

## APPLICATION FOR CHILD SUPPORT ENFORCEMENT SERVICES

Dear Applicant:

We are pleased to provide you with the information you requested about applying for child support services. The services available through the child support program include: location of the non-custodial parent, establishment of paternity, establishment and enforcement of child support and medical support, review and adjustment of child support orders, and collection and disbursement of child support payments.

**APPLICATION FORMS:** Enclosed in this packet are two forms: 1) *Application For Support Enforcement Services*; and 2) *Information For Support Enforcement Services*; and the *How To Get Help* brochure.

Please read the application forms carefully and answer all questions completely, using full names. Please type or neatly print this information, as this information will be entered into our computer system. You must complete a separate set of forms for each person from whom you want support.

**APPLICATION FEE:** There is a \$25.00 non-refundable application fee, which must be paid at the time you submit your forms. Only one (1) \$25.00 application fee is required. The application fee may be paid by certified check, cashier's check, or money order and must be made payable to the **Maryland Child Support Account**. However, if you are a current or former recipient of Temporary Cash Assistance or Medical Assistance benefits in the State of Maryland, you may qualify for an exemption from the fee.

**OTHER DOCUMENTS:** Please attach copies of the following items that apply to your situation: marriage certificate; adoption certificate or affidavit of parentage; social security cards for you and your children; divorce decree; guardianship, child support, custody, paternity, civil or ex parte orders.

**WHERE TO MAIL APPLICATION:** The completed application forms, \$25.00 application fee (if required), and other relevant documents should be mailed to the Child Support Office in the county where you reside. See reverse side for location addresses.

**PROCESSING YOUR APPLICATION:** Upon receipt of your complete application package, the child support agency will review your case to determine what action must be taken. Failure to provide the necessary information or documentation, if it is applicable to you, will result in your application being returned to you for you to provide the required information. You will be contacted if it is necessary for you to appear in person at the child support agency. If you are requesting enforcement of an existing child support order, the child support agency will automatically send a notice to the non-custodial parent to direct the child support payments to the Central Collection's Office, and any payments received will promptly be forwarded to you.

**QUESTIONS:** If you have any questions, please call 1-800-332-6347.

Mailing Addresses For Local Child Support Offices

**Allegany Co. D.S.S.**  
Office of Child Support  
P.O. Box 1647  
Cumberland, MD 21501-1647

**Anne Arundel Co.**  
Office of Child Support Enforcement  
P.O. Box 1870  
Annapolis, MD 21404

**Baltimore City**  
Office of Child Support Enforcement  
1 N. Charles Street, 5<sup>th</sup> Floor  
Baltimore, MD 21201

**Baltimore Co.**  
Office of Child Support Enforcement  
170 W. Ridgely Rd., Suite 200  
Lutherville, MD 21093

**Calvert Co. D.S.S.**  
Office of Child Support  
200 Duke St.  
Prince Frederick, MD 20678

**Caroline Co. D.S.S.**  
Office of Child Support  
P.O. Box 100  
Denton, MD 21629

**Carroll Co. D.S.S.**  
Bureau of Support Enforcement  
P.O. Box 930  
Westminster, MD 21158-0930

**Cecil Co. D.S.S.**  
Office of Child Support  
P.O. Box 1160  
Elkton, MD 21922

**Charles Co. D.S.S.**  
Office of Child Support  
P.O. Box 1010  
LaPlata, MD 20646

**Dorchester Co. D.S.S.**  
Office of Child Support  
P.O. Box 259  
Cambridge, MD 21613

**Frederick Co. D.S.S.**  
Office of Child Support  
P.O. Box 237  
Frederick, MD 21705

**Garrett Co. D.S.S.**  
Office of Child Support  
12578 Garrett Highway  
Oakland, MD 21550

**Harford Co.**  
Office of Child Support Enforcement  
101 S. Main St., 2<sup>nd</sup> Floor  
Bel Air, MD 21014

**Howard Co. D.S.S.**  
Office of Child Support  
7121 Columbia Gateway Drive  
Columbia, MD 21046

**Kent Co. D.S.S.**  
Office of Child Support  
315 High St., Suite 208  
Chestertown, MD 21620

**Montgomery Co.**  
Office of Child Support Enforcement  
51 Monroe St., Suite 811  
Rockville, MD 20850

**Prince George's Co.**  
Office of Child Support Enforcement  
4235 28<sup>th</sup> Avenue, Suite 135  
Temple Hill, MD 20748

