

**APPLICATION FOR
CHILD SUPPORT SERVICES
AND
APPLICANT'S RIGHTS AND RESPONSIBILITIES**

Thank you for requesting information about child support services. The Division of Child Support (DCS) is responsible for administering the child support program in the State of South Dakota under Title IV-D of the Social Security Act. The DCS provides the following services: locate; paternity and order establishment; and enforcement of child support and medical support orders. DCS services are available to custodial and non-custodial parents, alleged fathers, and individuals who have court ordered legal custody/guardianship over the minor child(ren) for whom services are being sought. If you are an alleged father or noncustodial parent wanting to establish paternity and/or child support order for a minor child, this application is the starting point. This Notice describes DCS's services, the responsibilities of the persons receiving the services, the fees, the accounting procedures, and the use and disclosure of information for Non-TANF cases. A \$5.00 application fee for this service is required.

Confidentiality/Interpreter Needs

Federal and State laws and regulations limit the use and disclosure of confidential information about applicants and recipients of Child Support services.

Do you need interpreter services? Yes No

If yes, specify what type of service you require (language type, sign, etc.) _____
(Interpreter services are provided free of charge.)

Nondiscrimination Statement

In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, the Department of Social Services is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202)720-5964 (voice or TDD). Write HHS, Director, Office of Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202)619-0403 (voice) or (202)619-3257 (TDD). USDA and HHS are equal opportunity providers and employers.

Social Security Numbers

The information in your case may be discussed or given to the State, the Division of Child Support, other public agencies that can legally receive such information, and to the other parent or his/her attorney. The child support agency is required, under Section 466(a)(13) of the Social Security Act, to include in child support records the Social Security Number of any individual who is subject to a divorce decree, support order or paternity determination or acknowledgment. Social Security number information is mandatory and will be kept on file at the child support agency to locate individuals for the purpose of establishing, modifying and enforcing child support obligations. Enrolling a child in health insurance may require the release of the child's Social Security Number and mailing address to the other parent's employer or the release of the child's Social Security Number to the other parent.

If you do not have a Social Security Number or the custodial parent's Social Security Number is unknown, the DCS will not deny your application.

Race/Ethnicity

Race/Ethnicity is an optional requirement. However, race/ethnicity may be used to aid in determining parentage and allows the DCS to determine whether or not the DCS has jurisdiction over a noncustodial parent who may be Native American residing on reservation/trust land.

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AGREEMENT FOR CHILD SUPPORT SERVICES

This document includes the terms and conditions of services that will be provided in your child support case by the South Dakota Department of Social Services, Division of Child Support (DCS). It is important that you read the entire document carefully and sign in all places where your signature is required without altering the document.

SERVICES

1. DCS will determine the methods and strategies used to establish paternity and/or a child support order.
2. DCS will make reasonable efforts, consistent with its priorities and procedures, to:
 - a. Locate the custodial parent;
 - b. Establish paternity if paternity for a minor child has not previously been established by one of the following: child born during the marriage (or within ten months after dissolution of marriage) of the mother and father; paternity affidavit was signed by the mother and father; or genetic testing. Application must be received at least 90 days prior to child being emancipated.
 - c. Establish a child support order for a minor child. In the process, DCS will ask you to maintain a health insurance policy for the child(ren) if the child does not have adequate health insurance. Application must be received at least 90 days prior to child being emancipated.
3. If the custodial parent lives in another state or jurisdiction other than South Dakota, DCS may have to refer your case to that state to establish paternity and/or a child support order. Because of the differences in state laws and procedures, out-of-state cases present additional issues and often take more time. DCS will release any information contained in the case file to another state or jurisdiction when interstate action requires the information.
4. DCS does not have jurisdiction over Native Americans residing on Indian reservations or trust land. Therefore, if the custodial parent is Native American and resides on Indian land, the DCS may not be able to establish paternity or a support obligation.
5. In performing services to you, DCS is assisted by attorneys. These attorneys represent the state. They are not your personal attorneys.

This means that no attorney-client relationship exists between you and the DCS attorney. It also means that in the event of a conflict between your interests and those of the state, the DCS attorney will have to resolve the conflict in favor of the state's interests.

DCS cannot provide all services that you may receive from a private attorney. For example, DCS cannot provide services to you regarding custody, visitation, or any other issue not directly related to child support.

If you require legal advice, desire specific legal action, or desire routine involvement in deciding the methods to be used in your case, you may want to consider using a private attorney who may be able to provide you with more individualized service.

