

FOR OFFICE USE ONLY	
Request Date:	_____
Date 405 Sent:	_____
Date 405 Received:	_____

APPLICATION FOR INCOME WITHHOLDING ONLY SERVICES

The Division of Child Support (DCS) will provide wage withholding only services for custodial or noncustodial parents who are not receiving child support enforcement services. The child support order **must** contain immediate income withholding language. If the noncustodial parent owes child support arrearages, the custodial parent must apply for enforcement services. With this service, the DCS shall serve an Income Withholding Order on the noncustodial parent's employer. No other services will be provided. **A \$25.00 application fee for this service is required. A copy of your most recent child support order must be attached to the application.** If the noncustodial parent terminates employment, a new application and \$25.00 fee will be required in order for DCS to send an Income Withholding Order to a subsequent employer.

Please print or type your answers. Read all instructions carefully and answer each question as completely as possible. Failure to answer each question may delay processing of the application. Sign and mail the completed application with appropriate attachments to Division of Child Support (DCS), 700 Governors Drive, Pierre, SD 57501.

If you are unable to understand or complete this form, or need assistance in completing this form, please contact any DCS office for assistance. ***Incomplete applications will be returned.***

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 services you require (language type, sign, etc.)

(Interpreter services are provided free of charge.)

Nondiscrimination Statement

As a recipient of Federal financial assistance and a State or local government agency, the Department of Social Services does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, or national origin, or on the basis of disability or age in admission or access to, or treatment or employment in, its programs, activities, or services, whether carried out by the Department of Social Services directly or through a contractor or any other entity with which the Department of Social Services arranges to carry out its programs and activities; or on the basis of actual or perceived race, color, religion, national origin, sex, gender identity, sexual orientation or disability in admission or access to, or treatment or employment in, its programs, activities, or services when carried out by the Department of Social Services directly or when carried out by sub-recipients of grants issued by the United States Department of Justice, Office on Violence against Women.

To file a complaint of discrimination, you may write to:

U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue S.W., Washington, D.C. 20205-9410; by Fax (202)690-7442; or by email at program.intake@usda.gov. Individuals who are deaf, hard of hearing, or have speech difficulties and wish to file a complaint, please contact USDA through the Federal Relay Service at (800)877-8339 or (800)845-6136 (Spanish).

Or write to:

U.S. Department of Health and Human Services, Office of Civil Rights, 200 Independence Ave S.W., Washington, D.C. 20201; by phone (800)368-1019 (voice) or (800)537-7697 (TDD); by Fax (202)619-3818; by email ocrmail@hhs.gov; or online at <http://www.hhs.gov/ocr/civilrights/complaints/index.html>.

Or write to:

Discrimination Coordinator, Director of DSS Division of Legal Services, 700 Governors Drive, Pierre, SD 57501; by phone (605)773-3305; or by email DSSinfo@state.sd.us.

Social Security Numbers

Social Security Numbers are used by the Division of Child Support program to locate individuals for purposes of establishing paternity, modifying, and enforcing support obligations. See 42 U.S.C. §666(a)(13). If you do not have a Social Security Number or the noncustodial 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.

I. CUSTODIAL PARENT INFORMATION

First Name	Middle Name	Last Name	Home Phone Number (include area code)
Residential Address (Street, City, State, Country, Zip Code)			Cell Phone Number (include area code)
Mailing Address (if different than above) (Street, City, State, Country, Zip Code)			
Employer Name and Address			Employer Phone Number (include area code) May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, best time to contact you:
Date of Birth (MM/DD/YYYY)	Ethnicity (Optional): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Select one or more Race (Optional): <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		
Social Security Number (if available) _____ - _____ - _____			
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female			

II. NONCUSTODIAL PARENT INFORMATION

First Name	Middle Name	Last Name	Home Phone Number (include area code)
Residential Address (Street, City, State, Country, Zip Code)			Cell Phone Number (include area code)
Mailing Address (if different than above) (Street, City, State, Country, Zip Code)			
Employer Name and Address			Employer Phone Number (include area code)
Date of Birth (MM/DD/YYYY)	Ethnicity (Optional): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Select one or more Race (Optional): <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		
Social Security Number (if available) _____ - _____ - _____			
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female			

III. INFORMATION ABOUT YOUR CHILD(REN)

List the full name and complete the following information for each child who lives with the custodial parent and for whom the noncustodial parent is ordered to pay child support for.

_____ First Name _____ Middle Name _____ Last Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth (MM/DD/YYYY) _____ - _____ - _____ Social Security Number (if available) _____ - _____ - _____	Ethnicity (Optional): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Select one or more Race (Optional): <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
_____ First Name _____ Middle Name _____ Last Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth (MM/DD/YYYY) _____ / _____ / _____ Social Security Number (if available) _____ - _____ - _____	Ethnicity (Optional): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Select one or more Race (Optional): <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

_____ First Name _____ Middle Name _____ Last Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth (MM/DD/YYYY) _____/_____/_____ Social Security Number (if available) _____-_____-_____ 	Ethnicity (Optional): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Select one or more Race (Optional): <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
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I authorize the DCS to provide income withholding only services on my behalf. I understand the DCS will not provide any other services and I must inform the DCS of any changes in the noncustodial parent's employer. I have submitted a copy of the most recent child support order and paid the \$25.00 fee.

I declare and affirm under 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.

Applicant Printed Name: _____

Applicant Signature: _____ Date: _____