

## APPLICATION FOR CHILD SUPPORT SERVICES

The Division of Child Support (DCS) provides the following services: locate; paternity and order establishment; and enforcement of child support and medical support orders. DCS is unable to assist with custody and parenting time issues or any other issue not directly related to child support.

DCS services are available to custodial and noncustodial 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, this application is the initial starting point. Once a child support order is established, DCS will enforce the child support order unless you request the child support case closed or the custodial parent applies for services.

If you have an existing child support order and need to add a subsequent child to the order, you will need to complete a Petition for Modification. The Petition for Modification and information regarding the modification process can be found at <http://dss.sd.gov/childsupport/modifysupportorder.aspx> or you may contact any Division of Child Support office to request one to be mailed to you.

### INSTRUCTIONS

1. **Read the “Agreement for Child Support Services” included with this application.** These pages describe the services Division of Child Support provides, your responsibilities, and the use and disclosure of case information. Retain these pages for your records.
2. **Determine how many applications you must complete.** Complete a separate application form for each parent. For example:
  - I am the alleged father or noncustodial parent of one child with the same mother: I need to complete ONE application.
  - I am the father of two children, but each has a different mother: I need to complete TWO applications.
  - I am the mother of two children with the same father: I need to complete ONE application.
  - I am the mother of two children and they have different fathers: I need to complete TWO applications.

**If you have questions about how many applications to complete, please contact a DCS office.** See page 2 for a listing of DCS offices and telephone numbers.

If you need another form, you may contact any DCS office or download an application from <http://dss.sd.gov/formspub/>.

3. **Complete the Application for Services.** Read all instructions carefully and answer each question as completely as possible. Print legibly or type your answers. If you are unable to understand or complete the form, or need assistance in completing the form, please contact any DCS office for assistance. Be sure your application is complete and signed. ***Incomplete applications and/or forms will be returned.***

In Section I of the Application, indicate the type of service you are requesting. Be sure to include all of the documents listed for the type of service you are requesting. If documents are not included, the application will be returned to you.

It is important to read the Agreement for Child Support Services (pages 13-14). These pages describe the services Division of Child Support provides, your responsibilities, fees, accounting procedures, and the use and disclosure of case information. Retain these pages for your records.

4. **Application Fee** – There is a \$5 application fee for DCS services. The fee may be paid either by cash, personal check or money order. Personal check or money order should be made payable to Division of Child Support. The application fee is waived if you are receiving TANF, SNAP and/or Medicaid.
5. **Genetic Testing Fee** – If paternity has not been established and you are requesting genetic testing to be done, the fee is \$35.50 per person tested. The fee must be paid at the time of application and may be paid by either cash, personal check or money order. Personal check or money order should be made payable to Division of Child Support. Example: If three individuals (alleged father, mother and child), the total fee to be paid is \$106.50.
6. **Where to submit this application:**

<b>If you live in:</b>	<b>Submit application to:</b>	
Bon Homme, Charles Mix, Clay, Douglas, Hutchinson, Turner, Union, Yankton	Division of Child Support 3113 N Spruce St Ste 200 Yankton, SD 57078-5320	Phone Number: 605-668-3030 Toll-free Number: 1-800-455-5241
Lincoln, Minnehaha	Division of Child Support 811 E 10 <sup>th</sup> St Dept 2 Sioux Falls, SD 57103-1650	Phone Number: 605-367-5444 Toll-free Number: 1-866-801-5421
Beadle, Brookings, Hand, Kingsbury	Division of Child Support 110 3 <sup>rd</sup> SW Ste 200 Huron, SD 57350-1408	Phone Number: 605-353-7100 Toll-free Number: 1-877-329-0019
Aurora, Buffalo, Brule, Davison, Hanson, Jerauld, Lake, McCook, Miner, Moody, Sanborn	Division of Child Support 116 E 11 <sup>th</sup> Mitchell, SD 57301-1432	Phone Number: 605-995-8000 Toll-free Number: 1-800-231-8346
Brown, Campbell, Corson, Day, Dewey, Edmunds, Faulk, Marshall, McPherson, Spink, Walworth, Ziebach	Division of Child Support 3401 10 <sup>th</sup> Ave SE Aberdeen, SD 57401-8000	Phone Number: 605-626-3160 Toll-free Number: 1-866-239-8855
Bennett, Gregory, Haakon, Hughes, Hyde, Jackson, Jones, Lyman, Mellette, Potter, Stanley, Sully, Todd, Tripp	Division of Child Support 912 E Sioux Ave Pierre, SD 57501-3940	Phone Number: 605-773-3612 Toll-free Number: 1-800-226-1033
Butte, Custer, Fall River, Harding, Lawrence, Meade, Oglala Lakota, Pennington, Perkins	Division of Child Support 510 N Campbell PO Box 2440 Rapid City, SD 57709-2440	Phone Number: 605-394-2525 Toll-free Number: 1-800-644-2914
Clark, Codington, Deuel, Grant, Hamlin, Roberts	Division of Child Support 2001 9 <sup>th</sup> Ave SW Ste 300 Watertown, SD 57201-4029	Phone Number: 605-882-5000 Toll-free Number: 1-866-239-6787

If you live outside of South Dakota and a child support order has not been entered, submit the application to the office which handles the county where the custodial parent resides.

Request Date: \_\_\_\_\_

Date 408 Sent: \_\_\_\_\_

Date 408 Received: \_\_\_\_\_

### APPLICATION FOR CHILD SUPPORT SERVICES

#### 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](mailto: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](mailto: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](mailto: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. REQUESTED SERVICES

Indicate the service you are requesting (select only one).