6. Your case will close under the following conditions:
 - a. DCS will immediately close your case:
 - i. Upon your written or verbal request, or
 - ii. When DCS has been advised that you have applied for child support services in another state.
 - b. DCS will provide a Notice of Intent to Terminate Services:
 - i. The custodial parent is deceased and no further action can be taken.
 - ii. If paternity cannot be established because the child is 18 years of age, or genetic testing or the court has excluded the alleged father;
 - iii. If DCS has determined that further efforts are not in the best interest of the child;
 - iv. If DCS has been unable to locate the custodial parent for 3 years if the custodial parent's social security number is known or for 1 year if the custodial parent's social security is not known;
 - v. If the custodial parent is a citizen of and lives in a foreign country, does not work for the United States government or for a company with offices in the United States, has no reachable domestic income or assets, and DCS does not have reciprocity with the foreign country;
 - vi. If DCS has documented evidence that you have not cooperated and your cooperation is essential for the next enforcement step.

- vii. If DCS is unable to contact you for more than 60 days despite attempts to do so that include at least one letter sent by first class mail to your last known address.

DCS will not terminate services for any of these reasons if you contact DCS, **within 60 days** after issuance of a written notice of termination, and provide information that could lead to the location of the custodial parent or to the establishment of paternity and/or establishment of a support order. After 60 days, you may request DCS to reinstate your services if changed circumstances could lead to the establishment of paternity and/or establishment of a support order.

ADMINISTRATIVE COMPLAINT PROCEDURES

A recipient of DCS services is entitled to an administrative review of a complaint where there is evidence that an error has occurred or an action should be taken on their case. To obtain a review, a recipient may contact the assigned DCS Child Support Specialist with the complaint in an attempt to informally resolve the same.

A recipient may also submit a written complaint to the DCS specifying the nature of the complaint and the action requested to be taken by the DCS. Upon receipt of the written complaint, the DCS shall conduct a review of the complaint and, if appropriate, take necessary corrective action. The DCS shall advise the recipient either orally or in writing of any action taken to resolve the complaint.

A recipient is also entitled to request a fair hearing as allowed by law.

PROTECTING YOUR PRIVACY

DCS protects the safety and privacy of its customers to the extent permitted by law. In handling a case, it may be necessary to provide information from a case file to other agencies or persons who work cooperatively with us (attorneys, court personnel, other states child support enforcement agencies, genetic testing laboratories), but this is only done for the purpose of and to the extent necessary to provide child support enforcement services to you. Confidentiality and privacy of personal information are protected under state and federal laws and regulations. Agreements between DCS and other agencies govern our sharing of information and require adherence to the confidentiality and privacy laws.

PROTECTION ORDERS: The DCS is prohibited from releasing information on the whereabouts of one party to another party when a protection order has been entered by the court. If you have a protection order in place, please provide a copy with this application. If you obtain a protection order in the future, you must notify the DCS at that time.

SOCIAL SECURITY NUMBER: When we provide services to you, we must use your Social Security number and the Social Security number of your children. Therefore, you should understand that by signing this Agreement, you are authorizing the use of Social Security numbers as an identifier for all child support purposes.

YOUR RIGHT TO WITHDRAW FROM THIS AGREEMENT: You may terminate from this Agreement and close your case at any time. If you wish to terminate, notify the DCS in writing.

APPLICATION FOR CHILD SUPPORT SERVICES

Purpose: Division of Child Support will use the information to help you establish paternity and/or a child support order.

How to fill out this form: Please fill in each blank and type or print your answers. Complete a separate form for each parent. If you need another form, you may contact any Division of Child Support office.

I. REQUESTED SERVICES

Please indicate the service you are requesting (select only one).

- A.** Establish paternity and a support order for a minor child(ren) who was not born during the marriage of the mother and father.
 Yes No

The following must be attached for this service:

- DSS-SE-408 – Application for Child Support Services (pages 6-11). You must sign this document in the presence of a Notary Public.
- Affidavit in Support of Establishing Paternity (pages 13-17). You must sign this document in the presence of a Notary Public. If there is more than one child, you will need to complete an Affidavit for each child.
- DSS-SE-481 – Financial Statement (pages 19-21). You must sign this document in the presence of a Notary Public.
- Verification of Income (wage stubs, tax return)
- Picture of Father/Mother of child, if applicable
- \$108.00 Genetic Testing Fee (\$36 per person tested). Fee must be paid by cash, money order or by check. Check should be made payable to Division of Child Support.
- \$5.00 application fee. Fee may be paid by cash, money order or by check. Check should be made payable to Division of Child Support.

- or B.** Establish a child support order for a minor child(ren). Yes No

The following must be attached for this service:

- DSS-SE-408 – Application for Child Support Services (pages 6-11). You must sign this document in the presence of a Notary Public.
- DSS-SE-481 – Financial Statement (pages 19-21). You must sign this document in the presence of a Notary Public.
- Paternity Affidavit, Genetic Test Results, or documentation showing the child was born during the marriage of the mother and father.
- Verification of Income (wage stubs, tax return)
- Picture of Father/Mother of child, if applicable
- \$5.00 application fee. Fee may be paid by cash, money order or by check. Check should be made payable to Division of Child Support.

