

## Guardian Application for Child Support Services

Complete all requested information on the pages below. Information provided on this form (including any attachments) may only be shared with others for the purpose(s) of the administration of the child support program and other related programs [[Wis. Statutes, § 49.83](#)].

**Do you have any concerns for your safety or your family's safety by filling out this application for child support services?**  Yes  No If No, Skip to Services Requested

If Yes, please see the information provided below:

We understand that filling out an application for child support services can be difficult, especially if you have concerns about your safety. If you would like to continue with child support services, check one of the boxes below and you will be granted Privacy Protection. Privacy Protection prevents the release of your address, phone number, employer, or other location information that would put you or your children at risk of harm.

- A protective order has been filed or entered against \_\_\_\_\_ in \_\_\_\_\_ County.
- I believe that the release of identifying information may result in physical or emotional harm to my child(ren) or me.  
Name of person I need protection against \_\_\_\_\_.
- I am participating in the Safe at Home/Address Confidentiality Program in \_\_\_\_\_ (State)

Services Requested (**check one**):

### Full Services

Child Support Services

Check this box if you would like full **case management services**, which include locating an absent parent, establishing court orders, establishing paternity, and enforcement of child support orders. For more information, please see <https://dcf.wisconsin.gov/cs/overview>. While a custody and placement order may be established as a part of your case, that service is not directly provided by the child support agency. Child support services also do not include enforcement of maintenance-only (alimony) orders.

### Limited Services

Paternity Only (legal fatherhood)

Check this box if you would only like services to locate a potential father (if applicable), establish paternity and update the child's WI birth record with the legal father's name. This type of case will be closed upon establishment of paternity. **Paternity-only services do not include custody and placement.** If you decide you would like additional services at a later date (e.g. establishment and enforcement of an order), you will need to submit a new application at that time. If you or the other parent are receiving public assistance, the child support agency (CSA) may still open a full-service case involving custody, placement, child support, and/or other orders as appropriate. Additionally, if the other parent requests full services, the case will automatically receive full services.

Only Locate (a parent) - \$25 fee due

Check this box if you only want help locating the other parent, and don't want other case management services. Location is not guaranteed. See Applications for Parent Locate-Only Services at <https://dcf.wisconsin.gov/cs/apply> for more information.

**Date Stamp**  
(for office use only)

Fee Paid \$ \_\_\_\_\_ Rept. # \_\_\_\_\_

**Please Note:**

- If you are the parent, please fill out the *Parent Application for Child Support Services* form.
- Filling out this form:
  - Please include as much information as possible.
  - If you do not know or are uncertain of some of the information, you may leave that part blank.
  - The more information your worker knows about your case, the better job he or she can do for you.
  - If you have any questions about this form, please talk with your child support agency.
  - If you have a copy of the child's birth certificate (or the document that established paternity), a copy of the court order, or a placement/visitation schedule, please attach those to this application.

**Are you applying for services for an unborn child?**    Yes    No   If yes, due date: \_\_\_\_\_

**Notice of Language Assistance**

You have a right to an interpreter at no cost to you. Do you need an interpreter?    Yes    No

If yes, in what language? \_\_\_\_\_

## Section 1 – Information about YOU, the guardian applying for services

**Social Security Number/Individual Taxpayer Identification Number (ITIN):** The provision of your social security number or ITIN is mandatory under Section 466(a)(42U.S.C.666(a)). Your social security number/ITIN will be used for identification purposes. If you do not provide your social security number/ITIN, your application will be denied.

1. Name of Guardian Applying for Services (last, first, middle, suffix, e.g., Jr.)		
Maiden Name or Alias (if any)	Relationship to child(ren)	
Are both parent's names on the child's birth certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of Birth	Social Security Number/ITIN	<input type="checkbox"/> Male <input type="checkbox"/> Female
2. Place of Birth		
City		County
State		Country
3. Please Check Services You Are Receiving or Have Received in the Past		
Child Support Services <input type="checkbox"/> Yes <input type="checkbox"/> No		Kinship Care <input type="checkbox"/> Yes <input type="checkbox"/> No
W-2, including child care <input type="checkbox"/> Yes <input type="checkbox"/> No		
State(s) Providing These Services:		
Dates received:		
4. Please check a box to indicate your preferred contact number		
Home Phone Number <input type="checkbox"/> ( )	Cell Phone Number <input type="checkbox"/> ( )	Work Phone Number <input type="checkbox"/> ( )
Can you accept text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Hours
5. Email Address:		6. Mailing Address
Secondary Email Address:		
City		State/Zip Code
7. Residence (home) Address, if different from above		
City		State/Zip Code
8. Job Information		
Employer Name		
Telephone Number ( )		Fax Number ( )
Address		
City		State/Zip Code
Is Health Insurance Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are the Children Covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Out of Pocket Cost Per \$ <input type="checkbox"/> Week <input type="checkbox"/> Month

