

**LYON COUNTY DISTRICT ATTORNEY  
CHILD SUPPORT DIVISION  
31 S. MAIN STREET  
YERINGTON, NV 89447  
(775) 463-6530 EXT 10**

**THIS ENTIRE PACKET MUST BE COMPLETED  
YOU MUST USE BLACK OR BLUE INK**

## HELPFUL TERMS

Below is a list of legal terms commonly used in Child Support. Many of the terms are used in the forms you will be filling out.

**ADJUDICATED** often abbreviated as **ADJ**, an action or decision that has been made in court.

**UNADJUDICATED** arrears that are owed but there is no order from the court.

**AFFIDAVIT** a sworn statement in writing. Affidavits must be notarized. Your caseworker can notarize your affidavit.

**ARREARS** overdue payments or debts.

**GROSS INCOME** the income before taxes and other obligations are paid.

**CUSTODIAL PARENT** often abbreviated as **CST**, the parent who has custody of the child(ren).

**NON-CUSTODIAL PARENT** often abbreviated as **NCP**, the parent who does NOT have custody of the child(ren).

**DEPENDENT CHILD** Any person, who is not otherwise emancipated, self-supporting or a member of the Armed Forces of the United States, who is:

1. Under the age of 18 years; or
2. Under 19 years of age and who is a student in high school.

**DEFENDANT** the parent required to answer in a legal action. In Child Support cases, this is the non-custodial parent.

**PLAINTIFF** the complaining party in a legal action. In Child Support cases, this is the custodial parent.

**OBLIGOR** the parent who is to pay support.

**OBLIGEE** the parent who is to receive support.

**PETITIONER** the parent who is making the request for support.

**RESPONDENT** the parent who must respond to the request for support.

**FOR OFFICIAL USE ONLY**

**DATE STAMP**

DATE APPLICATION REQUESTED \_\_\_\_\_

DATE APPLICATION PROVIDED \_\_\_\_\_

DATE APPLICATION RECEIVED \_\_\_\_\_

**DIVISION OF WELFARE AND SUPPORTIVE SERVICES  
APPLICATION FOR CHILD SUPPORT SERVICES**

CASE NUMBER: \_\_\_\_\_

PLEASE CAREFULLY READ THE FOLLOWING INFORMATION.

**Child Support Enforcement (CSE) Program Services:**

- Locate all noncustodial parents and/or sources of income and/or assets;
- Establish paternity (determine who is the father of the child(ren));
- Establish financial and medical support;
- Enforce financial and medical support;
- Review and adjust existing child support orders;
- Collect and distribute financial and medical support payments.

The CSE program:

- must provide all the above services to all individuals, unless the individual is a Medicaid recipient and the Medicaid recipient notifies the CSE program in writing they only want medical support services;
- has sole discretion in determining which legal remedies are used to provide the above services and cannot guarantee success;
- may request assistance of another state and, thereby, be subject to the laws of that state. It may take ninety (90) days, or more, after the other state receives the request for services before any information is available;
- **does not** provide services involving custody, visitation or unpaid medical bills. However, these services may be available through a private attorney;
- will close your cases upon written request from you or when your case meets closure rules established by federal and state regulation.

**Important Information You Should Know:**

The CSE program:

- will impose a \$25 annual fee in each case where an individual has never received TANF cash assistance and for whom the State has collected at least \$500 of child support.
- represents the State of Nevada when providing services and no attorney-client privilege exists;
- is authorized to endorse and cash checks, money orders and/or other forms of payment made payable to you for support payments;
- child support payments will be made as a direct deposit into your bank account, or by a Nevada Debit Card. A Nevada Debit Card will be issued to you unless you request payments by direct deposit. For more information regarding direct deposit, please call toll free to the Child Support Customer Service Unit at (800) 992-0900 or check the Child Support Enforcement State Collections and Disbursement Unit (SCaDU) website at <http://www.welfare.state.nv.us/child/scadu.htm> to print a Direct Deposit Authorization Agreement.
- may collect past-due support by intercepting an IRS tax refund or other federal payment. If a tax intercept occurs, the CSE program has the authority to hold a joint tax refund for a period of six (6) months before distributing the funds. No interest is paid on the held funds. Funds collected from tax intercept are applied first to pay off any past-due support assigned to the State of Nevada. A nonrefundable fee is deducted by the federal government for any tax or federal payments intercepted by the CSE program.

