



INDIANA CHILD SUPPORT SERVICES ENROLLMENT

State Form 34882 (R17 / 3-20) / CSB 425A
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS:

1. Complete this form by providing the requested information.
2. Take or mail the signed form to your County Child Support Office.

NOTICE TO ENROLLEE

All custodial parties and non-custodial parents may enroll to receive child support services. There is no enrollment fee or residency requirement.

Child Support Services include:

- Parent location,
- Establishment of paternity,
- Establishment, modification, and/or enforcement of child support obligations, and
- Establishment, modification, and/or enforcement of medical support for dependent children.

Information provided for this enrollment is confidential and is protected to prevent unauthorized disclosure.

ENROLLEE INFORMATION

Last name Doe		First name Jane		Middle name A	Suffix (Jr., III, etc.)
Other names used		Relationship to dependents on this form (mother, father, guardian, other) Mother		Do you have primary physical custody of dependents on this form? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of birth (month, day, year) 1/1/2001	Gender F	Race White	Social Security Number / ITIN 111-111-1111		
Home address (Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code) 1000 Michigan Street, South Bend, IN 46601					
Mailing address, if different from address above (Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code)					
Telephone number (cellular) (888) 888-8888	Telephone number (home) ()	Telephone number (work) ()	E-mail address Laurasmom@yahoo.com		
Do you need special assistance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, complete next box.)		Specify assistance needed here (i.e., physical, hearing impaired, language interpreter, other)			
Do you believe that pursuing child support services may result in physical or emotional harm to you or your child(ren)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, your case worker may discuss additional protections offered when providing child support services.)					
Do either of the following apply? <input type="checkbox"/> Active Military Duty <input type="checkbox"/> Currently Incarcerated		Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete the next two boxes.)		Name of employer	
Address of employer (Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code)					
Marital status of enrollee to other parent <input type="checkbox"/> Never married <input type="checkbox"/> Divorced <input type="checkbox"/> Divorce pending <input type="checkbox"/> Married <input type="checkbox"/> Legally separated <input type="checkbox"/> Separated					
Do you have a private attorney handling paternity and/or support matters for dependents listed in this form? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete next box.)				Name of attorney (full name)	
Are you applying for services for an unborn child? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, complete next box.)				Due date (month, day, year)	

DEPENDENT #1 INFORMATION

Last name Roe		First name Laura		Middle name A	Suffix (Jr., III, etc.)
Date of birth (month, day, year) 01/01/2024	Place of birth (City and State) South Bend, IN	Gender F	Race White	Social Security Number / ITIN 222-22-2222	
Has paternity been established for this child? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, then complete the next two boxes.)		How was paternity established? <input type="checkbox"/> Court order <input checked="" type="checkbox"/> Paternity affidavit (If by court order, complete the next box.)		Where was paternity established? (County and state) St. Joseph county, IN	
Is there a court ordered child support obligation for this dependent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, complete the next box.)		Where was child support ordered? (County and state)		Enrolled in Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	

DEPENDENT #2 INFORMATION

Last name		First name		Middle name	Suffix (Jr., III, etc.)
Date of birth (month, day, year)	Place of birth (City and State)	Gender	Race	Social Security Number / ITIN	
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, then complete the next two boxes.)		How was paternity established? <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit (If by court order, complete the next box.)		Where was paternity established? (County and state)	
Is there a court ordered child support obligation for this dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, complete the next box.)		Where was child support ordered? (County and state)		Enrolled in Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	

DEPENDENT #3 INFORMATION

(Attach separate page with information requested below for all additional dependents.)

Last name		First name		Middle name	Suffix (Jr., III, etc.)
Date of birth (month, day, year)		Place of birth (City and State)		Gender	Race Social Security Number / ITIN
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, then complete the next two boxes.)		How was paternity established? <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit (If by court order, complete the next box.)		Where was paternity established? (County and state)	
Is there a court ordered child support obligation for this dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, complete the next box.)		Where was child support ordered? (County and state)		Enrolled in Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	

OTHER PARENT INFORMATION

(Attach separate page with information requested below for all additional parents, or additional potential parents if paternity has not been established.)

Last name Roe		First name Tom		Middle name A	Suffix (Jr., III, etc.)
Other names used		Relationship to dependents on this form (mother, father, potential father, guardian, other) father		Does this parent have primary physical custody of dependents on this form? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of birth (month, day, year) 02/02/2002		Gender M		Race white	Social Security Number / ITIN 44-44-4444
Height 5'10	Weight 200 lbs	Hair Color Brown	Other distinguishing characteristics (eye color, tattoos, etc.) Brown eyes, tattoos on the right shoulder		
Home address (Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code)					
Mailing address, if different from address above (Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code)					
Telephone number (cellular) (999) 999 9999		Telephone number (home) () () ()		Telephone number (work) () () ()	
E-mail address tomroe@yahoo.com		Does this parent need special assistance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, complete next box.)			
Specify assistance needed here (physical, hearing impaired, language interpreter, other)		Do either of the following apply? <input type="checkbox"/> Active Military Duty <input type="checkbox"/> Currently Incarcerated			
Current or last known employer COSTCO		Employer telephone number (514) 401-7004			
Address of employer (Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code) 625 E. University Dr, Granger IN 46530					
Does this parent have a private attorney handling paternity and/or support matters for dependents listed in this form? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, complete next box.)			Name of attorney (full name)		

AFFIRMATION AND AGREEMENT

- I hereby swear and affirm under the penalties of perjury that the information contained in this form is true and correct to the best of my knowledge. Providing false information could result in perjury charges being filed against me.
- I understand that child support services DO NOT include establishment or enforcement of parenting time or parenting time credits, the assignment of the right to claim a child as a dependent for federal or state tax purposes, nor any matters other than those associated with establishment of paternity (if needed) and the financial support of dependent children.
- I am advised that attorneys and staff at the Child Support Bureau and County Child Support Office providing these child support services represent the State of Indiana and do not represent the enrollee or any other person or entity. Communications between the enrollee or other participants and the Child Support Bureau or County Child Support Office are not confidential communications protected by the attorney/client privilege under IC 34-46-3-1.
- I understand that I must cooperate with the County Child Support Office in order for my case to be processed, and non-cooperation can result in termination of child support services. I further understand that this enrollment to receive child support services does not guarantee successful action on the case but rather that all reasonable attempts will be made to obtain successful results.
- I understand that I may terminate services by notifying the County Child Support Office handling my case in writing that services are no longer desired. Services may only be terminated in accordance with 45 C.F.R. 303.11. Termination of these services does not modify or terminate existing child support orders or obligations.
- I authorize the Indiana State Central Collection Unit (INSCCU) to endorse and negotiate any checks received by INSCCU for payment of support on my child support case.

Printed name of parent / guardian (if enrollee is an unemancipated minor)		Signature of parent / guardian (if enrollee is an unemancipated minor) X	
Printed name of enrollee Jane Doe		I agree that if I am overpaid, the state may recoup the amount of the overpayment from future child support payments owed to me. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Signature of enrollee Jane Doe		Date signed (month, day, year) 2/14/2025	