II. CUSTODIAL PARENT

Legal Name (First, Middle and Last)		Maiden Name
Residential Address (Street, City, State, Zip Code)		Home Telephone Number (include area code)
Mailing Address (if different than above) (Street, City, State, Zip Code)		Cell Phone Number (include area code)
Employer Name and Address		Employer Telephone Number (include area code)
Date of Birth ____ / ____ / ____ <hr/> Social Security Number (if available) ____ / ____ / ____ <hr/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<u>Ethnicity (Optional):</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <u>Select one or more Race (Optional):</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	Has the mother received TANF in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, please list the state(s). Has the mother received child support services in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, please list the state(s). Is the mother receiving child support services in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, please list the state(s).

III. MINOR CHILDREN

List the full legal name and complete the following information for each minor child who lives with the custodial parent and for whom you are seeking paternity establishment and/or an order for support. **Please use the child's name as listed on the birth certificate. Please attach a copy of the birth certificate to the application.**

<p>_____ First Name</p> <p>_____ Middle Name</p> <p>_____ Last Name</p>	<p>Sex <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth ____ / ____ / ____</p> <p>Social Security Number (if available) ____ - ____ - ____</p> <p>Place of Conception (State) _____</p> <p>Place of Birth (City/State) _____</p>	<p><u>Ethnicity (Optional):</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p> <p><u>Select one or more Race (Optional):</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other</p>	<p>Was the child born during marriage of the mother and father? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, was an Acknowledgment of Paternity or Paternity Affidavit completed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide a copy and indicate what State the acknowledgment/affidavit was filed in? _____</p> <p>Was the child adopted by the mother or father? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date of adoption. _____ (Attach copy of order)</p> <p>Your relationship to the child: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian</p>
<p>_____ First Name</p> <p>_____ Middle Name</p> <p>_____ Last Name</p>	<p>Sex <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth ____ / ____ / ____</p> <p>Social Security Number (if available) ____ - ____ - ____</p> <p>Place of Conception (State) _____</p> <p>Place of Birth (City/State) _____</p>	<p><u>Ethnicity (Optional):</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p> <p><u>Select one or more Race (Optional):</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other</p>	<p>Was the child born during marriage of the mother and father? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, was an Acknowledgment of Paternity or Paternity Affidavit completed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide a copy and indicate what State the acknowledgment/affidavit was filed in? _____</p> <p>Was the child adopted by the mother or father? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date of adoption. _____ (Attach copy of order)</p> <p>Your relationship to the child: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian</p>
<p>_____ First Name</p> <p>_____ Middle Name</p> <p>_____ Last Name</p>	<p>Sex <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth ____ / ____ / ____</p> <p>Social Security Number (if available) ____ - ____ - ____</p> <p>Place of Conception (State) _____</p> <p>Place of Birth (City/State) _____</p>	<p><u>Ethnicity (Optional):</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino</p> <p><u>Select one or more Race (Optional):</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other</p>	<p>Was the child born during marriage of the mother and father? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, was an Acknowledgment of Paternity or Paternity Affidavit completed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide a copy and indicate what State the acknowledgment/affidavit was filed in? _____</p> <p>Was the child adopted by the mother or father? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date of adoption. _____ (Attach copy of order)</p> <p>Your relationship to the child: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian</p>

IV. NONCUSTODIAL PARENT

Legal Name (First, Middle and Last)		
Residential Address (Street, City, State, Zip Code)		Home Telephone Number (include area code)
Mailing Address (if different than above) (Street, City, State, Zip Code)		Cell Phone Number (include area code)
Have you resided in SD? <input type="checkbox"/> Yes <input type="checkbox"/> No List other states which you have resided in:		
Date of Birth ____ / ____ / ____	<u>Ethnicity (Optional):</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <u>Select one or more Race (Optional):</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	Are you in the Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what branch? _____ National Guards? <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number (if available) ____ / ____ / ____		Do you receive any monthly military or veteran's benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth:	Height:
Eye Color:	Hair Color:	Weight:
What are the names/addresses of your parents?		
Your Mother's Maiden Name	Do you pay child support in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the state(s).	
Name and address of current or past employer:	Employer Telephone Number (include area code) Is this a current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when did you last work there?	
What is your usual occupation?	Name and Address of Financial Institution of noncustodial parent: Account Number:	

V. HEALTH INSURANCE INFORMATION

Do any of the child(ren) receive medical assistance (Medicaid or Title 19) or CHIP? Yes No

If yes, please list those child(ren): _____

Does either parent have private health insurance for the child(ren)? Yes No

If yes, please list the child(ren) that have private health insurance coverage and attach a copy of the insurance card or verification of insurance.