By accepting cash or medical assistance for yourself or the child in your custody, you have made an assignment to the Division of Welfare and Supportive Services of all rights to support from any person. Any unpaid support assigned to the State of Nevada may be enforced and collected until paid in full.

If you receive cash assistance, support payments are kept by the State of Nevada to pay off any past-due support assigned to the state. When you are off cash assistance, support payments are sent to you until you request case closure in writing. However, any unpaid support assigned to the State of Nevada may be enforced and collected until paid in full.

All support payments are sent to and processed by the CSE program and distributed according to federal and state regulations.

The CSE program is required by Chapter 42 of the United States Codes, federal regulations, and state laws that established the CSE program to obtain the social security numbers (SSN) for those individuals receiving child support services. The SSN is needed to properly establish and enforce child support obligations based on program services and comply with reporting requirements contained in the federal and state laws and regulations previously mentioned. Any individual who fails to disclose this information may result in the denial of child support services. The CSE program will use these SSNs only for the purpose of providing services outlined in the federal law, federal regulations, state laws, and state regulations that govern the CSE program.

In accordance with federal law and U.S. Department of Health and Human Services (HHS) policy, the Division of Welfare and Supportive Services is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TDD).

### **Responsibilities:**

You are responsible for:

- providing all available information requested by the CSE program. This may include certified copies of a divorce decree and/or all existing support orders, copies of the children's birth certificates, and a photograph of the noncustodial parent;
- participating in genetic testing to establish paternity. If the genetic test proves the person named is not the father, you may be required to pay the cost of the genetic test;
- reporting when any of the following changes happen;
  1. Name change, new address or telephone number for home or work;
  2. A private attorney or collection agency is hired;
  3. Another child support or paternity legal action is filed;
  4. Filing for divorce;
  5. Receive support payments directly from the noncustodial parent;
  6. New address, telephone number, employment or health insurance for the noncustodial parent;
  7. Child(ren) no longer live with you;
  8. Child(ren) still in high school **after** age 18;
  9. Child(ren) become disabled **before** age 18;
  10. Child(ren) come to live with you or birth of another child;
  11. A child marries, is adopted, joins the armed forces or is declared an adult by court order.
- requesting a review and adjustment of the existing support order once every three years or if there is a significant change in circumstances;
- turning in support payments you receive directly from the noncustodial parent when you are receiving cash assistance;
- repayment of support amounts received in error, including support payments from an IRS tax refund which are adjusted by the IRS. If you fail to enter into a repayment agreement with the CSE program, the outstanding balance may be reported to a credit reporting agency and money collected on your behalf by the CSE program may be withheld for repayment. Additionally, legal action may be initiated against you.

### **Application Instructions:**

You must answer all questions. Please PRINT OR TYPE answers in black or blue ink. Check Yes, No, Unknown or write N/A (not applicable) in any space which does not apply. Use a separate sheet of paper if you need more room for any answer or if you have additional information regarding the noncustodial parent which is not covered by the questions on this form. **(Attach copies of all support court orders.) The application must be signed on pages 6 and 7. Services could be delayed if your application is not complete and signed.**

**COMPLETE THE FOLLOWING ABOUT YOU, THE CUSTODIAN (CST), OF THE CHILD(REN):**

|  |            |                           |   |
|--|------------|---------------------------|---|
| Name ( Last, First, Middle)  |            | Other Last Names Used     |   |
| Resident Address (City, State & Zip Code)  |            |                           | How long lived in Nevada?                                     |
| Mailing Address (If different than above)  |            |                           |   |
| Home Phone No. ( )   |            | Work Phone No. ( )        |   |
| Cell Phone No. ( )   |            | E-Mail Address:           |   |
| Social Security No.  | Birth Date | Birth Place               | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Height ft in   | Weight lbs | Hair Color:<br>Eye Color: | Race:   |
| Employer Name & Address (City, State, & Zip Code)  |            |                           | Job Title   |
| Are you: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Living with a boyfriend or girlfriend |            |                           |   |
| What is your relationship to the children? (Mother, father, grandparent, etc.)<br>Date children began living with you (month/year)?  |            |                           |   |