<p>A. Establish paternity and a support order for a minor child(ren) who was not born during the marriage of the parents. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The following must be attached for this service:</p> <ul style="list-style-type: none"> <li>DSS-SE-408NCP, Application for Child Support Services (pages 3-11).</li> <li>Declaration in Support of Establishing Parentage (pages 21-29). If there is more than one child, you will need to complete a Declaration for each child. Instructions for completing this form are on pages 15-19.</li> <li>DSS-SE-481, Financial Statement (pages 31-33).</li> <li>Verification of Income (wage stubs, tax return).</li> <li>Copy of child's birth certificate, if available.</li> <li>Picture of Mother/Father of child, if available.</li> <li>\$106.50 Genetic Testing Fee (\$35.50 per person tested). Fee may be paid by cash, money order or by check. Money order or check should be made payable to Division of Child Support.</li> <li>\$5.00 application fee. Fee is waived if you are receiving TANF, SNAP, and/or Medicaid or a child in your household is receiving Medicaid. Fee may be paid by cash, money order or by check. Money order or check should be made payable to Division of Child Support.</li> </ul>
<p>B. Establish a child support order for a minor child(ren). <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The following must be attached for this service:</p> <ul style="list-style-type: none"> <li>DSS-SE-408NCP, Application for Child Support Services (pages 3-11).</li> <li>DSS-SE-481, Financial Statement (pages 31-33).</li> <li>Copy of a Paternity Affidavit, genetic test results, court order establishing paternity, documentation showing the child was born during the marriage of the mother and father, or adoption order.</li> <li>Copy of child's birth certificate, if available.</li> <li>Verification of Income (wage stubs, tax return).</li> <li>Picture of Mother/Father of child, if available.</li> <li>\$5.00 application fee. Fee is waived if you are receiving TANF, SNAP, and/or Medicaid or a child in your household is receiving Medicaid. Fee may be paid by cash, money order or by check. Money order or check should be made payable to Division of Child Support.</li> </ul>

## II. CUSTODIAL PARENT INFORMATION

Legal Name (First, Middle and Last)		Maiden Name (if applicable)	
Social Security Number (if available)		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth (MM/DD/YYYY)	City of Birth	State of Birth	Country of Birth
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			
If American Indian, what is the Tribal Name?		What is the Tribal Enrollment Number?	
Home Phone Number (include area code)		Cell Phone Number (include area code)	
<b>ADDRESS INFORMATION</b>			
Residential Street Address (street or rural route number and box)			
City	State	Zip Code	Country
Mailing address is: <input type="checkbox"/> Same as above <input type="checkbox"/> Different (Complete mailing address) <input type="checkbox"/> Unknown			

Mailing Address			
City	State	Zip Code	Country
<b>EMPLOYER INFORMATION</b>			
Employer Name		Address	
City	State	Zip Code	Country
Phone Number (include area code)			
<b>ADDITIONAL INFORMATION</b>			
Has the custodial parent 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 custodial parent 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):	Does the custodial parent have an open child support case in another state or with a tribal child support agency? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, please list the state(s) or the tribal agency:	

### III. NONCUSTODIAL PARENT INFORMATION

Legal Name (First, Middle and Last)		Maiden Name (if applicable)	
Alias, Nickname or Other Names:			
Social Security Number (if available)		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth (MM/DD/YYYY)	City of Birth	State of Birth	Country of Birth
Height:	Weight:	Eye Color:	
Hair Color:	Any distinguishing features:		
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			
If American Indian, what is the Tribal Name?		What is the Tribal Enrollment Number?	
Home Phone Number (include area code)		Cell Phone Number (include area code)	
<b>ADDRESS INFORMATION</b>			
Residential Street Address (street or rural route number and box)			
City	State	Zip Code	Country
Mailing address is: <input type="checkbox"/> Same as above <input type="checkbox"/> Different (Complete mailing address)			
Mailing Address			
City	State	Zip Code	Country
Have you resided in SD? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		List other states/countries you have resided in:	

EMPLOYER INFORMATION					
Employer Name			Address		
City		State	Zip Code	Country	
Phone Number (include area code)		Is this a current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If no, when did you last work there?		What is your usual occupation?	
INCARCERATION INFORMATION					
<input type="checkbox"/> I am currently in jail/prison <input type="checkbox"/> I have been in jail/prison <input type="checkbox"/> I have never been in jail/prison	Name of Jail/Prison				
	Address		City	State	Zip Code
	Date of Arrest		Date of Expected Release		Date of Release
MILITARY INFORMATION					
Are you in the Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, what branch? <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard		Military Status: <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard <input type="checkbox"/> Discharged		Do you receive a monthly military or veteran's benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, explain:	
SOURCES OF INCOME – List monthly amounts, if any, by each.					
Self-employment: \$	SSI: \$	Retirement Benefits: \$	Social Security: \$	Reemployment Assistance/Unemployment: \$	
Veteran's Benefits: \$	Worker's Compensation: \$	Rental: \$	Other (explain):		
OTHER INFORMATION					
Do you pay child support in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, please list the state(s):			How do you contact the custodial parent in case of an emergency?		
NONCUSTODIAL PARENT'S FAMILY HISTORY					
Father's Name			Father's Phone Number (include area code)		
Address		City	State	Zip Code	
Mother's Name		Mother's Maiden Name		Mother's Phone Number (include area code)	
Address		City	State	Zip Code	

#### IV. MINOR CHILDREN

List the full legal name (name listed on birth certificate) and complete the following information for each child who lives with the custodial parent listed in Section II and for whom you are seeking paternity establishment and/or an order for support. If the child(ren) has any full siblings, either residing with you or another caretaker, please include them below and note with whom they reside. **Attach a copy of the birth certificate for each child to the application, if available.**

Child 1			
First Name	Middle Name	Last Name	Suffix (Jr, II, etc.)