Name of Child Covered	Insurance Coverage		Name and Address of Insurance Co	Policy/Group # Insurance Type	Name of Policy Holder
	Start Date	End Date			
_____	__/__/____	__/__/____		# _____ <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other	
_____	__/__/____	__/__/____			
_____	__/__/____	__/__/____			

Monthly Cost for the Insurance: \$ _____ Total Number of persons covered under this policy: _____

Monthly Cost of Insurance for single (self only) coverage: \$ _____

Does the child(ren) have Indian Health Service (IHS) coverage? Yes No

If yes, what is the Tribal ID #? _____

NOTE: If you currently do not provide health insurance coverage, DCS may enter an order requiring you to obtain health insurance if it is available through your employment.

VI. RELATIONSHIP TO THE CUSTODIAL PARENT (Fill in all that apply - i.e. if you were previously married but now divorced, please complete both sections)

Relationship	Date	City	State/Province	Country
<input type="checkbox"/> Never Married	N/A	N/A	N/A	N/A
<input type="checkbox"/> Married				
<input type="checkbox"/> Separated without legal document (if marked, information regarding marriage should be filled in above)				
<input type="checkbox"/> Legally Separated (if marked, information regarding marriage should be filled in above)				
<input type="checkbox"/> Divorced (if marked, information regarding marriage should be filled in above)				
<input type="checkbox"/> Other				

VII. COURT ORDER INFORMATION (Fill in all that apply) Attach copies of all orders relating to paternity, custody and child support.

Type of Order	County	State	Date of Order	Docket Number	Amount Ordered	Frequency
<input type="checkbox"/> Paternity						
<input type="checkbox"/> Temporary / Separation						
<input type="checkbox"/> Custody						
<input type="checkbox"/> Divorce						
<input type="checkbox"/> Adoption						
<input type="checkbox"/> Other						
<input type="checkbox"/> No order						

NOTE: If you are attaching a divorce decree, please include the Complaint and Stipulation Agreement to the divorce decree.

VIII. ATTORNEY INFORMATION – If at any time you initiate an action, or are served with documents, regarding divorce, child support, custody and/or visitation, you must contact DCS immediately.

1. Do you currently have an attorney or agency representing you on any matter related to the parent of the child(ren)?

Yes No

If yes:

Name of Attorney: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Does the attorney or agency know you are requesting DCS assistance? Yes No

2. Does the noncustodial parent have an attorney or agency representing them in any matter related to the child(ren)?

Yes No

If yes:

Name of Attorney: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

3. Has there been any documents (i.e. divorce summons and complaint, custody or visitation action) filed with the court which relate to the child(ren)? Yes No Unknown

If yes:

City: _____ County: _____ State: _____

REQUIREMENTS OF COOPERATION

I declare and affirm under the penalties of perjury that the information contained herein has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. **Note: A person who signs this document knowing the information to be false or untrue, in whole or in part, is guilty of perjury – a Class 5 Felony punishable by imprisonment of not more than five years and a fine of not more than \$10,000.**

I understand that as an applicant for child support services, I am required to cooperate with the DCS. This may include providing verbal or written information, participating in genetic testing to establish paternity, appearing as a witness at court hearings, as necessary to pursue the requested child support services, and notifying the DCS of any changes in my address and/or telephone number. **I understand that failure to cooperate may result in my case being closed.**

I understand that the DCS has the right to determine which child support services will be provided to me. By signing this application, I agree that DCS can take any necessary legal action to establish paternity and a child and/or medical support obligation.

I understand that if I am applying for paternity establishment services and am declared to be the father of the child(ren), DCS will proceed with establishing a child support order.

I understand that the DCS has the responsibility to protect identifying personal information upon receipt of a protection order which has been entered by the court. If my case is involved in a court action, the information contained in this document, INCLUDING addresses, social security numbers, and names may become a matter of public record. **I also understand that the law allows the court to order the DCS to release information if the court determines that the release of information would not put at risk my health, safety, or liberty or that of the child(ren).**

I understand that listing Social Security Numbers for myself and my children is voluntary according to 42 USC 405(c)(2)(C). DCS requests these social security numbers according to 42 USC 654 and 666. As provided by federal statutes 42 USC 654A(d) and Title IV-D of the Social Security Act. DCS uses these social security numbers to establish, modify and enforce child support or medical support, establish paternity, or other child support program purposes. The numbers may become known to the other parent and to others as a result of these actions and purposes.

I understand that legal services for the state may be provided by private attorneys. **I also understand that such attorneys do not represent me or the child(ren) listed herein, but represent the DCS.**

I understand that I may ask DCS to close my case by notifying DCS verbally or in writing.

I understand that DCS has the authority to close my case as outlined in SERVICES.

