

Referral to support and collections

Purpose of form

The child support agency will use the information you give to help collect support.

How to complete this form

Fill in each blank. If there are boxes, check the box or boxes that fit your situation. Complete a separate form for each parent or alleged parent other than yourself. If you need another form, ask your worker for one.

Booklet

Please read the booklet "Understanding Child Support: A Handbook for Parents" (DHS-3393) before signing. The booklet explains information about the child support services you may be receiving.

- ☐ Check this box if you are applying only for Medical Assistance (MA) and want only medical support services. If you do not check this box, you will also get child support services. See the booklet for more information on medical support.

FOR OFFICE USE ONLY	
CASE NUMBER	
WORKER	
PHONE NUMBER	

1. Information about you

CSIA

LAST NAME		FIRST NAME		MIDDLE NAME	
MAIDEN OR OTHER NAME(S)					
STREET ADDRESS			CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER	DATE OF BIRTH	PREGNANT?			PHONE NUMBER
		<input type="radio"/> No <input type="radio"/> Yes – EXPECTED DELIVERY DATE: _____			
What is your relationship to the children listed below?					
<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Other – SPECIFY: _____					
What is your preferred language?		Do you need an interpreter?		Do you have a child support case in another state?	
		<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes – WHERE: _____	

2. Information about the other parent or alleged father

CSIA

Is the other parent deceased? <input type="radio"/> No <input type="radio"/> Yes – list:					
NAME: _____		DATE OF DEATH: _____		STATE OF DEATH: _____ CITY OF DEATH: _____	
Is there more than one alleged father? <input type="radio"/> No <input type="radio"/> Yes (please use a separate form for each father)					
LAST NAME		FIRST NAME		MIDDLE NAME	
MAIDEN OR OTHER NAME(S)					
SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER		HOME PHONE NUMBER	
		<input type="radio"/> Male <input type="radio"/> Female			
STREET ADDRESS		CITY		STATE	ZIP CODE

3. Information about child(ren) living with you whose other parent you listed in section 2

CSIA

Fill in the code below for each child's relationship to the other parent:

A – Adjudicated by court order

L – Legally adopted

N – Not established

B – Mother listed on birth certificate

M – Parents married at child's birth

R – Recognition of Parentage

D – Declaration of Parentage

Child's name (last, first, middle)	Gender	Date of birth	Social Security number	Place of birth (city, county, state)	Child's relationship to other parent (see codes above)

If parentage has not been established for your child(ren), the child support agency will ask you to give more information to help prove who the legal parent is.

4a. Your employment information

CSIB

CURRENT OR LAST EMPLOYER			EMPLOYER'S ADDRESS (street, city, state, zip code)	
EMPLOYER'S PHONE NUMBER	EXTENSION	UNION	LOCAL NUMBER	
YOUR JOB TITLE OR POSITION			MONTHLY SALARY	

4b. Other parent's employment information

CSIB

CURRENT OR LAST KNOWN EMPLOYER			EMPLOYER'S ADDRESS (street, city, state, zip code)	
EMPLOYER'S PHONE NUMBER	EXTENSION	UNION	LOCAL NUMBER	
OTHER PARENT'S JOB TITLE OR POSITION			MONTHLY SALARY	

5. Information on the other parent's child support payments**CSIB**

Is there a court order requiring the other parent to provide child support? <input type="radio"/> No <input type="radio"/> Yes				
COURT ORDER TYPE <input type="radio"/> Temporary <input type="radio"/> Divorce <input type="radio"/> Parentage <input type="radio"/> Other		COUNTY AND STATE OF ORDER	COURT FILE NUMBER	EFFECTIVE DATE
AMOUNT OF BASIC SUPPORT ORDERED	HOW OFTEN?	LAST PAYMENT AMOUNT	DATE OF LAST PAYMENT	TYPE OF PAYMENT
AMOUNT OF MEDICAL SUPPORT ORDERED		AMOUNT OF CHILD CARE SUPPORT ORDERED		
If there is no court order, does the other parent pay you child support? <input type="radio"/> No <input type="radio"/> Yes				
LAST PAYMENT AMOUNT		DATE OF LAST PAYMENT		TYPE OF PAYMENT

Attach copies of all orders and payment records. The child support agency needs this information to give you services. ***If you don't have payment records,*** please complete this payment history listing payments by date and amount paid. Begin with the effective date of the order or the date you stopped receiving public assistance. Attach additional sheets if necessary.