**Queen Anne's Co.**  
Office of Child Support Enforcement  
P.O. Box 387  
Centreville, MD 21617

**St. Mary's Co. D.S.S.**  
Office of Child Support  
Joseph D. Carter Bldg.  
P.O. Box 509  
Leonardtown, MD 20650

**Somerset Co. D.S.S.**  
Office of Child Support  
P.O. Box 369  
Princess Anne, MD 21853

**Talbot Co. D.S.S.**  
Office of Child Support  
P.O. Box 1479  
Easton, MD 21601

**Washington Co. D.S.S.**  
Office of Child Support  
P.O. Box 1419  
Hagerstown, MD 21741-1419

**Wicomico County**  
Bureau of Support Enforcement  
309 Calvert Street, Suite 101  
Salisbury, MD 21801

**Worcester Co. D.S.S.**  
Office of Child Support  
P.O. Box 39  
Snow Hill, MD 21863

MARYLAND DEPARTMENT OF HUMAN RESOURCES  
Child Support Enforcement Administration

**APPLICATION FOR SUPPORT ENFORCEMENT SERVICES**

Support enforcement services include:

- Searching for the other parent
- Legally establishing paternity
- Establishing a court order for child support and health insurance coverage
- Collecting support payments
- Enforcing the court order
- Reviewing and modifying the court order *(All court orders established or modified are subject to periodic review for modification in accordance with the child support guidelines.)*

**SECTION I: CASE INFORMATION**    **APPLICANT: DO THE CHILDREN LIVE WITH YOU?**     Yes     No

Your Name (First, Middle, Last)		Phone (Home/Cell)	Business Phone
Your Address		City	State    Zip Code
Your Social Security Number	Your Date of Birth	Your E-mail Address	
Name of Other Parent (First, Middle, Last)		Phone (Home/Cell)	Business Phone
Other Parent's		City	State    Zip Code
Other Parent's Social Security Number	Other Parent's Date of Birth	<input type="checkbox"/> <b>Family Violence:</b> I believe that disclosure of my address or other identifying information might result in physical or emotional harm to me or my child. This may restrict access to data needed to pursue your case <i>(please see instructions on back)</i>	
Other parent's E-mail Address			

CHILDREN	Name	Date of Birth	Social Security Number
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

**SECTION II: LEGAL REPRESENTATION**

An attorney working in the child support enforcement program represents the Child Support Enforcement Administration of the State of Maryland. The attorney does not represent you or your personal interest and there is no attorney-client relationship between you and the attorney, between you and the child support office, or any employees thereof. Any information you provide may not be treated as confidential, except as provided by law. You may be required to appear as a witness in court. Your failure to appear for court pursuant to an order or subpoena could result in your arrest.

I am applying for support enforcement services on behalf of the child(ren) listed above. I understand that I may have to pay a \$25.00 application fee which will not be refundable even if the agency does not succeed in getting support for the child(ren).

Signature \_\_\_\_\_

Date \_\_\_\_\_

*DO NOT WRITE BELOW THIS LINE*

**SECTION III: SERVICES REQUIRED**

- |   |   |
|---|---|
| <input type="checkbox"/> All establishment/enforcement services | <input type="checkbox"/> Collection/enforcement                             |
| <input type="checkbox"/> Location of other parent               | <input type="checkbox"/> Modification                                       |
| <input type="checkbox"/> Establishment of paternity             | <input type="checkbox"/> establishment/enforcement of health insurance only |
| <input type="checkbox"/> Establishment of court order           |   |

**SECTION IV: VALIDATION**

- |  |   |
|--|---|
| <input type="checkbox"/> \$25 application fee paid       | <input type="checkbox"/> Medical Assistance client. Fee does not apply. |
| <input type="checkbox"/> Fee previously paid             | <input type="checkbox"/> TCA applicant-fee deferred.                    |
| <input type="checkbox"/> No fee paid. Explanation: _____ |   |

Validator's Signature (Child Support Staff Person) \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

DHR/CSEA 980-A (Revised 12/10) *Previous editions are obsolete.*

WHITE - CSE Case Record Copy

YELLOW - CSE Fiscal Copy

PINK - Applicant's Copy

## INSTRUCTIONS

**Form No.:** DHR/CSEA 980

**Form Name:** Information for Support Enforcement Services

**Purpose:** The purpose of this form is to gather information from the individual applying for child support enforcement services.

**User:** This form may be completed by the applicant or by the child support worker.

**Detailed Instructions:** Complete Sections I, II, III and IV.

**Section I: Custodial Parent**  
Provide all information requested.

**Section II: Non-custodial Parent**  
Provide most recent information. The DATE after LAST KNOWN ADDRESS refers to the latest date in which the information was known to be correct.

**Section III: Support**  
Provide all information requested.

**Section IV: Health Insurance**  
If the non-custodial parent has individual health insurance coverage or health insurance coverage for the child(ren), check the appropriate box and enter information about the insurance company, if known.

If the children receive Medical Assistance, check "Yes" and enter the Medical Assistance case number.

