	Hospital Name	County and State of birth	Paternity Affidavit Signed

_____	_____	_____	Yes / No
Child's Name	Hospital Name	County and State of birth	Paternity Affidavit Signed

10. Does or has the Non-Custodial Parent practice visitation with the child/ren? Yes / No

If yes, please check one of the following:

\_\_\_\_\_ minimum 52 visits (overnight every other weekend)

\_\_\_\_\_ standard 98 visits (overnights every other weekend, holidays and summer breaks)

\_\_\_\_\_ equal parenting time 182 visits (example: shared joint custody)

\_\_\_\_\_ other (please specify): \_\_\_\_\_

11. Has the Non-custodial Parent ever paid support, medical bills, or bought things for the child/ren? Yes / No

Amount \$ \_\_\_\_\_ Frequency \_\_\_\_\_

Has the Non-custodial Parent ever paid you directly? Not through the Clerk's Office. Yes / No

Daycare Information

12. Are there child care expenses for child/ren named on the application? Yes / No Weekly cost \$\_\_\_\_\_

13. Does the child receive child care vouchers? Yes / No (If yes, amount received) \$\_\_\_\_\_

14. Childcare Provider Information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

15. Are you or have you ever been a part of a child support enforcement program? Yes / No

16. Who referred you to the child support office? \_\_\_\_\_

17. Are you currently married? Yes / No

18. Were you married at any time that any children on the application were born? Yes / No

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature