





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 15 – Representative details.

## 1. Your details

	Title	Forenames	Surname						
Your full name	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Any other name you use <i>If you are using another name at the same time</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
The name you want to use for correspondence with the Child Support Agency	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Your date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>								
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/> <i>Please tick the relevant box</i>								
Your National Insurance number <i>if known</i>	<table><thead><tr><th>Letters</th><th>Numbers</th><th>Letter</th></tr></thead><tbody><tr><td><input type="text"/></td><td><input type="text"/><input type="text"/></td><td><input type="text"/></td></tr></tbody></table>			Letters	Numbers	Letter	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Letters	Numbers	Letter							
<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>							
Your home address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode								
The address you would like your letters sent to <i>If different to your home address</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode								
<b>Please tell us if your address changes</b>									
Home phone number <i>including STD code</i>	<input type="text"/> <input type="text"/>								
Work phone number <i>including STD code</i>	<input type="text"/> <input type="text"/>								
Mobile phone number	<input type="text"/>								
What is the best time to contact you?	<input type="text"/> Where would you like us to contact you? <input type="text"/>								

**Only complete this section if you are a member of the armed services**

Your BFPO number	<input type="text"/>	HM Forces Service number	<input type="text"/>
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## 2. Income Support/Jobseeker's Allowance/Pension Credit/Employment and Support Allowance details

Do you currently receive – *Please tick the relevant box*

Income Support ☐ **Go to section 3.**  
Income-based Jobseeker's Allowance ☐ **Go to section 3.**  
Pension Credit ☐ **Go to section 3.**  
Employment and Support Allowance ☐ **Go to section 3.**  
None of these ☐ **Go to section 3.**

If you have a partner, do they currently receive – *Please tick the relevant box*

Income Support ☐ **Please give details below.**  
Income-based Jobseeker's Allowance ☐ **Please give details below.**  
Pension Credit ☐ **Please give details below.**  
Employment and Support Allowance ☐ **Please give details below.**  
None of these ☐ **Go to section 3.**

**We use partner to mean a person you are married to, a civil partner of, or living with as if you are married to them or a civil partner of them.**

**Only complete the following if your partner receives Income Support, income-based Jobseeker's Allowance, Employment and Support Allowance or Pension Credit. Otherwise go to section 3.**

Your partner's name  
Title  Forenames  Surname   
Is your partner known by any other name?  
    
Your National Insurance number *if known*  
Letters   Numbers       Letter

**If you are unsure which type of Jobseeker's Allowance you receive, please refer to the letter that tells you about your award, or contact your local Jobcentre Plus (benefits) office.**

## 3. Student details

Are you a student on a Full-time course?

*Please tick the relevant boxes*

Part-time course?

Name of school, college or university

Course name

Type of course

*e.g. NVQ, Degree, HND, A-levels*

Yes ☐ No ☐

Yes ☐ No ☐

**If you have ticked Yes, please give details of your course below.**

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

**Please send us verification that you are studying for this course.**

#### 4. Details of all the children you are applying to pay maintenance for – child 1

Child's full name	Forenames <input type="text"/>	Surname <input type="text"/>	Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/>
National Insurance number <i>if over 16 years old</i>	Letters <input type="text"/> <input type="text"/>	Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Letter <input type="text"/> Sex Male <input type="checkbox"/> Female <input type="checkbox"/> <i>Please tick the relevant box</i>
Mother's full name	Title <input type="text"/>	Forenames <input type="text"/>	Surname <input type="text"/>
Father's full name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Guardian's full name <i>if applicable</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Who is getting Child Benefit for this child?	Title <input type="text"/>	Forenames <input type="text"/>	Surname <input type="text"/>
Is there a maintenance arrangement in place for this child? <i>Please tick the relevant box</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>If Yes, please send it to us.</b>
Does this child stay overnight in Local Authority care? <i>Please tick the relevant box</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

#### Child 2

Child's full name	Forenames <input type="text"/>	Surname <input type="text"/>	Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/>
National Insurance number <i>if over 16 years old</i>	Letters <input type="text"/> <input type="text"/>	Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Letter <input type="text"/> Sex Male <input type="checkbox"/> Female <input type="checkbox"/> <i>Please tick the relevant box</i>
Mother's full name	Title <input type="text"/>	Forenames <input type="text"/>	Surname <input type="text"/>
Father's full name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Guardian's full name <i>if applicable</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Who is getting Child Benefit for this child?	Title <input type="text"/>	Forenames <input type="text"/>	Surname <input type="text"/>
Is there a maintenance arrangement in place for this child? <i>Please tick the relevant box</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>If Yes, please send it to us.</b>
Does this child stay overnight in Local Authority care? <i>Please tick the relevant box</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

## Child 3

Child's full name Forenames Surname Date of birth / /

National Insurance number if over 16 years old

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

Sex Male ☐ Female ☐ Please tick the relevant box

	<i>Title</i>	<i>Forenames</i>	<i>Surname</i>
Mother's full name			

Father's full name

Guardian's full name *if applicable*

	Title	Forenames	Surname
Who is getting Child Benefit for this child?			