**MEDICAL/HEALTH INSURANCE INFORMATION:**

|   |  |
|---|--|
| Do you and the children have satisfactory medical/health insurance (not Medicaid)? <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly cost? |  |
| Is medical/health insurance available with your employer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No Monthly cost?                       | <b>Please attach a copy of your medical/health insurance card.</b> |

**PUBLIC ASSISTANCE (DIVISION OF WELFARE AND SUPPORTIVE SERVICES) INFORMATION:**

|  |
|--|
| Did you apply for TANF cash assistance? <input type="checkbox"/> No If Yes, where? (City, State)<br>When? (Month/Year)   |
| Have you or the children received TANF cash assistance in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, where? (City, State) What year(s)? |

**CHILDREN INFORMATION:**

|  |   |                                |
|--|---|--------------------------------|
| Child's Name (Last, First, Middle)   | <input type="checkbox"/> Male <input type="checkbox"/> Female                               | Pregnancy began in what state? |
| Social Security No.  | Birth Place:<br>Birth Date:   | Race                           |
| How long has child lived in Nevada?  |   |                                |
| Child's Parents: <input type="checkbox"/> Never married <input type="checkbox"/> Lived together <input type="checkbox"/> Married <input type="checkbox"/> Divorced |   |                                |
| Date mother stopped living with child:   | Date father stopped living with child:  |                                |
| Date Parents Married:<br>City, State:  | Date Parents Divorced:<br>City, State:  |                                |
| Mother's Name:   | Father's Name:<br>On birth record? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |

**CHILDREN INFORMATION Continued:**

|  |                             |   |                                     |
|--|-----------------------------|---|-------------------------------------|
| Child's Name (Last, First, Middle)   |                             | <input type="checkbox"/> Male <input type="checkbox"/> Female                               | Pregnancy began in what state?      |
| Social Security No.  | Birth Place:<br>Birth Date: | Race  | How long has child lived in Nevada? |
| Child's Parents: <input type="checkbox"/> Never married <input type="checkbox"/> Lived together <input type="checkbox"/> Married <input type="checkbox"/> Divorced |                             |   |                                     |
| Date mother stopped living with child:   |                             | Date father stopped living with child:  |                                     |
| Date Parents Married:<br>City, State:  |                             | Date Parents Divorced:<br>City, State:  |                                     |
| Mother's Name:   |                             | Father's Name:<br>On birth record? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                     |

|  |                             |   |                                     |
|--|-----------------------------|---|-------------------------------------|
| Child's Name (Last, First, Middle)   |                             | <input type="checkbox"/> Male <input type="checkbox"/> Female                               | Pregnancy began in what state?      |
| Social Security No.  | Birth Place:<br>Birth Date: | Race  | How long has child lived in Nevada? |
| Child's Parents: <input type="checkbox"/> Never married <input type="checkbox"/> Lived together <input type="checkbox"/> Married <input type="checkbox"/> Divorced |                             |   |                                     |
| Date mother stopped living with child:   |                             | Date father stopped living with child:  |                                     |
| Date Parents Married:<br>City, State:  |                             | Date Parents Divorced:<br>City, State:  |                                     |
| Mother's Name:   |                             | Father's Name:<br>On birth record? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                     |

|  |                             |   |                                     |
|--|-----------------------------|---|-------------------------------------|
| Child's Name (Last, First, Middle)   |                             | <input type="checkbox"/> Male <input type="checkbox"/> Female                               | Pregnancy began in what state?      |
| Social Security No.  | Birth Place:<br>Birth Date: | Race  | How long has child lived in Nevada? |
| Child's Parents: <input type="checkbox"/> Never married <input type="checkbox"/> Lived together <input type="checkbox"/> Married <input type="checkbox"/> Divorced |                             |   |                                     |
| Date mother stopped living with child:   |                             | Date father stopped living with child:  |                                     |
| Date Parents Married:<br>City, State:  |                             | Date Parents Divorced:<br>City, State:  |                                     |
| Mother's Name:   |                             | Father's Name:<br>On birth record? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                     |

|  |                             |   |                                     |
|--|-----------------------------|---|-------------------------------------|
| Child's Name (Last, First, Middle)   |                             | <input type="checkbox"/> Male <input type="checkbox"/> Female                               | Pregnancy began in what state?      |
| Social Security No.  | Birth Place:<br>Birth Date: | Race  | How long has child lived in Nevada? |
| Child's Parents: <input type="checkbox"/> Never married <input type="checkbox"/> Lived together <input type="checkbox"/> Married <input type="checkbox"/> Divorced |                             |   |                                     |
| Date mother stopped living with child:   |                             | Date father stopped living with child:  |                                     |
| Date Parents Married:<br>City, State:  |                             | Date Parents Divorced:<br>City, State:  |                                     |
| Mother's Name:   |                             | Father's Name:<br>On birth record? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                     |

