

**DHS-1201, IV-D CHILD SUPPORT SERVICES APPLICATION/REFERRAL**

Michigan Department of Health and Human Services

Office of Child Support (OCS)

(Revised 2-24)

**FOR OFFICE USE ONLY**

Date Requested	Date Provided	Date Filed	
Program	<input type="checkbox"/> 748 Provided	IV-D Case Number	MDHHS Case Number
County	District	Unit	Worker

Check your relationship to the child(ren) for whom you are applying for child support services:

- Custodial Parent – Complete all sections of the form, enter information about you in Section A.
- Non-Custodial Parent or Alleged Father – Complete all sections of the form except Section F, enter information about you in Section B.
- Other Caretaker, Specify

Complete all sections of the form, enter information about you in Section A. Complete information about each parent who is not in the home in Section B.

(Complete a separate application for each parent who is not in the home.)

**SECTION A – INFORMATION ABOUT THE CUSTODIAL PARENT/CARETAKER OF THE CHILD**

1. Name (First, Middle, Last, Suffix)	Maiden Name (if applicable)		
2. Date of Birth	3. Social Security Number		
4. Home Address (PO Box No., No. and Street)	City	State	Zip Code
County			
5. Home Phone Number	6. Work Phone Number	7. Cell Phone Number	
8. Email Address			
9. Race (Select one)			
<input type="checkbox"/> Black/African American			
<input type="checkbox"/> East/Southeast Asian (Chinese, Japanese, Korean)			
<input type="checkbox"/> Indigenous (Native People, Native Alaskan)			
<input type="checkbox"/> Middle Eastern, North African, Arab (Iranian, Syrian, West Asian)			
<input type="checkbox"/> Native Hawaiian, Pacific Islander			
<input type="checkbox"/> White (German, Irish, English)			
<input type="checkbox"/> South Asian (East Indian, Pakistani, Bangladeshi)			
<input type="checkbox"/> Multi-Racial			
<input type="checkbox"/> Other			
<input type="checkbox"/> Prefer not to answer/unknown			

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10. Ethnicity (Select one)

- Hispanic, Latino, Spanish origin  
 Not of Hispanic, Latino, Spanish origin  
 Prefer not to answer/unknown
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**SECTION B – INFORMATION ABOUT THE PARENT WHO IS NOT IN THE HOME**

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11. Parent's Name (First, Middle, Last, Suffix)      Maiden Name (if applicable)

12. Social Security Number      13. Date of Birth      14. Age      15. Sex  
 Male     Female

16. Home Address (PO Box No., No. and Street)      City      State      Zip Code  
 Current     Last Known

17. Home Phone Number      18. Cell Phone Number

19. Weight      20. Height      21. Hair Color      22. Eye Color

23. Email Address      24. Birthplace (City, State)

25. Driver's License Number      26. Vehicle Year, Make, Model      27. License Plate Number

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28. Race (Select one)

- Black/African American  
 East/Southeast Asian (Chinese, Japanese, Korean)  
 Indigenous (Native People, Native Alaskan)  
 Middle Eastern, North African, Arab (Iranian, Syrian, West Asian)  
 Native Hawaiian, Pacific Islander  
 White (German, Irish, English)  
 South Asian (East Indian, Pakistani, Bangladeshi)  
 Multi-Racial  
 Other
- 

29. Ethnicity (Select one)

- Hispanic, Latino, Spanish origin  
 Not of Hispanic, Latino, Spanish origin
- 

30. Identifying Marks (Scars, Tattoos, etc.)

31. Tribe Name

32. Is there a tribal support order?  
 Yes     No

33. First Employer Name

Current     Last Known

34. Employer Address (PO Box No., No. and Street)      City

State      Zip Code

35. Phone Number

36. Second Employer Name

Current     Last Known

37. Employer Address (PO Box No., No. and Street) City State Zip Code

38. Phone Number

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### SECTION C – MARITAL STATUS INFORMATION

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39a. Has the mother ever married? b. Name of Spouse

No  Yes (If yes, answer b, c, d)

c. Date Married d. Place (City, County, State)

40a. Is the mother b. Date

Separated  Legally Separated (Answer b, c)

c. Court Order Exist? d. Court Order Number e. Where (City, County, State)

No  Yes (If yes, answer d, e)

41a. Is the mother b. Date

Divorced  Divorce filed (Answer b, c)

c. Court Order Exist? d. Court Order Number e. Where (City, County, State)

No  Yes (If yes, answer d, e)

**Attach a copy of all court orders pertaining to the family members listed on this application, including Personal Protection Orders and guardianship papers.**

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### SECTION D – INFORMATION ABOUT CHILD(REN)

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**Child One (Include separate pages if more than three children)**

42a. Child's Full Name (First, Middle, Last, Suffix) b. Date of Birth

c. Social Security Number d. Sex e. City, County and State of Birth  
 Male  Female

f. Who paid for the birth of child?