DATE	AMOUNT PAID	DATE	AMOUNT PAID	DATE	AMOUNT PAID
DATE	AMOUNT PAID	DATE	AMOUNT PAID	DATE	AMOUNT PAID
DATE	AMOUNT PAID	DATE	AMOUNT PAID	DATE	AMOUNT PAID

6. Information on the other parent's medical support responsibility

1. Is there a court order requiring the other parent to provide medical support (medical support means carrying health care coverage or contributing money toward the cost of coverage)? <input type="radio"/> No <input type="radio"/> Yes – complete the section below.					
2. If there is no court order, does the other parent provide medical support? <input type="radio"/> No <input type="radio"/> Yes – complete the section below.					
EMPLOYER OR GROUP NAME		ADDRESS			
INSURANCE COMPANY OR UNION		ADDRESS			
POLICY NUMBER	POLICY TYPE	GROUP NUMBER	COVERAGE START DATE		
CLAIMS SUBMITTED TO: <input type="checkbox"/> Insurance company <input type="checkbox"/> Employer <input type="checkbox"/> Union		Is dental coverage provided? <input type="radio"/> No <input type="radio"/> Yes – list below: <table border="1"> <tr> <td>NAME OF DENTAL INSURANCE COMPANY</td> <td>DENTAL GROUP NUMBER</td> </tr> </table>		NAME OF DENTAL INSURANCE COMPANY	DENTAL GROUP NUMBER
NAME OF DENTAL INSURANCE COMPANY	DENTAL GROUP NUMBER				

7. Other parent identifying data**CSIC**

Do you know if the other parent has ever used or been known by another name? <input type="radio"/> No <input type="radio"/> Yes – LIST: _____					RACE	
Do you know the preferred language of the other parent?			Do you know if the other parent needs an interpreter? <input type="radio"/> No <input type="radio"/> Yes			
EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	GLASSES? <input type="radio"/> Yes <input type="radio"/> No	BEARD? <input type="radio"/> Yes <input type="radio"/> No	
PLACE OF BIRTH (city, state, country)						
CURRENT MARITAL STATUS <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Legally separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown						
OTHER PARENT'S FATHER'S NAME (last, first, middle initial)			ADDRESS (street, city, state, zip code)			
OTHER PARENT'S MOTHER'S NAME (last, first, middle initial)			ADDRESS (street, city, state, zip code)			

8. Your relationship to the other parent *(fill in all that apply)***CSIC**

Marital status	Date	County/parish	State/province	Country
<input type="checkbox"/> Never married				
<input type="checkbox"/> Married				
<input type="checkbox"/> Separated				
<input type="checkbox"/> Divorced				

Does the other parent visit or spend time with the child(ren)? ☐ No ☐ Yes – HOW OFTEN? _____

9. Additional other parent information**CSID**

Does the other parent have a driver's license? <input type="radio"/> No <input type="radio"/> Yes					
STATE ISSUED	DRIVER'S LICENSE NUMBER	VEHICLE LICENSE PLATE	MODEL	MAKE	YEAR
Does the other parent receive any of the following: <i>(check all that apply)</i> <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Social Security (RSDI) <input type="checkbox"/> Veteran's benefits <input type="checkbox"/> Retirement benefits <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Railroad retirement <input type="checkbox"/> Other _____					
Does the other parent attend high school, college, university, trade or other school? <input type="radio"/> No <input type="radio"/> Yes				WHERE?	
Is or was the other parent in the military? <input type="radio"/> No <input type="radio"/> Yes	FROM	TO	BRANCH		
Do you know if the other parent has ever been arrested? <input type="radio"/> No <input type="radio"/> Yes	DATE ARRESTED	CITY	COUNTY	STATE	
Is the other parent in prison, jail, workhouse or workfarm? <input type="radio"/> No <input type="radio"/> Yes	WHERE?				RELEASE DATE
Does the other parent receive any of the following: <i>(check all that apply)</i> <input type="checkbox"/> Real property ADDRESS: _____ STATE: _____ COUNTY: _____ <input type="checkbox"/> Bank accounts TYPE/NUMBER: _____ LOCATION: _____					

Authorization, Understanding and Declaration

I authorize the child support agency, under provisions of Title IV-D of the Social Security Act to sign support checks received in my name and to take legal actions relating to child support on behalf of the child(ren) I am applying for.