**COMPLETE THE FOLLOWING ABOUT THE NONCUSTODIAL PARENT (NCP) (parent who is absent from the children)**

|  |                 |  |   |
|--|-----------------|--|---|
| Name (Last, First, Middle)   |                 | Other Names Used:  |   |
| Resident Address (City, State & Zip Code)  |                 | <input type="checkbox"/> Current Address<br><input type="checkbox"/> Last Known Address<br><input type="checkbox"/> Relative's Address |   |
| Mailing Address (If different than above)  |                 | <input type="checkbox"/> Current Address<br><input type="checkbox"/> Last Known Address<br><input type="checkbox"/> Relative's Address |   |
| Home Phone No. ( )   |                 | Work Phone No. ( )   |   |
| Cell Phone No. ( )   |                 | E-Mail Address   |   |
| Social Security No.  | Birth Date      | Birth Place<br>City, State   | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Height      ft      in   | Weight      lbs | Hair Color<br>Eye Color  | Race  |
| Describe any scars, birthmarks or tattoos:   |                 |  |   |
| Is the parent: <input type="checkbox"/> Mother <input type="checkbox"/> Father    Is the parent: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Living with a boyfriend or girlfriend |                 |  |   |
| Has the parent been in jail or prison? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, where? (City, State)      When?   |                 |  |   |
| At any time was the mother married to this non-custodial parent? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                 | Date of Marriage   | Date of Divorce   |
| Was the mother married to someone else? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                 | Are there other possible fathers? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |
| Existing Child Support Order? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, from what City, State?<br><b>Attach a copy</b>   |                 |  |   |
| Last support payment date: <input type="checkbox"/> direct to you <input type="checkbox"/> from another child support office; City, State:   |                 |  |   |

**EMPLOYMENT/INCOME INFORMATION:**

|  |               |
|--|---------------|
| Employer Name & Address (City, State)<br><input type="checkbox"/> Current Employer <input type="checkbox"/> Former Employer  | Type of work: |
| Union Member <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, what union?<br>Union Address (City, State) and phone no.:   | Local #:      |
| Military Service <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, what branch? <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> Reserves |               |
| Other Income: <input type="checkbox"/> Unemployment <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement <input type="checkbox"/> Self-employed   |               |

**MEDICAL/HEALTH INSURANCE INFORMATION:**

|  |  |  |  |
|--|--|--|--|
| Does the parent have medical/health insurance for the children? <input type="checkbox"/> Yes <input type="checkbox"/> No |  | Are the children covered? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Name & address of insurance company (City, State)  |  |  |  |
| Policy No.   |  | Group No.  |  |

**RESOURCE INFORMATION:**

|  |        |       |            |        |
|--|--------|-------|------------|--------|
| Vehicles (car, boat, trailer, RV, etc.)? Make:   | Model: | Year: | License #: | State: |
| Property Owned (home, land, buildings, etc.)? Address/Location (City, State):                      |        |       |            |        |
| Bank Accounts (Checking, Savings, CD, IRA, Retirement, etc.)?<br>Location (Bank name, City, State) |        |       |            |        |

INSTRUCTIONS FOR PAYMENT HISTORY (Page 6a of the General Testimony or Page 6 of the green Application for Child Support Services form).

PAGE 6A OF THE GENERAL TESTIMONY MUST BE FILLED OUT AND SIGNED AND NOTARIZED BEFORE THE APPLICATION CAN BE PROCESSED.

AND/OR

PAGE 6 OF THE GREEN APPLICATION FOR CHILD SUPPORT SERVICES FORM MUST BE FILLED OUT AND SIGNED BEFORE THE APPLICATION CAN BE PROCESSED.