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			
If American Indian, what is the Tribal Name?		What is the Tribal Enrollment Number?	
Your relationship to the child: <input type="checkbox"/> Biological Mother <input type="checkbox"/> Biological Father <input type="checkbox"/> Alleged Father <input type="checkbox"/> Legal Parent <input type="checkbox"/> Custodian <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Nonparent/Relative		Does the child reside in your household? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	
City of Birth	State of Birth	Country of Birth	
Were the parents living together at time of birth? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were the parents married to each other at the time of birth? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>COMPLETE THIS SECTION IF THE CHILD'S PARENTS WERE NOT MARRIED</b>			
Has an Acknowledgment of Paternity been signed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a copy of the acknowledgment. State the Acknowledgment of Paternity was filed in:			
Has genetic testing (DNA) been done? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy of the genetic test results.			
Has a court order been entered establishing paternity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a copy of the court order. County and State court order was filed in:			
Was the child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a copy of the adoption order. Date of adoption (MM/DD/YYYY):			

<b>Child 2</b>							
First Name		Middle Name		Last Name		Suffix (Jr, II, etc.)	
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							
If American Indian, what is the Tribal Name?				What is the Tribal Enrollment Number?			
Your relationship to the child: <input type="checkbox"/> Biological Mother <input type="checkbox"/> Biological Father <input type="checkbox"/> Alleged Father <input type="checkbox"/> Legal Parent <input type="checkbox"/> Custodian <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Nonparent/Relative				Does the child reside in your household? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:			
City of Birth		State of Birth		Country of Birth			
Were the parents living together at time of birth? <input type="checkbox"/> Yes <input type="checkbox"/> No				Were the parents married to each other at the time of birth? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>COMPLETE THIS SECTION IF THE CHILD'S PARENTS WERE NOT MARRIED</b>							
Has an Acknowledgment of Paternity been signed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a copy of the acknowledgment. State the Acknowledgment of Paternity was filed in:							
Has genetic testing (DNA) been done? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy of the genetic test results.							
Has a court order been entered establishing paternity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a copy of the court order. County and State court order was filed in:							
Was the child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a copy of the adoption order. Date of adoption (MM/DD/YYYY):							

<b>Child 3</b>			
First Name	Middle Name	Last Name	Suffix (Jr, II, etc.)
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			
If American Indian, what is the Tribal Name?		What is the Tribal Enrollment Number?	
Your relationship to the child: <input type="checkbox"/> Biological Mother <input type="checkbox"/> Biological Father <input type="checkbox"/> Alleged Father <input type="checkbox"/> Legal Parent <input type="checkbox"/> Custodian <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Nonparent/Relative		Does the child reside in your household? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	
City of Birth	State of Birth	Country of Birth	
Were the parents living together at time of birth? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were the parents married to each other at the time of birth? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>COMPLETE THIS SECTION IF THE CHILD'S PARENTS WERE NOT MARRIED</b>			
Has an Acknowledgment of Paternity been signed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a copy of the acknowledgment. State the Acknowledgment of Paternity was filed in:			
Has genetic testing (DNA) been done? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy of the genetic test results.			
Has a court order been entered establishing paternity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a copy of the court order. County and State court order was filed in:			
Was the child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a copy of the adoption order. Date of adoption (MM/DD/YYYY):			

**V. HEALTH INSURANCE INFORMATION**

Do any of the children receive medical assistance (Medicaid or Title 19) or CHIP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the children's names:		
Does either parent have private health insurance for the child(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who provides? <input type="checkbox"/> Custodial Parent <input type="checkbox"/> Noncustodial Parent <input type="checkbox"/> Other (name/relationship):		
Insurance Company Name:	Phone Number:	
Street Address:		
City:	State:	Zip Code:
Policy Number:	Group Number:	Type of Insurance: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other
Insurance Coverage Start Date (MM/DD/YYYY):	Insurance Coverage End Date (MM/DD/YYYY):	
Total Number of Persons Covered Under This Policy:	Monthly Cost for the Insurance: \$	Monthly Cost of Insurance for Single (self-only) Coverage: \$
Name of Children Covered Under the Above Policy:		

If more than one child has health insurance that differs from what has been provided include it on a separate sheet.

**NOTE: If you currently do not provide health insurance coverage, the court may enter an order requiring one or both parents to obtain health insurance, even if the children are eligible for Medicaid.**



**VI. RELATIONSHIP TO THE CUSTODIAL PARENT**

**Fill in all that apply.** For example: if you were previously married but now divorced, please complete both the Married and Divorce sections.

RELATIONSHIP	DATE (MM/DD/YYYY)	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. If a Stipulation and Agreement was signed, the Stipulation and Agreement must be attached to the appropriate court order.

TYPE OF ORDER	COUNTY	STATE	DATE OF ORDER (MM/DD/YYYY)	DOCKET NUMBER	AMOUNT ORDERED	FREQUENCY
<input type="checkbox"/> No Order	NA	NA	NA	NA	NA	NA
<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						

**NOTE: If you are attaching a divorce decree, please include the Complaint and Stipulation and 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 parenting time, you must contact DCS immediately.

Do you currently have an attorney or agency representing you on any matter related to the parent of the child(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide the following information:		
Attorney Name:		Phone Number:
Law Firm Name:	Address:	
City:	State:	Zip Code:
Does the attorney or agency know you are requesting DCS services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the custodial parent have an attorney or agency representing them in any matter related to the child(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide the following information:		
Attorney Name:		Phone Number:
Law Firm Name:	Address:	
City:	State:	Zip Code:
Have there been any documents (i.e. divorce summons and complaint, custody or parenting time) filed with the court which relate to the children? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
If Yes: City:	County:	State:

## REQUIREMENTS OF COOPERATION

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.**

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

I understand 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 the law allows the court to order the DCS to release information if the court determines the release of information would not put at risk my health, safety, or liberty or that of the child(ren).**

I understand listing Social Security Numbers for myself and my children is voluntary according to 42 U.S.C. 405(c)(2)(C). DCS requests these Social Security Numbers according to 42 U.S.C. 654 and 666. As provided by federal statutes 42 U.S.C. 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 legal services for the state may be provided by private attorneys. **I also understand 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 DCS has the authority to close my case as outlined in SERVICES.