I understand that the DCS has the authority to sign papers and act on my behalf.

I have applied for South Dakota Division of Child Support (DCS) services. The DCS is authorized by law to take all actions necessary to work my case.

I am the Mother Father Other (list relationship)_____

This authorization is effective until I request the DCS to close my case or until the DCS notifies me it has closed my case, whichever is later.

Applicant's Signature:_____ Date:_____

Subscribed and sworn to before me this _____ day of _____, _____.

(SEAL)

Notary Public
My Commission expires:_____

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SECTION II (TO BE COMPLETED BY MOTHER ONLY)

1. I had sexual intercourse with another man (other than the man I am naming as the child's natural father) during the time 30 days before or 30 days after the child was conceived. Yes No
(If Yes, complete the following.)
 - a. The name(s) and address(es) of the other man/men:
 - b. The other man/men are biologically related to the man I am naming as the child's natural father.
 Yes No If Yes, state the biological relationship (e.g. brother, cousin, uncle, etc)
 - c. I do not believe the other man/men is/are the father because:

2. I was married at the time of this child's birth. Yes No (If Yes, complete the following.)
 - a. Husband's name (First, Middle, Last) and last known address:
 - b. Explain why the husband is not the father of this child and attach all appropriate documents, including divorce decree, genetic test results and prior findings of non-paternity, if any:

3. _____ is the father of this child. The following facts support my
Name (First, Middle, Last)
allegations of paternity:
 - a. We lived together. Yes No Dates: _____ to _____
Location: _____
 - b. I have told welfare officials that he is the father of this child. Yes No
 - c. I told him that he was the father of the child. Yes No
 - d. He is named as the father on the birth certificate. Yes No Certified Copy Attached
 - e. He signed an acknowledgment of paternity **before an acknowledgment became a legal finding of paternity under State law.** (prior to 7/1/1994) Yes No Certified Copy Attached
 - f. He admitted being the father of the child. Yes No
 - g. He sent cards/letters regarding the pregnancy and/or about the child. Yes No Copies Attached
 - h. He was present at the birth of the child. Yes No
 - i. He visited the child at the hospital following birth. Yes No
 - j. He offered to pay abortion expenses. Yes No
 - k. He offered to pay medical expenses. Yes No
 - l. He paid for birth related expenses. Yes No
 - m. He claimed the child on tax returns. Yes No
 - n. He has provided food, clothing, gifts, or financial support for the child. Yes No If Yes, explain in Section IV.
 - o. He lived with the child. Yes No If Yes, explain in Section IV.
 - p. He visited the child. Yes No If Yes, explain in Section IV.
 - q. The child resembles him. Photo attached Yes No If Yes, explain in Section IV.
 - r. There are witnesses to my relationship with him. Yes No

(If yes, list names and addresses and briefly describe relevant facts known by each under Section IV)

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SECTION III (TO BE COMPLETED BY FATHER ONLY)

The following facts support my belief and statements that I am the father of this child:

- a. The mother and I lived together. Yes No Dates: _____ to _____
Location: _____
- b. The mother told me that I am the father of the child. Yes No
- c. I am named as the father on the birth certificate. Yes No Certified Copy Attached
- d. I signed an acknowledgment of paternity **before an acknowledgment became a legal finding of paternity under State law.** (prior to 7/1/1994) Yes No Certified Copy Attached
- e. I was present at the birth of the child. Yes No
- f. I visited the child at the hospital following birth. Yes No
- g. I offered to pay abortion expenses. Yes No
- h. I offered to pay medical expenses. Yes No
- i. I paid for birth related expenses. Yes No
- j. I claimed the child on tax returns. Yes No
- k. I have provided food, clothing, gifts, or financial support for the child. Yes No If Yes, explain in Section IV
- l. I lived with the child. Yes No If Yes, explain in Section IV
- m. I visited the child. Yes No If Yes, explain in Section IV
- n. The child resembles me. Photo attached. Yes No If Yes, explain in Section IV
- o. There are witnesses to my relationship with the child's mother. Yes No

(If yes, list names and addresses and briefly describe relevant facts known by each under Section IV)

SECTION IV – OTHER PERTINENT INFORMATION (including detailed explanations for “YES” responses in Section II or Section III above)

Continued on Attached Sheet(s), incorporated by reference

All of the information and facts contained in this AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY are true and correct to my best knowledge and belief. I agree to submit myself and, if I am the custodian, my child to genetic testing as may be necessary to establish paternity.