NOTE: Effective July 1, 2002, when there is no child support order the Child Support Enforcement Program will only seek to recover past due support, on behalf of the applicant, from the original IV-D application date, not to exceed the four (4) year statute of limitations.

1. If there is no order for child support, you **MUST** indicate in the Amount Paid column whether you have received any payments in the month you have signed this application. You **MUST** sign the bottom page 6a and have it notarized (General Testimony) or you **MUST** sign page 6 (green Application form).
2. If there is an order for child support you **MUST** list the amount of the child support in the Amount Due column starting with the month and year ordered and every month thereafter through the date you are applying for services. You **MUST** also list all payments received for the same time period in the Amount Paid column.

PAGE 6A OF THE **GENERAL TESTIMONY** MUST BE SIGNED IN THE PRESENCE OF A NOTARY BEFORE THIS APPLICATION CAN BE PROCESSED.

PAGE 6 OF THE **GREEN APPLICATION** MUST BE SIGNED BEFORE THIS APPLICATION CAN BE PROCESSED.

**PAYMENT HISTORY FOR NONCUSTODIAL PARENT (NCP)** (starting with most recent month)

NCP's Name: \_\_\_\_\_

YEAR: 2009

YEAR: 2010

YEAR: \_\_\_\_\_

| Month        | Amount Due    | Amount Paid | Month        | Amount Due     | Amount Paid | Month        | Amount Due | Amount Paid |
|--------------|---------------|-------------|--------------|----------------|-------------|--------------|------------|-------------|
| Jan          |               |             | Jan          | <u>200.00</u>  | <u>0</u>    | Jan          |            |             |
| Feb          |               |             | Feb          |                |             | Feb          |            |             |
| Mar          |               |             | Mar          |                |             | Mar          |            |             |
| Apr          |               |             | Apr          |                |             | Apr          |            |             |
| May          |               |             | May          |                |             | May          |            |             |
| June         |               |             | June         |                |             | June         |            |             |
| July         |               |             | July         |                |             | July         |            |             |
| Aug          |               |             | Aug          |                |             | Aug          |            |             |
| Sept         | <u>200.00</u> | <u>0</u>    | Sept         |                |             | Sept         |            |             |
| Oct          |               |             | Oct          |                |             | Oct          |            |             |
| Nov          |               |             | Nov          |                |             | Nov          |            |             |
| Dec          |               |             | Dec          |                |             | Dec          |            |             |
| <b>TOTAL</b> | <u>800.00</u> | <u>0</u>    | <b>TOTAL</b> | <u>1100.00</u> | <u>0</u>    | <b>TOTAL</b> |            |             |

YEAR: \_\_\_\_\_

YEAR: \_\_\_\_\_

YEAR: \_\_\_\_\_

| Month        | Amount Due | Amount Paid | Month        | Amount Due | Amount Paid | Month        | Amount Due | Amount Paid |
|--------------|------------|-------------|--------------|------------|-------------|--------------|------------|-------------|
| Jan          |            |             | Jan          |            |             | Jan          |            |             |
| Feb          |            |             | Feb          |            |             | Feb          |            |             |
| Mar          |            |             | Mar          |            |             | Mar          |            |             |
| Apr          |            |             | Apr          |            |             | Apr          |            |             |
| May          |            |             | May          |            |             | May          |            |             |
| June         |            |             | June         |            |             | June         |            |             |
| July         |            |             | July         |            |             | July         |            |             |
| Aug          |            |             | Aug          |            |             | Aug          |            |             |
| Sept         |            |             | Sept         |            |             | Sept         |            |             |
| Oct          |            |             | Oct          |            |             | Oct          |            |             |
| Nov          |            |             | Nov          |            |             | Nov          |            |             |
| Dec          |            |             | Dec          |            |             | Dec          |            |             |
| <b>TOTAL</b> |            |             | <b>TOTAL</b> |            |             | <b>TOTAL</b> |            |             |

**DECLARATION**

I declare under penalty of perjury the information I have provided on this application is true and correct to the best of my knowledge and belief and the statements contained herein are made for the purposes stated herein including, but not limited to, obtaining assistance in paternity and order establishment, and the enforcement and distribution of child support. By signing this application, I acknowledge the responsibilities as listed and agree to the services the Child Support Enforcement Program provides.