How Often Are You Paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly		Gross Income Per Payday \$	Job Title
Start Date	Occupational/Professional License <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, type:
9. Member of the Armed Forces <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, <input type="checkbox"/> Active <input type="checkbox"/> Retired	Branch
From	To	Veterans Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Race/ethnicity: This information is for federal reporting purposes only and is voluntary.

- Caucasian/White                       Native American/Alaskan Native  
 Black/African American             Asian  
 Other (Please list all others)       Native Hawaiian/Other Pacific Islander

Ethnicity

- Hispanic/Latino

11. Are you, either parent of the child, or the child an enrolled member of a Wisconsin tribe? If yes, which tribe?

- Yes  No Tribe:

12. Do you have a disability?

- Yes  No If yes, describe:

**IMPORTANT** If a child is conceived or born during a marriage, the **spouse is the legal parent**. If you believe someone other than the spouse of the mother may be the natural parent, please provide the information about that person.

Name	Date of Birth
Social Security Number/ITIN	Street Address
City	State/Zip Code

**Information in Sections 2 and 3 must be about the spouse of the marriage, legal parent, or potential father, not the person above.**

**Section 2 – Information about Parent 1**

13. Parent's Name (last, first, middle, suffix, e.g., Jr.)

Maiden name or Alias (if any)	Date of Birth	Social Security Number/ITIN
Relationship to child:		

14. Place of Birth

City	County
State	Country

15. Home Phone Number ( )	Cell Phone Number ( )	Work Phone Number ( )	Work Hours
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16. Email Address	17. Mailing Address
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City		County	
State		Country	
25. Home Phone Number ( )	Cell Phone Number ( )	Work Phone Number ( )	Work Hours

26. Mailing Address

City	State/Zip Code
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27. Residence (home) Address, if different from above

City	State/Zip Code
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Has this parent ever lived in Wisconsin?  
 Yes  No

28. Job Information  
Employer Name

Telephone Number ( )	Fax Number ( )
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Address

City	State/Zip Code
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Is Health Insurance Available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Are the Children Covered? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Out of Pocket Cost Per <input type="checkbox"/> Week \$ <input type="checkbox"/> Month
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How Often are they Paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	Gross Income Per Payday \$	Job Title
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Start Date	Occupational/Professional License <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, type:
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29. Member of the Armed Forces <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, <input type="checkbox"/> Active <input type="checkbox"/> Retired	Branch
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From	To	Veterans Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No
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30. Please provide the information below and any other information you believe may help find this parent. Include all addresses where relatives might live and the type of income and assets this parent may have. Include any additional information on separate pages and attached. **Please include a picture of this parent, if available.**

Distinguishing Marks (tattoos/scars/birth marks):

Height	Weight	Race	Hair Color	Eye Color
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Has this parent ever been arrested or convicted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know	Date of Arrest or Conviction
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City and State of Arrest or Conviction	Name of Parole/Probation Officer
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Name of the Parent 2's Mother (last, first, middle, maiden)

Name of the Parent 2's Father (last, first, middle)

**Section 4 – Information about the Children** (children shared between Parent 1 and Parent 2 above) If there are more than three (3) children, please provide the information about the children on additional pages.

31. Name of **First Child** (last, first, middle, suffix, e.g., Jr.)

Social Security Number/ITIN	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race (optional)	Date of Birth
Are both parent's names on the Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know			City of Birth
County of Birth	State of Birth		Country of Birth
Does the child receive Social Security Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, Monthly Amount: \$
If this child is now in high school, expected date of graduation: Month                      Year			
Name of School		Address	
City		State/Zip Code	
Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide the <b>name and relationship</b> of the person the child lives with:			
Do you have legal custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide custody order/letters of guardianship in Section 5.			

32. Name of **Second Child** (last, first, middle, suffix, e.g., Jr.)

Social Security Number/ITIN	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race (optional)	Date of Birth
Are both parent's names on the Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know			City of Birth
County of Birth	State of Birth		Country of Birth
Does the child receive Social Security Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, Monthly Amount: \$
If this child is now in high school, expected date of graduation: Month                      Year			
Name of School		Address	
City		State/Zip Code	
Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide the <b>name and relationship</b> of the person the child lives with:			
Do you have legal custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide custody order/letters of guardianship in Section 5.			