Date	Signature
Sworn to and Signed before me this Date, County, and State	Notary Public/Official and Title
	_____ Commission Expires

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DSS-SE-481 (07/2011)
STATE OF SOUTH DAKOTA
IN THE MATTER OF THE CHILD)
SUPPORT OBLIGATION OF) SS
)

FINANCIAL STATEMENT
DCS #: _____

Please answer every question or state not applicable if the question does not pertain to your financial situation. If you need more space to answer a question, please attach additional sheets if necessary to fully answer any item. Be sure to attach a copy of your most recent paycheck stub and your last filed Federal Income Tax Return. Include your W-2 if you file jointly. Be sure to date and sign the financial statement in front of a notary. To calculate your monthly gross income multiply your hourly wage by the number of hours per pay period, multiply this by the number of pay periods, and then divide by 12.

PERSONAL INFORMATION

NAME: _____ BIRTHDATE: _____
ADDRESS: _____ DRIVER LICENSE #: _____
PHONE: HOME () _____
CURRENT MARITAL STATUS: _____ WORK () _____
BANK NAME _____ OTHER: _____
ADDRESS _____

EMPLOYMENT INFORMATION

EMPLOYER: _____ DATES EMPLOYED: FROM: _____
EMPLOYER ADDRESS: _____ TO: _____
EMPLOYER'S PHONE: _____ OCCUPATION: _____
RATE OF PAY: \$ _____ PER _____ HOURS WORKED PER WEEK: _____ TIPS: \$ _____ PER _____

GROSS MONTHLY INCOME

1. \$ _____ Salary, Wages, Tips, Commissions, Bonus or Other Designations
2. \$ _____ Gain or profit from a business or profession (self-employment)
3. \$ _____ Pension, retirement, disability, veterans, social security or insurance payments
4. \$ _____ Interest, dividends, rentals, royalties or other gain
5. \$ _____ Gain from sale, trade or conversion of capital assets
6. \$ _____ Unemployment insurance and workers compensation benefits
7. \$ _____ Benefit in lieu of compensation including, but not limited to, military pay allowances.
8. \$ _____ Other income (including Spousal Support received). Explain _____
9. \$ _____ **TOTAL GROSS MONTHLY INCOME** (add lines 1 through 8).

HEALTH INSURANCE INFORMATION

Do you have health care insurance available for dependents? Yes No
If you provide health care insurance (medical, optometric, dental or orthodontic, or counseling costs) for your child(ren) please complete the following:
Name of the Health Care Insurance Company: _____
Address of the Health Care Insurance Company: _____

Policy Number of the policy: _____ Total monthly cost of the insurance: _____
Persons covered under the policy of insurance: _____
If you can identify the exact amount of the premium each month that is solely for the child(ren) in this matter, please specify that amount. \$ _____
Cost of insurance for single (self only) coverage: \$ _____

Please attach to this page verification of health insurance coverage and cost of the health insurance coverage. You must provide verification of the cost of adding the child(ren) to existing coverage, the cost of self only coverage and family coverage, or the cost of private coverage for the child(ren).

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**Federal Income Tax Table
For Single Persons with 1 Withholding Allowance – Wages Paid in 2012**

If the wages are:

At Least	But Less Than	Amount of Income Tax to Withhold
\$0	500	0
500	520	1
520	540	3
540	560	5
560	580	7
580	600	9
600	640	12
640	680	16
680	720	20
720	760	24
760	800	28
800	840	32
840	880	36
880	920	40
920	960	44
960	1000	48
1000	1040	52
1040	1080	56
1080	1120	60
1120	1160	64
1160	1200	68
1200	1240	72
1240	1280	78
1280	1320	84
1320	1360	90
1360	1400	96
1400	1440	102
1440	1480	108
1480	1520	114
1520	1560	120
1560	1600	126
1600	1640	132
1640	1680	138
1680	1720	144
1720	1760	150
1760	1800	156
1800	1840	162
1840	1880	168
1880	1920	174
1920	1960	180
1960	2000	186
2000	2040	192
2040	2080	198
2080	2120	204
2120	2160	210
2160	2200	216
2200	2240	222
2240	2280	228
2280	2320	234
2320	2360	240
2360	2400	246
2400	2440	252
2440	2480	258
2480	2520	264
2520	2560	270
2560	2600	276
2600	2640	282
2640	2680	288
2680	2720	294

If the wages are:

At Least	But Less Than	Amount of Income Tax to Withhold
2760	2800	306
2800	2840	312
2840	2880	318
2880	2920	324
2920	2960	330
2960	3000	336
3000	3040	342
3040	3080	348
3080	3120	354
3120	3160	360
3160	3200	366
3200	3240	372
3240	3280	378
3280	3320	384
3320	3360	390
3360	3400	396
3400	3440	402
3440	3480	410
3480	3520	420
3520	3560	430
3560	3600	440
3600	3640	450
3640	3680	460
3680	3720	470
3720	3760	480
3760	3800	490
3800	3840	500
3840	3880	510
3880	3920	520
3920	3960	530
3960	4000	540
4000	4040	550
4040	4080	560
4080	4120	570
4120	4160	580
4160	4200	590
4200	4240	600
4240	4280	610
4280	4320	620
4320	4360	630
4360	4400	640
4400	4440	650
4440	4480	660
4480	4520	670
4520	4560	680
4560	4600	690
4600	4640	700
4640	4680	710
4680	4720	720
4720	4760	730
4760	4800	740
4800	4840	750
4840	4880	760
4880	4920	770
4920	4960	780
4960	5000	790
5000	5040	800
5040	5080	810
5080	5120	820