I understand 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 Printed Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## AGREEMENT FOR CHILD SUPPORT SERVICES

Detach this document and keep it for your records.

This document includes the terms and conditions of the services which will be provided in your child support case by the South Dakota Department of Social Services, Division of Child Support (DCS). This document describes DCS's services, the responsibilities of the persons receiving the services, and the use and disclosure of information for cases. It is important that you read the entire 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 signed by the mother and father; genetic testing; court order establishing paternity; or adoption order. Application must be received at least 90 days prior to child being emancipated.

If DCS establishes paternity and the child was born in SD, an order adjudicating paternity will be filed with the Office of Vital Records. Vital Records will add the father's name to the child's birth record. The child's birth certificate will be amended to reflect both parents' names. If the child was born in another state, one of the parents will need to contact the Vital Record agency in the other state to obtain the necessary paperwork to add the father's name to the birth record. The other state may assess a fee for adding the father's name to the birth record.

- c. Establish a child support order for a minor child(ren). In the process, DCS will ask you to maintain a health insurance policy for the child(ren) if you do not have adequate health insurance. Application must be received at least 90 days prior to child being emancipated.

Prior Period Support – SD law 25-7A-21.1 allows for prior period support not to exceed three years from date application to be requested. DCS will contact the custodial parent to provide him/her an opportunity to request prior period support.

If the child was born in SD and order adjudicating paternity is entered, the order will be filed with the Office of Vital Records. Vital Records will add the father's name to the child's birth record. The child's birth certificate will be amended to reflect both parents' names. If the child was born in another state, one of the parents will need to contact the Vital Record agency in the other state to obtain the necessary paperwork to add the father's name to the birth record. The other state may assess a fee for adding the father's name to the birth record.

- c.
3. If the custodial parent lives in another state other than South Dakota or another jurisdiction, DCS may have to refer your case to the other agency to establish paternity and/or a child support order, or enforce the child support order. Because of the differences in state laws and procedures, cases referred to other agencies 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 enforcement 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. However if the tribe has a federally approved child support program, DCS may be able to refer your case to their child support program to establish paternity and/or child support order.
5. In performing services to you, DCS is assisted by attorneys. These attorneys represent the state. They are not your personal attorneys.

**This means no attorney-client relationship exists between you and the DCS attorney. It also means 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 interest.**

DCS cannot provide all services that you may receive from a private attorney. For example, DCS cannot provide services to you regarding custody, parenting time, 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.

- c.
6. Your case will close under the following conditions:
  - a. DCS will immediately close your case upon your written or verbal request.
  - 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 number 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 intent to terminate, and provide information that could lead to the location of the custodial parent or to the establishment of paternity and/or 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 a support order.

#### **ADMINISTRATIVE COMPLAINT PROCEDURES**

A recipient of DCS services is entitled to an administrative review of a complaint where there is evidence an error 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, DCS will conduct a review of the complaint and, if appropriate, take necessary corrective action. The DCS will 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 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 the DCS provides services to you, the DCS must use your Social Security Number of your child(ren). 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.

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## INSTRUCTIONS FOR DECLARATION IN SUPPORT OF ESTABLISHING PARENTAGE

### PURPOSE OF THE FORM:

This declaration supplements the Uniform Support Petition to provide evidence to establish parentage. A separate Declaration in Support of Establishing Parentage is required for each child needing parentage establishment. Reminder: A person who claims to be the child's parent may petition for parentage establishment under UIFSA. A person should complete the form to the extent that he or she has information.

This form includes information that may pose a significant risk to an individual if made available in a public forum or inappropriately disclosed. This form may be filed with the petition or pleading, but should not be filed or included in a record available to the general public. The information on this form may be disclosed to the parties in the case unless accompanied by a nondisclosure finding/affidavit.

If you are not the intended recipient, you are hereby notified that any use, disclosure, distribution, or copying of this form or its contents is strictly prohibited.

**THIS FORM CONTAINS SENSITIVE INFORMATION – DO NOT FILE THIS FORM IN A PUBLIC ACCESS FILE.**

**DO NOT COMPLETE THIS FORM IF THERE IS AN ORDER OF PARENTAGE OR A SIGNED VOLUNTARY ACKNOWLEDGMENT OF PARENTAGE.**

**NOTE:** An order of parentage can include a divorce decree or an adoption order as well as a tribunal support order.

**The Personal Information Form for UIFSA § 311 must be attached.**

*Italicized text that appears within a "box" refers to policy or provides additional information.*

*For a foreign address, be sure to include the country and postal code as part of the address.*

*Tribal IV-D programs may choose to use the federal Intergovernmental forms. However, they are not required to use or accept such forms. If you have any questions, contact the tribal IV-D agency directly using the contact information on the OCSE website.*

*Where forms request a locator code, note that tribal locator codes uniquely identify tribal cases with "9" in the first position, 0 (zero) in the second position, and then a 3-character tribal code defined by the Bureau of Indian Affairs (BIA).*

### HEADING/CAPTION:

- Identify the **petitioner** and **respondent** by full legal name (first, middle, last, suffix), and if applicable, include the name of the tribe with which the petitioner or respondent is affiliated.
- Check the appropriate box to identify the type of case: TANF, IV-E foster care, Medicaid only, former assistance, never assistance, or non-IV-D.

*TANF means the obligee's family is currently receiving IV-A cash payments. A Medicaid only case is a case in which the obligee's family receives Medicaid but does not receive TANF. A former assistance case might be a case for state arrears only or for a family that previously received TANF, but is not doing so at this time.*

- In the appropriate spaces, if applicable and if known, enter the responding jurisdiction's IV-D case identifier and tribunal number.