If the children do not receive Medical Assistance, check "No". Check the appropriate box if the Custodial Parent wishes to have the non-custodial parent ordered to provide health insurance coverage for the children.

**Distribution:** Original to case folder

Note: After information from form 980 has been entered into CSES, the form may be destroyed. However the 980-A, Application for Support Enforcement Services, must be retained and copies distributed. The instructions for retention and distribution of form 980-A are provided below.

If an interactive interview takes place between the child support staff person and the applicant, the staff person may enter the information directly into CSES instead of completing form 980.

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**Form No.:** DHR/CSEA 980-A

**Form Name:** Application for Support Enforcement Services

**Purpose:** This form is the application for child support enforcement services.

**User:** This form shall be completed by the following individuals who currently do not receive Temporary Cash Assistance:

- Non-Temporary Cash Assistance applicants
- Former Temporary Cash Assistance applicants
- Former Medial Assistance (MA) or Temporary Cash Assistance customers who previously requested closure of all their child support cases
- MA customers who have not been referred from the Department of Social Services (IV-A)

**Detailed Instructions:** Complete Sections I, II, III and IV.

**Section I: Family Violence**  
If "Family Violence" is checked, determine if there is corroborating evidence (e.g. police reports) or reason to believe that the disclosure of such data might result in physical or emotional harm to a custodial parent, non-custodial parent or a child in a case. NOTE: Corroborating evidence is not required. Advise the applicant that indicating family violence will impact the quality of service provided by restricting the amount of information that can be shared with and obtained from the federal government and other secure resources.

**Section II: Signature**  
After completing the required information, the form must be signed by the applicant.

**Section III: Services Required**  
The child support staff person shall check the appropriate box for the type of service required.

**Section IV: Validation**  
The child support staff person shall check the appropriate box, sign the form, enter his/her title and the date of the validation  
Note: Some applicants will complete more than one application. In those instances, check "\$25.00 application fee paid" on one form only. Check "Fee previously paid" on all others.

**Distribution:** Original - Case folder  
1 copy to applicant    1 copy to fiscal, if accompanied by fee    1 copy to prosecutor, if necessary.

DHR/CSEA 980 and 980-A Instructions (Revised 12/10)

**MARYLAND DEPARTMENT OF HUMAN RESOURCES  
Child Support Enforcement Administration  
INFORMATION FOR SUPPORT ENFORCEMENT SERVICES**

*Please complete this form carefully and provide as much detailed information as possible. Legibly print the answers on this form. If you are the custodial parent, complete a separate form for each noncustodial parent from whom you want support. The accuracy of the information you provide may affect how your case is handled. Disclosure of your Social Security number, and the Social Security number(s) of your child(ren), is required by federal law (42 USC 666(a)(13)). The Child Support Enforcement Administration will use these Social Security numbers only for the purpose of establishing and enforcing support for you and your family. If you do not understand any questions on this form, please call 1-800-332-6347.*

**SECTION I: CUSTODIAL PARENT – (PARENT OR RELATIVE WITH WHOM THE CHILDREN RESIDE)**

Full legal name (First, Middle, Last)			Maiden Name	Alias Name	
Address			Sex	Date of birth	Race
City	State	Zip Code	Social Security number	Driver's license number	
Home phone	Business phone	Pager/cell phone		E-mail/web address	
Employer's name			Employer's address		
Name of nearest relative			Relationship	Phone number	
Address			City	State	Zip Code

**SECTION II: SUPPORT – CHILDREN:**

Name	Social Security Number	Date of Birth	State and Country Where Born	Sex	Race	Relationship to you
1) _____	_____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____	_____	_____
5) _____	_____	_____	_____	_____	_____	_____

1. If you are the biological mother of the child(ren), were you married to a man other than the noncustodial parent at the time the child(ren) were conceived or born?  Yes  No

2. What is your relationship to the noncustodial parent?  
 Never married  Currently married  Separated  Divorced  Other \_\_\_\_\_  
(OVER)

3. Date married: \_\_\_\_\_ State where married: \_\_\_\_\_ Date/place divorced/separated: \_\_\_\_\_

4. If separated, have divorce proceedings been started by a private attorney and/or is court action currently pending?  Yes  No

If yes, please list name, address, and phone number of the attorney and the County and State in which court action is pending: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is child support included in this action?  Yes  No

5. If the parents were not married: Has paternity been established for the child(ren)?  Yes  No

Was an Affidavit of Parentage signed to add the father's name to the birth certificate?  Yes  No

6. If you answered YES to question #5, please list the children for whom paternity has been established or an Affidavit of Parentage signed:  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you have a court order for child support from this noncustodial parent?  Yes  No

8. If you answered yes to #4, 5, 6, or 7 above, show where paternity/support was ordered. Include a copy of the order with your application.