If the wages are:

At Least	But Less Than	Amount of Income Tax to Withhold
5160	5200	840
5200	5240	850
5240	5280	860
5280	5320	870
5320	5360	880
5360	5400	890
5400	5440	900
5440	5480	910
5480	5520	920
5520	5560	930
5560	5600	940
5600	5640	950
5640	5680	960
5680	5720	970
5720	5760	980
5760	5800	990
5800	5840	1000
5840	5880	1010
5880	5920	1020
5920	5960	1030
5960	6000	1040
6000	6040	1050
6040	6080	1060
6080	6120	1070
6120	6160	1080
6160	6200	1090
6200	6240	1100
6240	6280	1110
6280	6320	1120
6320	6360	1130
6360	6400	1140
6400	6440	1150
6440	6480	1160
6480	6520	1170
6520	6560	1180
6560	6600	1190
6600	6640	1200
6640	6680	1210
6680	6720	1220
6720	6760	1230
6760	6800	1240
6800	6840	1250
6840	6880	1260
6880	6920	1270
6920	6960	1280
6960	7000	1290
7000	7040	1300
7040	7080	1310
7080	7120	1320
7120	7160	1330
7160	7200	1340
7200	7240	1350
7240	7280	1360
7280	7320	1370
7320	7360	1380
7360	7400	1390
7400	7440	1400
7440	7480	1410
7480	7520	1420

2720	2760	300
If the wages are:		
At Least	But Less Than	Amount of Income Tax to Withhold
7560	7600	1440
7600	7640	1450
7640	7680	1461
7680	7720	1472
7720	7760	1483
7760	7800	1495
7800	7840	1506
7840	7880	1517
7880	7920	1528
7920	7960	1539
7960	8000	1551
8000	8040	1562
8040	8080	1573
8080	8120	1584
8120	8160	1595
8160	8200	1607
8200	8240	1618
8240	8280	1629
8280	8320	1640
8320	8360	1651
8360	8400	1663
8400	8440	1674
8440	8480	1685
8480	8520	1696
8520	8560	1707
8560	8600	1719
8600	8640	1730
8640	8680	1741
8680	8720	1752
8720	8760	1763
8760	8800	1775
8800	8840	1786
8840	8880	1797
8880	8920	1808
8920	8960	1819
8960	9000	1831
9000	9040	1842
9040	9080	1853
9080	9120	1864
9120	9160	1875
9160	9200	1887
9200	9240	1898
9240	9280	1909
9280	9320	1920
9320	9360	1931
9360	9400	1943
9400	9440	1954
9440	9480	1965
9480	9520	1976
9520	9560	1987
9560	9600	1999
9600	9640	2010
9640	9680	2021
9680	9720	2032
9720	9760	2043
9760	9800	2055
9800	9840	2066
9840	9880	2077
9880	9920	2088
9920	9960	2099

5120	5160	830
If the wages are:		
At Least	But Less Than	Amount of Income Tax to Withhold
10040	10080	2133
10080	10120	2144
10120	10160	2155
10160	10200	2167
10200	10240	2178
10240	10280	2189
10280	10320	2200
10320	10360	2211
10360	10400	2223
10400	10440	2234
10440	10480	2245
10480	10520	2256
10520	10560	2267
10560	10600	2279
10600	10640	2290
10640	10680	2301
10680	10720	2312
10720	10760	2323
10760	10800	2335
10800	10840	2346
10840	10880	2357
10880	10920	2368
10920	10960	2379
10960	11000	2391
11000	11040	2402
11040	11080	2413
11080	11120	2424
11120	11160	2435
11160	11200	2447
11200	11240	2458
11240	11280	2469
11280	11320	2480
11320	11360	2491
11360	11400	2503
11400	11440	2514
11440	11480	2525
11480	11520	2536
11520	11560	2547
11560	11600	2559
11600	11640	2570
11640	11680	2581
11680	11720	2592
11720	11760	2603
11760	11800	2615
11800	11840	2626
11840	11880	2637
11880	11920	2648
11920	11960	2659
11960	12000	2671
12000	12040	2682
12040	12080	2693
12080	12120	2704
12120	12160	2715
12160	12200	2727
12200	12240	2738
12240	12280	2749
12280	12320	2760
12320	12360	2771
12360	12400	2783
12400	12440	2794