*The responding jurisdiction is the jurisdiction that is working the case at the request of the initiating jurisdiction. Under "IV-D case identifier," enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified up to 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number," you may enter the docket number, cause number, or any other appropriate reference number that the responding tribunal may use to identify the case, if known.*

- In the appropriate spaces, enter the initiating jurisdiction's IV-D case identifier and, if applicable, tribunal number.

*The initiating jurisdiction is the jurisdiction that referred the case to the responding jurisdiction for services. Under "IV-D case identifier," enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified up to 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number," you may enter the docket number, cause number, or any other appropriate reference number that the initiating tribunal has assigned to the case.*

In the "NOTE:" section, check any of the following that apply:

- **Nondisclosure Finding/Affidavit attached** - If there is a finding prohibiting disclosure of a party's or child(ren)'s address/identifying information or an affidavit alleging that disclosure of such information would result in risk of harm, check the box for "Nondisclosure Finding/Affidavit attached" and attach a copy of the finding/affidavit in accordance with section 312 of UIFSA. If there is a finding/affidavit prohibiting disclosure, the information must be sealed and may not be disclosed to the other party or the public. You may provide the address of the IV-D agency as a substitute address for the protected party.

*UIFSA requires that the petition or accompanying documents include certain identifying information regarding the parties and child(ren) (e.g., residential address, social security number) unless a party alleges in an affidavit or a pleading under oath that the health, safety, or liberty of a party or child would be jeopardized by disclosure of such information. In that event, the information must be sealed.*

*If a jurisdiction has reason to believe that information should not be released because of safety concerns, it should ensure that there is a nondisclosure finding or an allegation in an affidavit or the pleading that disclosure of identifying information would result in a risk of harm, as provided under section 312 of UIFSA. In addition to identifying information included on this form, it may be appropriate to submit certain financial information under seal.*

- **This form sent through EDE** – Check if this Declaration was also sent through the Electronic Document Exchange (EDE).

*CSENet and EDE transactions are the recommended methods for making requests or sending information to another state. If CSENet is not listed as an option on the form, then it cannot be used to convey any of the requests or information provided on the form.*

*Supporting documentation should be sent through EDE, whenever possible.*

Complete a separate declaration for each child needing parentage established.

Complete the declaration to the extent that you have the information.

**Section I. Declaration:** (Information to be completed or furnished by a parent of the child.)

Enter the full legal name (first, middle, last, suffix) of the person completing the Declaration. Complete the form to the extent you have information.

**Item 1:** Check whether you are the biological or nonbiological parent of the child and indicate your gender. Gender is defined as "Female", "Male", or "Other". Select "Other" if you do not identify as "female" or "male". A nonbiological parent may be the same-sex spouse or partner of a parent or the intended parent in a surrogacy. If you are not a parent of the child, check "Other" and explain your relationship to the child in section IV. For example, you may be a relative or caretaker of the child or a Foster Care or IV-D agency worker. An agency or tribunal representative (such as a Foster Care or IV-D agency worker) may complete and sign the form if no parent or custodian is available or cooperative. If you checked "Other," also explain in Section IV the basis for alleging the respondent is the parent. Section II provides examples of the type of information needed.

- "Child's legal name (first, middle, last, suffix)" - Enter the full legal name of the child for whom you are seeking the establishment of parentage.
- "Date conception occurred (month, year)" - Enter the period of time when you believe the mother became pregnant (e.g., 04/09 or from 04/09 to 05/09). Be sure to include both the month(s) and the year when providing date(s). Be as specific as possible.
- "Location where child was conceived (city, county, state)" - If the child was conceived in a country other than the United States, include the name of the country in this field.
- "Full term pregnancy" - Check "Yes" or "No" to indicate if the pregnancy lasted nine months. If no, explain in section IV (e.g., 6 months - child born premature).



- “Birth certificate attached” - Check “Yes” or “No” to indicate if the birth certificate is attached. The birth certificate should be attached. If it is not, you must explain in section IV.

**Item 2:** Check whether the respondent is the biological or nonbiological parent of the child named above.

**Item 3:** Enter the full legal name of the birth mother and the full legal name of the person with whom the birth mother had sexual intercourse that resulted in the conception of the child. If the child was conceived using assisted reproduction or a surrogate parent, describe all pertinent information regarding the conception of the child in section IV.

**Item 4:** If additional space is needed, use section IV.

*The information in Item 4 is intended to identify whether there is a presumed parent under state law. That individual may be the respondent or another person. The law of the responding state will govern whether and how a presumption of parentage is created. The more common grounds are covered by the following questions. The responding state may require additional information.*

**4a:** Check “Yes” or “No” to indicate whether the biological mother was married and the child was born during the marriage or within 300 days after the marriage legally ended. If yes, and the mother’s spouse/former spouse is not the respondent named in this Declaration, provide the name, address, and gender of the spouse/former spouse, and explain in the space below why he/she is not the child’s parent. Provide the dates the marriage began and legally ended and provide supporting documentation. Identify the tribunal state and county that issued the order legally ending the marriage, for example, a divorce decree or annulment.

**4b:** Check “Yes” or “No” to indicate whether a person acted as, and presented himself/herself to be, the child’s parent. If yes, and the individual is not the respondent named in this Declaration, provide the individual’s name, address, and gender, and explain in the space below why the individual is not the child’s parent.

**4c:** Check “Yes” or “No” to indicate whether a court or IV-D agency completed genetic testing to determine the biological parent of the child. If yes, include the probability of parentage from the test in the space provided and attach the test results. If genetic tests were completed and the individual tested is not the respondent named in this Declaration, provide the individual’s name, address, and gender, and explain in the space below why the individual is not the child’s parent.

