

MC:



TARRANT COUNTY CHILD SUPPORT SERVICES APPLICATION FOR IV-D SERVICES

Please complete and sign the application. Use the enclosed postage-paid envelope to return the application to our office. There is no cost to apply for services. You will pay a \$35 fee each year that you receive more than \$550 in child support collections. The fee will be automatically deducted from the child support payment. Current and former TANF and Foster Care cases are exempt from this fee.

Texas Government Code Chapter 559 gives you the right to review and request correction of information on this form.

Important Safety Information

(Please Print All Information)

If you have concerns regarding family violence, there are some protections available in the child support process. The following questions will provide relevant information to determine the actions necessary for your case. You may wish to visit www.texasattorneygeneral.gov/child-support to find out about the protections available in the child support process.

Have you or your child(ren) experienced the following by the other parent?

- Physical abuse Yes No
- Emotional abuse Yes No
- Threats Yes No
- Harassment Yes No
- Serious harm or Injury Yes No

Will opening a child support case pose a family violence risk for you and/or your child(ren) with the other parent? Yes No

Will opening a child support case pose a family violence risk for you and/or your child(ren) with someone other than the parent of your child(ren)? Yes No

If you selected YES, please provide the name of the other person and describe the relationship between you/or your child(ren):

Do you have a protective order, police report, or other supporting document? Yes No **If possible attach a copy of any documentation.**

In certain circumstances, a court can order that information related to your place of residence or contact information be excluded from the court order. Would requiring you to provide residence or contact information to the other parent or another party cause you or your child(ren) harassment, abuse, serious harm, or injury? Yes No

If you selected "Yes" to any of the questions above, your case will be routed through the court process, in an effort to take every safety precaution available to you and all parties on the case. You will also be sent a Request for Nondisclosure to fill out and return to our office.

The Request for Nondisclosure form is a signed document identifying the safety risks on a parent's child support case(s) and request to the Child Support Division to minimize contact with the other parent and to request the Court/Tribunal not disclose any identifying information, such as physical address, in any document filed in this proceeding.

My name: _____ Date of Birth: _____ SSN: _____

Address: _____ City: _____ St: _____ ZIP: _____

Email: _____ My relationship to child(ren): _____

If you are under the age of 18 years and are not married or emancipated, please list your parent or guardian's name and contact information.

Name of parent/guardian: _____ Phone number: _____

- Check this box if you do not have a parent or guardian who can serve as your adult representative.
- Check this box if you are under 18 years of age and you are married, you have joined the military or the court has declared you emancipated.

The person responsible for paying child support is:

Name: _____ Date of Birth: _____ SSN: _____

Address: _____ City: _____ St: _____ ZIP: _____

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

MC:

What is the current relationship between the mother and the biological father of the child(ren)?

Never Married

Divorced

Married Date of Marriage Ceremony: _____ County: _____ St: _____

List the child(ren) and dates of birth for whom this person is, or may be, responsible:

1. First Name _____ Last Name _____ DOB _____

4. First Name _____ Last Name _____ DOB _____

2. First Name _____ Last Name _____ DOB _____

5. First Name _____ Last Name _____ DOB _____

3. First Name _____ Last Name _____ DOB _____

6. First Name _____ Last Name _____ DOB _____

If this application relates to more than six children, provide the names and dates of birth on a separate page for any additional children.

I request all appropriate IV-D services of the Office of the Attorney General, Child Support Division. The information in this application is true and complete. I have either read the attached information, or had it read to me. My signature is my agreement to the above statement and to the other statements included in this application packet.

Signature: _____

Date: _____