7520	7560	1430
If the wages are:		
At Least	But Less Than	Amount of Income Tax to Withhold
12520	12560	2827
12560	12600	2839
12600	12640	2850
12640	12680	2861
12680	12720	2872
12720	12760	2883
12760	12800	2895
12800	12840	2906
12840	12880	2917
12880	12920	2928
12920	12960	2939
12960	13000	2951
13000	13040	2962
13040	13080	2973
13080	13120	2984
13120	13160	2995
13160	13200	3007
13200	13240	3018
13240	13280	3029
13280	13320	3040
13320	13360	3051
13360	13400	3063
13400	13440	3074
13440	13480	3085
13480	13520	3096
13520	13560	3107
13560	13600	3119
13600	13640	3130
13640	13680	3141
13680	13720	3152
13720	13760	3163
13760	13800	3175
13800	13840	3186
13840	13880	3197
13880	13920	3208
13920	13960	3219
13960	14000	3231
14000	14040	3242
14040	14080	3253
14080	14120	3264
14120	14160	3275
14160	14200	3287
14200	14240	3298
14240	14280	3309
14280	14320	3320
14320	14360	3331
14360	14400	3343
14400	14440	3354
14440	14480	3365
14480	14520	3376
14520	14560	3387
14560	14600	3399
14600	14640	3410
14640	14680	3421
14680	14720	3432
14720	14760	3443
14760	14800	3455
14800	14840	3466
14840	14880	3477
14880	14920	3488

9960	10000	2111
10000	10040	2122

12440	12480	2805
12480	12520	2816

14920	14960	3499
14960	15000	3511

If the wages are:

At Least	But Less Than	Amount of Income Tax to Withhold
15000	15040	3522
15040	15080	3533
15080	15120	3544
15120	15160	3555
15160	15200	3567
15200	15240	3578
15240	15280	3589
15280	15320	3600
15320	15360	3611
15360	15400	3623
15400	15440	3636
15440	15480	3649
15480	15520	3662
15520	15560	3675
15560	15600	3688
15600	15640	3702
15640	15680	3715
15680	15720	3728
15720	15760	3741
15760	15800	3754
15800	15840	3768
15840	15880	3781
15880	15920	3794
15920	15960	3807
15960	16000	3820
16000	16040	3834
16040	16080	3847
16080	16120	3860
16120	16160	3873
16160	16200	3886
16200	16240	3900
16240	16280	3913
16280	16320	3926
16320	16360	3939
16360	16400	3952
16400	16440	3966
16440	16480	3979
16480	16520	3992
16520	16560	4005
16560	16600	4018
16600	16640	4032
16640	16680	4045

If the wages are:

At Least	But Less Than	Amount of Income Tax to Withhold
16680	16720	4058
16720	16760	4071
16760	16800	4084
16800	16840	4098
16840	16880	4111
16880	16920	4124
16920	16960	4137
16960	17000	4150
17000	17040	4164
17040	17080	4177
17080	17120	4190
17120	17160	4203
17160	17200	4216
17200	17240	4230
17240	17280	4243
17280	17320	4256
17320	17360	4269
17360	17400	4282
17400	17440	4296
17440	17480	4309
17480	17520	4322
17520	17560	4335
17560	17600	4348
17600	17640	4362
17640	17680	4375
17680	17720	4388
17720	17760	4401
17760	17800	4414
17800	17840	4428
17840	17880	4441
17880	17920	4454
17920	17960	4467
17960	18000	4480
18000	18040	4494
18040	18080	4507
18080	18120	4520
18120	18160	4533
18160	18200	4546
18200	18240	4560
18240	18280	4573
18280	18320	4586
18320	18360	4599

If the wages are:

At Least	But Less Than	Amount of Income Tax to Withhold
18360	18400	4612
18400	18440	4626
18440	18480	4639
18480	18520	4652
18520	18560	4665
18560	18600	4678
18600	18640	4692
18640	18680	4705
18680	18720	4718
18720	18760	4731
18760	18800	4744
18800	18840	4758
18840	18880	4771
18880	18920	4784
18920	18960	4797
18960	19000	4810
19000	19040	4824
19040	19080	4837
19080	19120	4850
19120	19160	4863
19160	19200	4876
19200	19240	4890
19240	19280	4903
19280	19320	4916
19320	19360	4929
19360	19400	4942
19400	19440	4956
19440	19480	4969
19480	19520	4982
19520	19560	4995
19560	19600	5008
19600	19640	5022
19640	19680	5035
19680	19720	5048
19720	19760	5061
19760	19800	5074
19800	19840	5088
19840	19880	5101
19880	19920	5114
19920	19960	5127
19960	20000	5140