**Item 5:** Check “Yes” or “No” to indicate whether another person, other than the birth mother, is named on the child’s birth certificate. If yes, provide the individual’s name, address, and gender.

**Item 6:** Check “Yes” or “No” to indicate whether there is a voluntary acknowledgment of parentage, executed with regard to this child, which has been rescinded. The name of the document varies, but in every state unmarried parents may sign an acknowledgment of parentage. State law varies on whether same-sex parents can sign an acknowledgment of parentage in order to legally determine parentage. If you check “Yes,” attach a copy of the rescinded acknowledgment. Provide the name, address, and gender of the individual(s) who signed and later rescinded the acknowledgment. **NOTE: If there is a signed voluntary acknowledgment of parentage that has not been rescinded, you should not be completing this form. You already have a legal determination of parentage.**

**Section II. To Be Completed by the Petitioner (complete either 1 or 2, as appropriate):**

This section must be completed by the person named as the petitioner in the related Uniform Support Petition.

Check the box next to “1” if you are asserting that the respondent is the parent of the child named in the related petition. Alternatively, check the box next to “2” if you are asserting that you are the parent of this child and are seeking to establish your legal relationship to the child. Check only one of the boxes.

If you checked the box next to “1,” complete items 1a through 1n.

**Item 1:** Enter the full legal name (first, middle, last, suffix) of the respondent you assert is a parent of the child named in the related Uniform Support Petition. Check the appropriate answer for each statement (1.a through 1.n). If an explanation is needed, use section IV.

**1a:** “I lived with the respondent.” - Check “Yes” or “No” to indicate whether you lived with the respondent. If yes, enter the dates and location. Check “Not applicable” if this statement does not apply.

**1b:** “I told the respondent that he/she is the parent of the child.” - Check “Yes” or “No” to indicate whether you told the respondent that he/she is the parent. Check “Not applicable” if this statement does not apply.

**1c:** “The respondent admitted being the parent of the child.” - Check “Yes” or “No” to indicate whether the respondent admitted to being the other parent.

**1d:** “The respondent communicated about the pregnancy and/or about the child.” - Check “Yes” or “No” to indicate whether the respondent communicated about the pregnancy and/or about the child. In addition to written communication, item 1d includes electronic communication such as e-mail, text messages, and forms of social media. Check “Copies of communications attached” if you are attaching copies of the relevant communications. For electronic communication, you may include a printout showing the date of the communication and the date it was downloaded.

- 1e:** "The respondent was present at the birth of the child." - Check "Yes" or "No" to indicate whether the respondent was present at the birth of the child.
- 1f:** "The respondent visited the child at the hospital following birth." - Check "Yes" or "No" to indicate whether the respondent visited the child at the hospital.
- 1g:** "The respondent offered to pay abortion expenses." - Check "Yes" or "No" to indicate whether the respondent offered to pay abortion expenses.
- 1h:** "The respondent offered to pay/paid medical expenses." - Check "Yes" or "No" to indicate whether the respondent offered to pay or paid medical expenses. These may include expenses related to the pregnancy with the child or medical expenses related to the child.
- 1i:** "The respondent offered to pay/paid birth related expenses." - Check "Yes" or "No" to indicate whether the respondent offered to pay or paid birth related expenses.
- 1j:** "The respondent claimed the child on a tax return." - Check "Yes," "No," or "Don't know" to indicate whether the respondent claimed the child as a dependent on a state or federal income tax return.
- 1k:** "The respondent provided food, clothing, gifts, or financial support for the child." - Check "Yes" or "No" to indicate whether the respondent provided any food, clothing, gifts, or money for the child.
- 1l:** "The respondent lived with the child." - Check "Yes" or "No" to indicate whether the respondent lived in the same residence with the child. If yes, explain in section IV.
- 1m:** "The respondent visited the child." - Check "Yes" or "No" to indicate whether the respondent visited the child.
- 1n:** "The child resembles the respondent." - Check "Yes" or "No" to indicate whether the child has physical characteristics similar to the respondent. Check "Photo attached" if you are attaching a photograph of the child and the respondent.

**Item 2:** Enter your full legal name (first, middle, last, suffix) if you assert you are the legal parent of the child named in the related Uniform Support Petition. Check the appropriate answer for each statement (2.a through 2.l). If an explanation is needed, use section IV.

- 2a:** "I lived with the respondent." - Check "Yes" or "No" to indicate whether you lived with the respondent. If yes, enter the dates and location.
- 2b:** "The respondent told me that I am the parent of the child." - Check "Yes" or "No" to indicate whether the respondent told you that you are the parent.
- 2c:** "I was present at the birth of the child." - Check "Yes" or "No" to indicate whether you were present at the birth of the child.
- 2d:** "I visited the child at the hospital following birth." - Check "Yes" or "No" to indicate whether you visited the child at the hospital.
- 2e:** "I offered to pay abortion expenses." - Check "Yes" or "No" to indicate whether you offered to pay abortion expenses.
- 2f:** "I offered to pay/paid medical expenses." - Check "Yes" or "No" to indicate whether you offered to pay or paid medical expenses. These expenses may have been related to the respondent's pregnancy with the child or medical expenses related to the child.
- 2g:** "I offered to pay/paid birth related expenses." - Check "Yes" or "No" to indicate whether you offered to pay or paid birth related expenses.
- 2h:** "I claimed the child on a tax return." - Check "Yes" or "No" to indicate whether you claimed the child as a dependent on a state or federal income tax return.
- 2i:** "I provided food, clothing, gifts, or financial support for the child." - Check "Yes" or "No" to indicate whether you provided food, clothing, gifts, or money for the child.
- 2j:** "I lived with the child." - Check "Yes" or "No" to indicate whether you lived in the same residence with the child. If yes, explain in section IV.
- 2k:** "I visited the child." - Check "Yes" or "No" to indicate whether you visited the child.
- 2l:** "The child resembles me." - Check "Yes" or "No" to indicate whether the child has physical characteristics similar to you. Check "Photo attached" if you are attaching a photograph of yourself and the child.