\_\_\_\_\_  
Name of Applicant (please print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PAYMENT HISTORY FOR NONCUSTODIAL PARENT (NCP)** (starting with most recent month)

NCP's Name: \_\_\_\_\_

YEAR: \_\_\_\_\_ YEAR: \_\_\_\_\_ YEAR: \_\_\_\_\_

| Month        | Amount Due | Amount Paid | Month        | Amount Due | Amount Paid | Month        | Amount Due | Amount Paid |
|--------------|------------|-------------|--------------|------------|-------------|--------------|------------|-------------|
| Jan          |            |             | Jan          |            |             | Jan          |            |             |
| Feb          |            |             | Feb          |            |             | Feb          |            |             |
| Mar          |            |             | Mar          |            |             | Mar          |            |             |
| Apr          |            |             | Apr          |            |             | Apr          |            |             |
| May          |            |             | May          |            |             | May          |            |             |
| June         |            |             | June         |            |             | June         |            |             |
| July         |            |             | July         |            |             | July         |            |             |
| Aug          |            |             | Aug          |            |             | Aug          |            |             |
| Sept         |            |             | Sept         |            |             | Sept         |            |             |
| Oct          |            |             | Oct          |            |             | Oct          |            |             |
| Nov          |            |             | Nov          |            |             | Nov          |            |             |
| Dec          |            |             | Dec          |            |             | Dec          |            |             |
| <b>TOTAL</b> |            |             | <b>TOTAL</b> |            |             | <b>TOTAL</b> |            |             |

YEAR: \_\_\_\_\_ YEAR: \_\_\_\_\_ YEAR: \_\_\_\_\_

| Month        | Amount Due | Amount Paid | Month        | Amount Due | Amount Paid | Month        | Amount Due | Amount Paid |
|--------------|------------|-------------|--------------|------------|-------------|--------------|------------|-------------|
| Jan          |            |             | Jan          |            |             | Jan          |            |             |
| Feb          |            |             | Feb          |            |             | Feb          |            |             |
| Mar          |            |             | Mar          |            |             | Mar          |            |             |
| Apr          |            |             | Apr          |            |             | Apr          |            |             |
| May          |            |             | May          |            |             | May          |            |             |
| June         |            |             | June         |            |             | June         |            |             |
| July         |            |             | July         |            |             | July         |            |             |
| Aug          |            |             | Aug          |            |             | Aug          |            |             |
| Sept         |            |             | Sept         |            |             | Sept         |            |             |
| Oct          |            |             | Oct          |            |             | Oct          |            |             |
| Nov          |            |             | Nov          |            |             | Nov          |            |             |
| Dec          |            |             | Dec          |            |             | Dec          |            |             |
| <b>TOTAL</b> |            |             | <b>TOTAL</b> |            |             | <b>TOTAL</b> |            |             |

**DECLARATION**

I declare under penalty of perjury the information I have provided on this application is true and correct to the best of my knowledge and belief and the statements contained herein are made for the purposes stated herein including, but not limited to, obtaining assistance in paternity and order establishment, and the enforcement and distribution of child support. By signing this application, I acknowledge the responsibilities as listed and agree to the services the Child Support Enforcement Program provides.

\_\_\_\_\_  
Name of Applicant (please print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

**DOMESTIC OR FAMILY VIOLENCE STATEMENT**

I believe the release of my and/or the child(ren)'s address and/or other identifying information would unreasonably put me and/or the child(ren)'s health, safety, or liberty at risk.

- NO
- YES. Explain fully and attach filed copies of all relevant court orders and other documentation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If additional space is needed, continue on a separate sheet of paper.)

**Disclosure of Information:**

Any information contained in this application can be used in other cases in which you are involved, such as a change in child custody where you become a noncustodial parent. Information contained in CSE program cases is not given to anyone not directly involved in the administration of the program.

If the CSE program requests assistance of another state, the Uniform Interstate Family Support Act of 1996 (UIFSA) requires personal identifying information be provided to that state about you and the children in your custody, such as resident address. Nevada law provides protection for you and the children in your custody if there is serious risk of family violence or child abduction. A court can order personal identifying information not be given if the health, safety or liberty of you or the children in your custody would be at risk.

**Declaration:**

**I declare under penalty of perjury that the information I have provided on this statement is true and correct.**

\_\_\_\_\_  
Name of Applicant (Please Print) Signature of Applicant Date