County	State	Court docket #	Date of order
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9. Does the noncustodial parent pay support?  Yes  No

10. If yes or sometimes, to whom does the noncustodial parent pay support?

To you  To a child support agency  Other \_\_\_\_\_

11. Name and address of the child support agency: \_\_\_\_\_  
\_\_\_\_\_

12. Date support last paid: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

13. Is support paid by a military allotment?  Yes  No

14. Have you ever received Temporary Cash Assistance (TCA, formerly AFDC or "welfare"), Medical Assistance, or previously applied for Child Support Services?  Yes  No

If yes, list the County and State: \_\_\_\_\_ Date of last TCA check if applicable: \_\_\_\_\_

(NEXT PAGE)

**SECTION III – NONCUSTODIAL PARENT (Parent from whom you want support)**

Full legal name (First, Middle, Last) Alias/Nickname Home phone Business phone

Date of birth Race Sex Social Security number Pager/cell phone number

Last known address City State Zip Code Date

E-mail/web address Eyes Hair Height Weight

Identification marks: \_\_\_\_\_

Driver's license number Automobile tag number Automobile make/model Year

1. Current or prior military service dates: From \_\_\_\_\_ to \_\_\_\_\_ What branch? \_\_\_\_\_

2. Has the noncustodial parent ever been in jail?  Yes  No Dates: From \_\_\_\_\_ to \_\_\_\_\_

Name of jail: \_\_\_\_\_ Address: \_\_\_\_\_

3. Name of nearest noncustodial relative: \_\_\_\_\_ Relationship \_\_\_\_\_

Address City State Zip Code

4. Name of noncustodial parent's mother: \_\_\_\_\_ Maiden name: \_\_\_\_\_

Address City State Zip Code Phone number

5. Name of noncustodial parent's father: \_\_\_\_\_

Address City State Zip Code Phone number

6. Noncustodial parent's place of birth: \_\_\_\_\_

7. Noncustodial parent's current or last known employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Employment History – Dates: From \_\_\_\_\_ to \_\_\_\_\_

8. Does noncustodial parent receive a pension, disability benefits, social security, or have any other source of income?  
 Yes  No  Unknown

Income amount: \$ \_\_\_\_\_ From what source: \_\_\_\_\_

9. Is noncustodial parent a member of a Union/Local?  Yes  No If yes, please specify: \_\_\_\_\_

(OVER)

10. Does noncustodial parent have a license, certificate, registration or permit that is necessary to practice or work in a particular business, occupation or profession?  Yes  No If yes, what type? \_\_\_\_\_
11. Does the noncustodial parent have other child support cases in Maryland?  Yes  No  Unknown
12. Do you have a photograph of the noncustodial parent?  Yes  No If yes, please attach photograph.

**SECTION IV – HEALTH INSURANCE**

1. Is employer sponsored health insurance available to the noncustodial parent?  Yes  No  Unknown
2. Does the noncustodial parent carry health insurance for the child(ren)?  Yes  No

If no, do you want the noncustodial parent to carry health insurance for the child(ren)?  Yes  No

3. Is health insurance available to you through your employer?  Yes  No
4. Do you carry health insurance for the child(ren)?  Yes  No

If yes, are you providing health insurance because the noncustodial parent does not provide health insurance for the child(ren)?  Yes  No

5. Does anyone else, such as a stepparent or grandparent, carry health insurance for the child(ren)?  Yes  No

If yes, provide name and relationship to the child(ren). \_\_\_\_\_  
Name Relationship

6. Name, address, and phone number of health insurance company covering child(ren). \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Policy number: \_\_\_\_\_ Group number: \_\_\_\_\_ Effective date: \_\_\_\_\_

Policy expiration date: \_\_\_\_\_

7. Name and address of employer providing the health insurance. \_\_\_\_\_
- \_\_\_\_\_

8. Name of child(ren) covered by the health insurance. \_\_\_\_\_
- \_\_\_\_\_

9. Type of coverage provided: (Check appropriate coverage)

- HMO  PPO/PPN  POS  Pharmacy  Dental  Vision  Hospital services  
 Physician services



**The following are the necessary documents required to process an application at the time the application is presented:**

- The birth certificate for each child listed on the application
- The social security card for each child listed on the application (if the number is listed on the application and the card is not available, it can be provided at a later date.)
- There is a \$25 application fee that must be paid in the form of a money order and paid at the time the application is presented. The fee can be waived if the child listed on the application is currently receiving state medical assistance.
- The signed affidavit of paternity (if available)
- A copy of the signed order if one exists. *(If there is a proposed order available, it will be accepted but no accounts will be made active until a signed order is received.)*

**The following are the necessary additional documents required if your case is being transferred from another state:**

- 3 certified copies of the court order
- 3 certified copies of the payment summary