**Section 4 (Continued) – Information about the Children**33. Name of **Third Child** (last, first, middle, suffix, e.g., Jr.)

Social Security Number/ITIN	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race (optional)	Date of Birth
Are both parent's names on the Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do Not Know			City of Birth
County of Birth	State of Birth		Country of Birth
Does the child receive Social Security Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is yes, Monthly Amount: \$
If this child is now in high school, expected date of graduation: Month                      Year			
Name of School		Address	
City		State/Zip Code	
Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide the <b>name and relationship</b> of the person the child lives with:			
Do you have legal custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide custody order/letters of guardianship in Section 5.			

**Section 5 – Current Legal Status—Attach Copies of Any Letters of Guardianship, Court Orders, Judgments, Decrees, or Stipulations**34. The **current** relationship between the parents (in Section 2 and 3) Married  Separated  Divorced  Annulled  Never Married

Date and place (city, county, state) of marriage, legal separation, divorce and/or annulment and court case number:

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35. If you or the parents have a Child Support Order for the child or children listed in Section 4, please provide the information below, including the court case number:

County/State of Order:

Monthly Amount Ordered: \$

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**Section 6 – Information about Other Children.**

List any child that parent 1 or parent 2 have with another person. If there are more than three (3) other children, please include the information about the other children on attached pages.

36. Name of Child	Child's Parent	Child's Date of Birth



**Please read, sign, and date this page**

**Fee:** If you have **never** received a cash benefit from W-2, AFDC, SSI Caretaker Supplement, or Kinship Care, you will be charged a \$35 fee each year after you receive \$550 or more in support. The fee will be taken out of the support payment. This fee is charged on all cases whether or not you apply for services.

More information on fees associated with the child support program can be found here: <https://dcf.wisconsin.gov/cs/fees>

**Tax Intercept Information:** I understand that the Wisconsin Child Support Program will submit any certified past-due child support debts to the tax/lottery intercept programs.

I understand that if I receive a parent's intercepted tax refund money, which is later recalled by the federal Internal Revenue Service (IRS) or the state Department of Revenue (DOR), I must immediately return the money. Tax returns may be recalled for various reasons, including payor error on the tax return or fraudulent filers using a payor's identification in an attempt to collect a refund. If I cannot repay all the money at once, I will follow a payment plan until the amount is repaid in full. (If the tax refund money is recalled, you will receive a letter with information about how to return the money and how to set up a payment plan.)

If a tax intercept collection is at least \$10, I understand that a fee of 10%, up to \$25, will be deducted from the tax intercept collection.

**Child Support Orders:** I understand that a child support order where support is ordered as a percentage of the payor's income rather than a dollar amount cannot be enforced by the local child support agency.

If I am opening a new child support case or reopening a closed child support case with the child support agency and have a percentage order, I understand that the child support agency is not responsible for reconciling the order for the period before the date that this application is accepted.

The child support agency is required to change the percentage order into a dollar amount order. By submitting this application, I am agreeing to cooperate with the agency in changing the order.

**Disclaimer:** The State of Wisconsin will bring any necessary administrative or court actions to establish paternity (legal fatherhood), or to establish or enforce a support order. However, the **child support attorney does not represent you or the parents**, but rather represents the state's interest in enforcing support.

Information about rights and responsibilities of parents who receive child support services may be found at: [dcf.wisconsin.gov/cs/parent-rights](https://dcf.wisconsin.gov/cs/parent-rights)

**Overpayment:** I understand that if I receive an overpayment (more support than I am due), the state may withhold part of future support payments, at a reasonable amount, until the overpaid amount is returned to the state.

More information about how child support payments are distributed can be found here: <https://dcf.wisconsin.gov/cs/ncp/pay/hierarchy>

I hereby request child support services under the Title IV-D of the Social Security Act. I understand that I must cooperate with the child support agency by providing all information as requested and by keeping my appointments with the agency or as required by the court.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please attach copies of any court orders, judgments, decrees, or stipulations involving child support. Any changes in this information should be sent, **in writing**, to the child support agency where you applied for services.

The Department of Children and Families is an equal opportunity employer and service provider. If you have a disability and need to access services, receive information in an alternate format, or need information translated to another language, please call the Child Support Program at 608-422-6250. Individuals who are **deaf, hard of hearing, deaf-blind or speech disabled** can use the free Wisconsin Relay Service (WRS) – 711 to contact the department.

<https://dcf.wisconsin.gov/cs/home>