Is there a maintenance arrangement in place for this child? *Please tick the relevant box* Yes ☐ No ☐ **If Yes, please send it to us.**

Does this child stay overnight in Local Authority care? *Please tick the relevant box* Yes ☐ No ☐

## Child 4

Child's full name    Date of birth  /  /

National Insurance number if over 16 years old

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

Sex Male ☐ Female ☐ Please tick the relevant box

	Title	Forenames	Surname
Mother's full name			

Father's full name

Guardian's full name *if applicable*

	Title	Forenames	Surname
Who is getting Child Benefit for this child?			

Is there a maintenance arrangement in place for this child? *Please tick the relevant box* Yes ☐ No ☐ **If Yes, please send it to us.**

Does this child stay overnight in Local Authority care? *Please tick the relevant box* Yes ☐ No ☐

**If you are applying to pay maintenance for any other children, please give details in section 16 – Further information, or continue on a separate sheet.**

## 5. Shared care details

Shared care means the times when the children you are applying to pay maintenance for, stay overnight with you.

How many nights each week on average, does each child stay **overnight** with you?

Child's name	Never or less than once a week	1 night a week	2 nights a week	3 nights a week	4 or more nights a week

Please give details of any other periods not included above e.g. school holidays, occasional stays etc. *or exact details if you have ticked **Never or less than once a week** above.*

Please provide any evidence you may have to support this e.g. a diary, calendar or written agreement.

## 6. Other children – child 1

Please give details of any other children who live with you now, or any children you are paying maintenance for through a maintenance arrangement or court order (Minute of Agreement in Scotland). If none, go to section 7.

Child's full name	Forenames <input type="text"/>	Surname <input type="text"/>	Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/>
National Insurance number <i>if over 16 years old</i>	Letters <input type="text"/> <input type="text"/>	Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Letter <input type="text"/>
Who is getting Child Benefit for this child?	You <input type="checkbox"/>	Your partner <input type="checkbox"/>	Neither <input type="checkbox"/> <i>Please tick the relevant box</i>

If Child Benefit is paid to your partner, please give their full name below.

Partner's name	Title <input type="text"/>	Forenames <input type="text"/>	Surname <input type="text"/>
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Is there a maintenance arrangement in place for this child? *Please tick the relevant box* Yes ☐ No ☐ If Yes, please send it to us.

Is this a private arrangement or a court order (Minute of Agreement in Scotland)?  How much maintenance are you currently paying by this arrangement? £  :

## Child 2

Child's full name	Forenames <input type="text"/>	Surname <input type="text"/>	Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/>
National Insurance number <i>if over 16 years old</i>	Letters <input type="text"/> <input type="text"/>	Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Letter <input type="text"/>
Who is getting Child Benefit for this child?	You <input type="checkbox"/>	Your partner <input type="checkbox"/>	Neither <input type="checkbox"/> <i>Please tick the relevant box</i>

If Child Benefit is paid to your partner, please give their full name below.

Partner's name	Title <input type="text"/>	Forenames <input type="text"/>	Surname <input type="text"/>
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Is there a maintenance arrangement in place for this child? *Please tick the relevant box* Yes ☐ No ☐ If Yes, please send it to us.

Is this a private arrangement or a court order (Minute of Agreement in Scotland)?  How much maintenance are you currently paying by this arrangement? £  :



### Child 3

Child's full name Forenames  Surname  Date of birth  /  /

National Insurance number *if over 16 years old* Letters   Numbers       Letter  Sex Male ☐ Female ☐ *Please tick the relevant box*

Who is getting Child Benefit for this child? You ☐ Your partner ☐ Neither ☐ *Please tick the relevant box*

**If Child Benefit is paid to your partner, please give their full name below.**

Partner's name Title  Forenames  Surname

Is there a maintenance arrangement in place for this child? *Please tick the relevant box* Yes ☐ No ☐ **If Yes, please send it to us.**

Is this a private arrangement or a court order (Minute of Agreement in Scotland)?  How much maintenance are you currently paying by this arrangement? £  :

### Child 4

Child's full name Forenames  Surname  Date of birth  /  /

National Insurance number *if over 16 years old* Letters   Numbers       Letter  Sex Male ☐ Female ☐ *Please tick the relevant box*

Who is getting Child Benefit for this child? You ☐ Your partner ☐ Neither ☐ *Please tick the relevant box*

**If Child Benefit is paid to your partner, please give their full name below.**

Partner's name Title  Forenames  Surname

Is there a maintenance arrangement in place for this child? *Please tick the relevant box* Yes ☐ No ☐ **If Yes, please send it to us.**

Is this a private arrangement or a court order (Minute of Agreement in Scotland)?  How much maintenance are you currently paying by this arrangement?  :

**If you need to give details of any other children, please go to section 16 – Further information, or continue on a separate sheet.**

## 7a. Person with care's details

This is the parent or person who is the main day-to-day carer of the children you are applying to pay maintenance for.