**Section III. To Be Completed by the Birth Mother Only** (If you are not the birth mother, skip this Section and go to Section IV.):

This section should only be completed when the petitioner is the birth mother of the child. If the petitioner is not the birth mother of the child, skip to section IV.

**Item 1:** "I had sexual intercourse with a man (other than the person I am naming as the respondent) during the 30 days before or 30 days after the child was conceived." Check "Yes" or "No" to indicate whether you had sexual intercourse with a different man or with other men during the 30 days before or the 30 days after the child was conceived ("Date conception occurred"). If yes, complete items 1a through 1c.

- 1a:** "The name(s) and address(es) of the other man/men:" - Provide the name(s) and address(es) of the man/men in the space below.
- 1b:** "The other man/men is/are biologically related to the person I am naming as the respondent." - Check "Yes" or "No"

to indicate whether the other man/men is/are biologically related to the person you are naming as the respondent. If yes, state the relationship (e.g., brother, cousin). The relationship is relevant for genetic testing.

**1c:** "I do not believe the other man/men is/are the child's biological parent because:" - Explain in the space below why you do not believe the other man/men is/are the biological parent of this child (e.g., prior exclusion by genetic testing).

#### **Section IV. Other Pertinent Information:**

In this section, provide detailed explanations for sections I, II, and III above and any other additional information that may be helpful in establishing parentage. If the information is related to a previous section, identify the section and item number. If additional space is needed, check "Continued on attached sheet(s), incorporated by reference."

#### **Section V. Declaration:**

The person seeking to establish parentage – the individual petitioner or agency or tribunal representative – must sign under penalty of perjury and date the Declaration in Support of Establishing Parentage at the bottom of the page. An agency or tribunal representative (such as a Foster Care or IV-D agency worker) may complete and sign the form if no parent or custodian is available or cooperative. By this signature, the individual petitioner or agency or tribunal representative is confirming that the information and facts provided in the Declaration are true to the best of his/her belief.

#### **Encryption Requirements:**

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to e-mails may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

#### **The Paperwork Reduction Act of 1995 (Pub. L. 104-13)**

Public reporting burden for this collection of information is estimated to average 0.19 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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**DECLARATION IN SUPPORT OF ESTABLISHING PARENTAGE**

**THIS FORM CONTAINS SENSITIVE INFORMATION – DO NOT FILE THIS FORM IN A PUBLIC ACCESS FILE**

The information on this form may be filed with the petition or pleading and may be disclosed to the parties in the case unless accompanied by a nondisclosure finding/affidavit.

If you are not the intended recipient, you are hereby notified that any use, disclosure, distribution, or copying of this form or its contents is strictly prohibited.

**Personal Information Form for UIFSA § 311 must be attached.**

File Stamp

**Petitioner: Legal Name** (first, middle, last, suffix)

**IV-D Case:**  TANF

IV-E Foster Care

**Tribal Affiliation** (if applicable)

Medicaid Only

Former Assistance

**Respondent: Legal Name** (first, middle, last, suffix)

Never Assistance

**Non-IV-D Case:**

**Tribal Affiliation** (if applicable)

**Responding IV-D Case Identifier:** \_\_\_\_\_

**NOTE:**

**Responding Tribunal Number:** \_\_\_\_\_

**Nondisclosure Finding/Affidavit attached**

**This form sent through EDE**

**Initiating IV-D Case Identifier:** \_\_\_\_\_

**Initiating Tribunal Number:** \_\_\_\_\_

**DO NOT COMPLETE THIS FORM IF THERE IS AN ORDER OF PARENTAGE OR A SIGNED VOLUNTARY ACKNOWLEDGMENT OF PARENTAGE**

**A SEPARATE DECLARATION IS REQUIRED FOR EACH CHILD NEEDING PARENTAGE ESTABLISHED.**

**COMPLETE THE DECLARATION TO THE EXTENT THAT YOU HAVE THE INFORMATION.**

**Section I. Declaration:**

I, \_\_\_\_\_, declare under penalty of perjury:

Legal Name (first, middle, last, suffix)

1. Check one:

I am the biological parent of the child named below. Gender:  Female  Male  Other

I am the nonbiological parent of the child named below. Gender:  Female  Male  Other

Other (Explain relationship to the child in section IV.)

Child's legal name (first, middle last, suffix):

Date conception occurred (month, year):

Location where child was conceived (city, county, state):

Full term pregnancy:  Yes  No (If no, explain in section IV.)

Birth certificate attached:  Yes  No (If no, explain in section IV.)

2. The respondent is the  biological parent  nonbiological parent of the child named above.

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**DECLARATION IN SUPPORT OF ESTABLISHING PARENTAGE, PAGE 2**

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**Section I. Declaration (Continued):**

3. The child was conceived as a result of sexual intercourse between \_\_\_\_\_ and \_\_\_\_\_  
Legal Name (first, middle, last, suffix)  
\_\_\_\_\_ during the time stated above.

Legal Name (first, middle, last, suffix)

(NOTE: If #3 is not applicable, please provide all pertinent information regarding the conception of the child in section IV.)