I understand:

- The services available and my responsibilities.
- My support will be assigned to the State of Minnesota when programs are approved. This assignment covers any support due during the time we are on public assistance.
 - When MFIP, cash assistance or IV-E Foster Care is approved, my rights to basic support, child care support, or maintenance are assigned to the State of Minnesota. (Minnesota Statutes 256.741, subd. 2 (a))
 - When Medical Assistance is approved, my rights to medical support are assigned to the State of Minnesota. (Minnesota Statutes 256.741 subd. 2 (b))
 - When child care assistance is approved, my right to child care support is assigned to the State of Minnesota. (Minnesota Statutes 256.741 subd. 2 (c))
- That if I do not cooperate with the child support agency, the Department of Human Services may reduce or terminate my public assistance benefits and end coverage under Medical Assistance.
- I must fully cooperate with the Child Support Division to establish and collect child support on behalf of any minor child in my household in order to receive child care assistance. Full cooperation includes responding to requests for information from the child support agency, providing necessary documentation, appearing at hearings and forwarding any direct support payments to the child support agency for processing.
- That the County Attorney's Office represents only the county and the State of Minnesota, and does not represent either parent, or the child(ren), or other custodian of the child(ren).
- That the state is able to deposit my child support payments into my checking account, savings account or stored value card account. After my child support case is open, the child support agency will send me more information on how to set up direct deposit.
- That I must return any support amounts that I receive by mistake. If necessary, the child support agency may collect repayment from any future payments made by the other parent toward a child support debt owed to me.
- That federal law requires the State of Minnesota to collect an annual fee of \$35 in my case(s) if BOTH of the following are true:
 - Your child(ren) have never received IV-A (cash) assistance under your household, and
 - The state collected and you received at least \$550 in child support collections.
- That, if the state collects the annual \$35 fee in my case(s), it will do so by retaining the fee from support collected on my behalf, but not from the first \$550 collected and received.
- That, if the child support agency refers my case to another state for enforcement, the other state may charge a fee for a particular service. The other state may collect its fees by retaining a part of the child support collection.

I declare the information given above is to the best of my knowledge true and correct.

SIGNATURE OF APPLICANT	DATE
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Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

የስተውሉ፡ ይህንን ዶክመንት ለመተርጎም እርዳታ የሚፈልጉ ከሆኑ፡ የጉዳዩን ሰራተኛ ይጠይቁ ወይም በሰልክ ቁጥር 1-844-217-3547 ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လူမှုရေးအလုပ်သမား အားမေးမြန်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

請注意，如果您需要免費協助傳譯這份文件，請告訴您的工作人員或撥打 1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ဟ်သ့ဟ်သးဘဉ်တက့ၢ်. ဖဲန့ၢ်လိာ်ဘဉ်တၢ်မၤစၢၤကလီၤလၢတၢ်ကကျိးထံဝဲဒၣ်လၢ် တီလၢ်မိတခါအံၤန့ၣ်,သံကွၢ်ဘဉ်ပုၤဂ့ၢ်ဝီအပုၤမၤစၢၤတၢ်လၢန့ၢ်မ့တ မ့ၢ်ကိးဘဉ် 1-844-217-3549 တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하십시오.

ໂປຣດຊາບ. ຖ້າທ່ານ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອຂອງທ່ານ ຫຼື ໂທໂປ 1-888-487-8251.

Hubachiisa. Dokumentiin kum bilisa akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbilli 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

DAI (8-16)



For accessible formats of this information, ask your county worker. For assistance with additional equal access to human services, contact your county's ADA coordinator. ADA4 (2-18)