Full name	Title	Forenames	Surname
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Any other name they have used	<input type="text"/>	<input type="text"/>	<input type="text"/>
National Insurance number <i>if known</i>	Letters	Numbers	Letter
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
Last known address	Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	Postcode		
Date they last lived at this address	<input type="text"/> / <input type="text"/> / <input type="text"/> <i>If not known, please give an approximate date.</i>		
Home phone number <i>including STD code</i>	<input type="text"/> <input type="text"/>		
Mobile phone number	<input type="text"/>		
Is this person the	mother <input type="checkbox"/> the father <input type="checkbox"/> guardian <input type="checkbox"/> of the children you are applying to pay		
	e.g. grandparent maintenance for? Please tick the relevant box or relative		

## 7b. Person with care's details

Full name	Title	Forenames	Surname
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Any other name they have used	<input type="text"/>	<input type="text"/>	<input type="text"/>
National Insurance number <i>if known</i>	Letters	Numbers	Letter
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
Last known address	Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	Postcode <input type="text"/>		
Date they last lived at this address	<input type="text"/> / <input type="text"/> / <input type="text"/> <i>If not known, please give an approximate date.</i>		
Home phone number <i>including STD code</i>	<input type="text"/> <input type="text"/>		
Mobile phone number	<input type="text"/>		
Is this person the	mother <input type="checkbox"/> the father <input type="checkbox"/> guardian <input type="checkbox"/> of the children you are applying to pay		
	e.g. grandparent maintenance for? <i>Please tick the relevant box or relative</i>		

## 8. Your work details

Are you

*Please tick the relevant box*

employed

self-employed

both employed and self-employed

unemployed

☐

Fill in this section.

☐

Go to section 10.

☐

Fill in this section.

☐

Go to section 11.

**If you have more than one employer, please fill in section 8b with details of your second job.**

Job title *for your main employment*

Date you started this employment

 /  / 

Date this employment ends *if temporary*

 /  / 

Employer's name

The address you work at

Postcode

**You must tell us the address of your Personnel/Payroll section if it is different to the address you work at.**

Personnel/Payroll address *if different from above*

Postcode

Employer's phone number *including STD code*

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Staff number *if known*

## 8. Your work details – continued

Please give details of your second job if you have one. If not, go to section 9.

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/ /

/ /

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Postcode

Postcode
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You must tell us the address of your Personnel/Payroll section if it is different to the address you work at.

Postcode

Postcode
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If you have any more employment details to give us, please continue at section 16 – Further information, or on a separate sheet.

## 9. Your income details

How often are you paid? *Please tick the relevant box*

Weekly ☐ Please send us your last 5 pay-slips. Fortnightly ☐ Please send us your last 3 pay-slips.  
4 weekly ☐ Please send us your last 2 pay-slips. Calendar monthly ☐ Please send us your last 2 pay-slips.  
Other ☐ Please send us your pay-slips covering the last 8 weeks.

How much is your gross pay? £

**Your gross pay is the amount you get before any deduction such as National Insurance contributions, Income Tax etc. are taken off**

**If the gross amount on your pay-slips is different from your normal gross pay, please send us more pay-slips.**

Have you received any bonus, commission or profit related pay in the last 52 weeks? Yes ☐ No ☐ *Please tick the relevant box*

When was this paid?  /  /  How much did you get? £

Is this included in the pay-slips you are sending us? Yes ☐ No ☐ *Please tick the relevant box*

**If No, please send us confirmation of the amount you got e.g. letter from your employer, contract of employment.**

Do you get any expenses? Yes ☐ No ☐ *Please tick the relevant box*

What are these expenses for? *e.g. for travel to work*

Are they included on the pay-slips you are sending us? Yes ☐ No ☐ *Please tick the relevant box*

**If No, please send us confirmation of the amount you got e.g. letter from your employer, contract of employment.**

Are these expenses subject to Income Tax? Yes ☐ No ☐ Don't know ☐ *Please tick the relevant box*

**If you have more than one job, please give details of the income from your other jobs at section 16 – Further information, or on a separate sheet.  
Remember to send us pay-slips from all your jobs.**

## 10. Your self-employment details

If you are not self-employed, please go to section 11.

When did your self-employment start?

 /  / 

Are you a Director of a limited company?