4. The following facts support a presumption of parentage: If additional space is needed, use section IV.

a. The biological mother was married, and the child's birth occurred during the marriage or within 300 days after the marriage legally ended.  Yes  No (If yes, attach documentation.)  
Date marriage began: \_\_\_\_\_  
(month, day, year)  
If yes, and the mother's spouse/former spouse is not the person named as respondent in this Declaration, provide the spouse/former spouse's name, address, and gender, and explain why he/she is not the child's parent: Date marriage legally ended: \_\_\_\_\_  
(month, day, year)  
Tribunal that issued order legally ending the marriage: \_\_\_\_\_

b. A person acted as, and presented herself/himself to be, the child's parent.  Yes  No  
If yes, and he/she is not the person named as the respondent in this Declaration, provide the individual's name, address, and gender, and explain why the individual is not the child's parent:

c. A genetic test ordered/administered by a court or a IV-D agency to determine the other biological parent of the child indicates a probability of parentage of \_\_\_\_\_%.  Yes  No (If yes, attach results.)  
If yes, and the individual tested is not the respondent named in this Declaration, provide the individual's name, address, and gender, and explain why the individual is not the child's parent:

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**DECLARATION IN SUPPORT OF ESTABLISHING PARENTAGE, PAGE 3**

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**Section I. Declaration (Continued):**

5. Is any person other than the birth mother named on the child's birth certificate?  Yes  No

If yes, provide the individual's name, address, and gender:

6. Has any person completed a voluntary acknowledgment of parentage for this child that has been rescinded?  Yes  No (If yes, attach document.)

If yes, provide the individual's name, address, and gender:

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**Section II. To Be Completed by the Petitioner (complete either 1 or 2, as appropriate):**

1. I assert that the respondent, \_\_\_\_\_, is the parent of the child.

The following facts support my allegations of parentage: (If an explanation is needed, use section IV.)

- a. I lived with the respondent.  Yes Dates \_\_\_\_\_ to \_\_\_\_\_ Location: \_\_\_\_\_  
 No  Not applicable
- b. I told the respondent that he/she is the parent of the child.  Yes  No  Not applicable
- c. The respondent admitted being the parent of the child.  Yes  No
- d. The respondent communicated about the pregnancy and/or about the child.  Yes  No  Copies of communications attached
- e. The respondent was present at the birth of the child.  Yes  No
- f. The respondent visited the child at the hospital following birth.  Yes  No
- g. The respondent offered to pay abortion expenses.  Yes  No
- h. The respondent offered to pay/paid medical expenses.  Yes  No
- i. The respondent offered to pay/paid birth related expenses.  Yes  No
- j. The respondent claimed the child on a tax return.  Yes  No  Don't know
- k. The respondent provided food, clothing, gifts, or financial support for the child.  Yes  No
- l. The respondent lived with the child.  Yes  No
- m. The respondent visited the child.  Yes  No
- n. The child resembles the respondent.  Photo attached  Yes  No

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**DECLARATION IN SUPPORT OF ESTABLISHING PARENTAGE, PAGE 4**

**Section II. To Be Completed by the Petitioner (complete either 1 or 2, as appropriate) (Continued):**

2. I, \_\_\_\_\_, assert that I am the parent of the child:  
The following facts support my belief and statements that I am the parent of the child: (If an explanation is needed, use section IV.)
- a. I lived with the respondent.  Yes  No Dates \_\_\_\_\_ to \_\_\_\_\_  
Location \_\_\_\_\_
  - b. The respondent told me that I am the parent of the child.  Yes  No
  - c. I was present at the birth of the child.  Yes  No
  - d. I visited the child at the hospital following birth.  Yes  No
  - e. I offered to pay abortion expenses.  Yes  No
  - f. I offered to pay/paid medical expenses.  Yes  No
  - g. I offered to pay/paid birth related expenses.  Yes  No
  - h. I claimed the child on a tax return.  Yes  No
  - i. I provided food, clothing, gifts, or financial support for the child.  Yes  No
  - j. I lived with the child.  Yes  No
  - k. I visited the child.  Yes  No
  - l. The child resembles me.  Photo attached  Yes  No

**Section III. To Be Completed by the Birth Mother Only (if you are not the birth mother, skip this Section and go to Section IV):**

- 1. I had sexual intercourse with a man (other than the person I am naming as the respondent) during the 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 is/are biologically related to the person I am naming as the respondent.  
 Yes  No (If yes, explain the biological relationship in the space below, e.g., brother, cousin, uncle.)
  
  
  
  
  
  
  
  
  
  
  - c. I do not believe the other man/men is/are the child's biological parent because:

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**DECLARATION IN SUPPORT OF ESTABLISHING PARENTAGE PAGE 5**

**Section IV. Other Pertinent Information:** (Include detailed information for section I, section II, or section III above.)

[ ] Continued on attached sheet(s), incorporated by reference.

**Section V. Declaration:**

Under penalty of perjury, all information and facts stated in this Declaration are true to the best of my knowledge, information and belief. I agree to submit myself and, if I am the custodian, the child to genetic testing as may be necessary to establish parentage.

_____	_____	_____
Date	Petitioner (Name)	Signature
<b>or</b>		
_____	_____	_____
Date	Name/Title, Agency or Tribunal Representative	Signature

**Encryption Requirements:**

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to e-mails may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

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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 a copy of your last filed Federal Income Tax Return, including a copy of your W-2. Be sure to date and sign the financial statement. 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: ( ) \_\_\_\_\_  
Bank Name: \_\_\_\_\_ Work: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

**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. \$ \_\_\_\_\_ Reemployment assistance/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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**OTHER INFORMATION**

Do you make payments on any other child support orders for children other than those involved in this proceeding?  No  Yes

If yes, how much per month? \$\_\_\_\_\_ (Attach a copy of the court order and evidence of payments. If not attached, the amount will not be considered.)

Do you make payments for spousal support?  No  Yes

If yes, how much per month? \$\_\_\_\_\_ (Attach a copy of the court order and evidence of payments. If not attached, the amount will not be considered.)

Do you make contributions to an IRS qualified retirement plan not exceeding 10% of gross income?

No  Yes

If yes, how much per month? \$\_\_\_\_\_ (Attach documentation showing the amount being contributed. If not attached, the amount will not be considered.)

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**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.**

**Signature of person completing this Financial Statement is required.**

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**Signature**

**Date**