Medicaid  Private Insurance  Mother  Father  Other

g. When and where did the mother become pregnant?

Date City County State

h. Has the father completed a document admitting he is the father of the child, such as an Affidavit of Parentage or is there a court order establishing paternity?  Yes  No

If yes, provide the following information about that document:

Date City County State

Child's Health Care Coverage Information (attach copy of card(s), front and back)

43a. Policy Holder's Name b. Health Care Company Name (Non-Medicaid)

c. Coverage Type d. Policy or Group Number  
 PPO  PPOM  Traditional

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**Child Two**

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44a. Child's Full Name (First, Middle, Last, Suffix)      b. Date of Birth

c. Social Security Number    d. Sex      e. City, County and State of Birth  
 Male     Female

f. Who paid for the birth of child?

 Medicaid     Private Insurance     Mother     Father     Other

g. When and where did the mother become pregnant?

Date      City      County      State

h. Has the father completed a document admitting he is the father of the child, such as an Affidavit of Parentage or is there a court order establishing paternity?     Yes     No

If yes, provide the following information about that document:

Date      City      County      State

Child's Health Care Coverage Information (attach copy of card(s), front and back)

45a. Policy Holder's Name      b. Health Care Company Name (Non-Medicaid)

c. Coverage Type      d. Policy or Group Number  
 PPO     PPOM     Traditional**Child Three**

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46a. Child's Full Name (First, Middle, Last, Suffix)      b. Date of Birth

c. Social Security Number    d. Sex      e. City, County and State of Birth  
 Male     Female

f. Who paid for the birth of child?

 Medicaid     Private Insurance     Mother     Father     Other

g. When and where did the mother become pregnant?

Date      City      County      State

h. Has the father completed a document admitting he is the father of the child, such as an Affidavit of Parentage or is there a court order establishing paternity?     Yes     No

If yes, provide the following information about that document:

Date      City      County      State

Child's Health Care Coverage Information (attach copy of card(s), front and back)

47a. Policy Holder's Name      b. Health Care Company Name (Non-Medicaid)

c. Coverage Type      d. Policy or Group Number  
 PPO     PPOM     Traditional

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## **SECTION E – GENERAL INFORMATION**

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48. I believe that disclosure of my address or other identifying information may result in physical or emotional harm to me or the child.

Yes  No

49. I have received or I am currently receiving benefits from the Family Independence Program (FIP) or I have received past benefits from Aid to Dependent Children (ADC).

Yes  No

If yes, when?

Where?

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50. I have received or I am currently receiving Medicaid (MA).

Yes  No

If yes, when?

Where?

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51. I am currently receiving Food Assistance Program (FAP).  Yes  No

I am currently receiving Child Development and Care (CDC).  Yes  No

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## **SECTION F – ACKNOWLEDGEMENT FOR CUSTODIAL PARENTS AND CARETAKERS**

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The Michigan Office of Child Support (OCS) processes child support payments through the Michigan State Disbursement Unit (MiSDU), which is part of the Michigan Department of Health and Human Services (MDHHS). The MiSDU receives and distributes payments by direct deposit to a bank account, to a debit card, or by paper check.

If I am sent money in error or overpaid, the MiSDU will take all the necessary steps to correct errors in the processing of my child support payments. By checking the “yes” box below, I give OCS permission to withhold an incremental amount specified below from future child support payments owed to me. To revoke my consent, I must notify the Friend of the Court office. Failure to check “yes” has no effect on my eligibility for IV-D Child Support services through OCS.

Yes (check one)  10%  25% or  50%

Failure to choose a percentage will result in a default amount of 25%.

No, contact me before you attempt to recover an amount from my support payments

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## **SECTION G – ACKNOWLEDGEMENT FOR ALL APPLICANTS**

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I request child support services available under Title IV-D of the Social Security Act.

All Services

Locate Only (for custodial parents and caretakers only)

Medical Support Only (for Medicaid cases only)

I understand that disclosure of my Social Security number is mandated by the Social Security Act, 42 USC 666(a)(13), in order that Michigan's child support program may provide services related to the establishment of paternity and the establishment, modification and enforcement of child support obligations. I understand that I must cooperate in taking support action to ensure that my child support case remains open. I declare that the information provided above is true and correct to the best of my knowledge and agree to report changes in my circumstances that may affect support action in my case.

I certify that I have received a copy of DHS Publication 748, "Understanding Child Support, A Handbook for Parents."

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Applicant's Signature (Signature is Required)

Date

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Applicant's Printed Name

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**Return completed application to:**

Michigan Department of Health and Human Services  
Office of Child Support  
PO Box 30744  
Lansing, MI 48909

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The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

This institution is an equal opportunity provider.