Yes

☐

No

☐

Business name

Business address

Postcode

Do you have a copy of your most recent tax calculation notice (SA302) from HMRC?

*Please tick the relevant box*

Yes

☐

**Please send us a copy for each business.**

No

☐

If you do not have a copy, please tell us why.

11. Tax Credit details

Do you or your partner receive either of the following Tax Credits? Please tick the relevant box

Working Tax Credit – including Childcare element

Yes ☐ No ☐

Child Tax Credit

Yes ☐ No ☐

12. Your other income

Please give us details of all other income you receive e.g. from a pension or benefit. If none, go to section 13.

Type of income	Amount of income	Income Tax	How often is it paid?	Currency <i>e.g. Sterling or Euro</i>	Who is it paid for?

Please send us confirmation of any other income you have received from a personal or occupational pension scheme in the last 6 months.

13. Other costs

Please give details of any payments you make towards a personal or private pension and send us confirmation of these. If none, go to section 14.

Amount	How often do you pay this?	Currency <i>e.g. Sterling or Euro</i>



## 14. Collection details

Do you want to pay your child maintenance      weekly ☐      fortnightly ☐      4 weekly ☐      Calendar monthly ☐ *Please tick your preference*

Other *please specify*

What day/date do you want to pay your maintenance?

*Please state either the day of the week or the date of the month*

**Paying your maintenance by direct debit has many advantages and is the way we recommend.**

Bank/building society name

Address

Account name

Sort code

Account number

Roll number *if applicable*

### Reasons why you should pay by direct debit

- You don't need to buy stamps, use envelopes or stand in queues, making direct debit the cheapest way to pay
- You don't have to remember to make your monthly payments because your bank/building society does all the work for you.
- You remain in total control of your money because you can cancel your direct debit at any time.
- You are given at least 10 working days notice of the amount which will be debited from your account, giving you plenty of time to query the amount or cancel the direct debit if you wish.
- Only direct debit payers have the opportunity to choose their preferred payment date.

### Paying direct from your earnings

If you work for an employer, we can instruct your employer to take your child maintenance payments directly out of your wages. This is called a deduction from earnings order (DEO). Your employer is allowed to charge you up to £1 as an administration fee for each payment. We will not refund this charge. If you are not able to use either of these payment methods, please contact us immediately on 08457 133 133.

Employer's name

Your payroll cut-off day

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

## 15. Representative details

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

Are you acting as a representative for the client? <i>Please tick the relevant box</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>If No, go to section 16</b>
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**.

Full name	<small>Title</small> <input type="text"/>	<small>Forenames</small> <input type="text"/>	<small>Surname</small> <input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	<small>Postcode</small> <input type="text"/>	Home phone number <small>including STD code</small>	<input type="text"/> <input type="text"/>
		Mobile phone number	<input type="text"/>
		Work phone number <small>including STD code</small>	<input type="text"/> <input type="text"/>
What is the best time to contact you?	<input type="text"/>	Where would you like us to contact you?	<input type="text"/>

*Please complete the authorisation below if you have ticked **Other Representative**.*

### Client's Authority:

I agree to my representative filling in this form for me and for all your letters to be sent to them instead of me.

Client's signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## 16. Further information

Please use this part of the form to give us any further information you think might be useful. Otherwise go to Section 17.

## 17. Checklist

Please tick the relevant box to show which documents you are sending with this form. You should send the original documents. We will return them.

Court order (Minute of Agreement in Scotland)  
or written maintenance agreement

☐

Confirmation of any other income

*i.e. from a personal or occupational pension within the last 6 months*

☐

Representative's authority to act on your behalf  
*e.g. Power of Attorney document*

☐

Confirmation of the number of nights each of the children you are apply to  
pay maintenance for stay overnight with you *e.g. diary or written agreement*

☐

All the pay-slips we asked for in section 9

☐

Your personal pension details

☐

If self-employed, a copy of your last tax  
calculation notice (SA302) from HMRC

☐

Confirmation of the course you are studying

☐

Please write your name and National Insurance number on any documents you send us.

## 18. Declaration

### Important

We are asking for information under child support law. Under child support law it is a criminal offence if anyone required to provide information:

- without reasonable excuse, fails to provide such information when requested to do so; or
- provides information, or knowingly causes or allows information to be provided that they know to be false.

If a court finds them guilty of the criminal offence outlined above, they can be fined up to £1,000.

It is also a criminal offence for anyone who is liable to pay child maintenance to fail to tell us about a change of address. For this reason, if the address details we have for you are not correct, or if you move to a different address in the future, you must let us know by calling the number at the top of this letter.

As someone who is liable to pay child maintenance, if you change your address and don't tell us within seven days, you may be subject to criminal proceedings and a fine of up to £1,000.

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

Your signature

Date

## 19. 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.
- Remember to write your National Insurance number/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.





