

Application for child maintenance (Child in Scotland)

Your reference number

Please answer the following questions. Use CAPITAL LETTERS at all times and keep your answers within the boxes provided. If you are filling this in for our client, please complete section 3 – Representative details.

1. Your details

Your full name

Title	Forename(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Any other name you use

If you are using another name at the same time

<input type="text"/>	<input type="text"/>	<input type="text"/>
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The name you want to use for correspondence with CSA

If different

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Your date of birth

Sex

Male

☐

Female

☐

Please tick the relevant box

Your National Insurance number *if you have one*

Letters	Numbers	Letter
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

Your home address

This is the address you live at most of the time.
You cannot use this form unless you normally
live in Scotland.

<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

Any other address you sometimes stay

For example, if you sometimes stay with relatives

<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

How often do you stay at this address?

Would you like us to phone you?

Yes ☐

No ☐

If Yes, tick where you would like us to phone you.

☒

Home phone number *including STD code*

<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
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Work phone number *including STD code*

<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
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Mobile phone number

<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
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What is the best time to contact you?

1. Your details – continued

Are you in full-time education?

Yes ☐

No ☐

Please tick the relevant box

Full-time education means a course of at least 12 hours a week that is not more advanced than Scottish Certificate of Education, Higher Level or the Certificate of Sixth Year Studies level.

Do you want to use our collection service?

Yes ☐

No ☐

Please tick the relevant box

If we provide the collection service, we will make sure that we chase up any payments due from the non-resident parent, with legal action if necessary. We may be able to arrange direct payment between the non-resident parent and you, or the person who looks after you.

Have you applied to the courts for maintenance and been told to apply to the Child Support Agency?

Yes ☐

No ☐

Please tick the relevant box

2. Details of the person looking after you

Full name of the person looking after you

Address

This should be the address
you normally live at.

Their date of birth

What is their relationship to you?

For example, mother, father, uncle, aunt or no relation.

Title

Forename(s)

Surname

Postcode

3. Representative details

Complete this section if you are filling in this form for someone else.

Are you acting as a representative for the client?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>Please tick the relevant box</i>
What is your status?	Practising solicitor <input type="checkbox"/>	Other representative – for example partner or Citizens Advice Bureau <input type="checkbox"/>	
	Acting under a power of attorney <input type="checkbox"/>	Receiver under Section 99 of the Mental Health Act 1983 <input type="checkbox"/>	
	Scottish mental health custodian <input type="checkbox"/>	Mental health appointee <input type="checkbox"/>	

Please give your details below. Please note that all correspondence will be sent to you instead of the client. The client does not need to sign the authority below unless you have ticked Other representative.

	<i>Title</i>	<i>Forename(s)</i>	<i>Surname</i>		
Full name	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Address	<input type="text"/>			Home phone number <i>including STD code</i>	<input type="text"/>
	<input type="text"/>				
	<input type="text"/>			Work phone number <i>including STD code</i>	<input type="text"/>
	<input type="text"/>				
	<input type="text"/>			Mobile phone number	<input type="text"/>
	<input type="text"/>				
What is the best time to contact you?	<input type="text"/>			Where would you like to be contacted?	<input type="text"/>

Please send us confirmation of your authority to act for the client.

The client must complete the authorisation below.

Client's authority

I agree to my representative making this application for me and for all your letters to be sent to them instead of me.

Client's signature

Date

4. Further information

Use this part of the form to give us any other information you think might be useful.

5. Payment of child maintenance

If child maintenance is paid, who would you like it paid to?

You ☐

The person looking after you ☐ *Please tick the relevant box*

Please note that in certain circumstances we may have to decide which method of payment will be used.

6. Declaration

This request for information is made under child support law. Under child support law it is a criminal offence if a person fails to provide information when required to do so or knowingly provides false information. Failure to provide this information may result in criminal proceedings being taken against you.

The information I have given on this form is correct and complete.

Your signature

Date

7. What to do now

- Send us this form and anything else we have asked for. Use the envelope we sent you, it does not need a stamp.
- Please write your reference number on all the forms and documents you are sending to us. You will find this number on the letter that came with this form.

