

## 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. The application is the initial starting point for DCS services.

**Note:** If you are not the parent of the child(ren) for whom you are applying for services, you must have legal custody and/or guardianship of the child(ren) and a copy of the court order must be attached to the application.

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. **Determine how many applications you must complete.** Complete a separate application form for each parent. For example (Custodial Parent = Parent 1. Noncustodial Parent or Alleged Father = Parent 2):
  - I am the custodial parent (Parent 1) of two children with the same noncustodial parent (Parent 2): I need to complete ONE application.
  - I am the custodial parent of two children, but each has a different noncustodial parent (Parent 2): I need to complete TWO applications.
  - I am the custodial parent (Parent 1) of one child, but there are two possible noncustodial parents (Parent 2): I need to complete ONE application naming the most likely possible noncustodial parent (Parent 2).
  - I am the caretaker of two children. Each child has a different set of parents: I need to complete TWO applications, one for each set of parents.

**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/> .

2. **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 will be returned** and may delay approval of your Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), medical assistance (Medicaid), and/or childcare assistance.

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

The Application is the starting point for DCS services. Once your application has been reviewed and accepted, additional forms may be sent to you for completion.

**It is important to read Section J, Agreement for Child Support Services, (pages 11-14).** 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.

3. **Application Fee – There is a \$5 application fee per case for DCS services.** If you are a caretaker who is applying for services against only one parent, the application fee is \$5. If you are a caretaker applying for services against both parents, the application fee is \$10 as two cases are open. **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 for the children listed in the application.
4. **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, Jerauld, Kingsbury, Miner, Moody, Sanborn	Division of Child Support 1000 18 <sup>th</sup> St SW Ste 3 Huron, SD 57350-1408	Phone Number: 605-353-7100 Toll-free Number: 1-877-329-0019
Aurora, Davison, Hanson, Lake, McCook	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, Brule, Buffalo, 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 an order has been entered in South Dakota, submit the application to the office which handles the county where the order was entered.

If you are the custodial parent/guardian and 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 noncustodial parent resides.

If you are the noncustodial parent, submit the application to the office which handles the county where the order was entered. If there is no order entered, submit the application to the office which handles your county of residence.

FOR OFFICE USE ONLY
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 the DCS has jurisdiction over a noncustodial parent who may be Native American residing on reservation/trust land.

## SECTION A: REQUESTED SERVICES

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 parents. Yes No
- Copy of the child(ren)'s birth certificate.
  - \$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.
- B. Establish a child support order for a minor child(ren). Yes No  
The following must be attached for this service:
- Acknowledgment of Paternity, genetic test results, court order establishing paternity, documentation showing the child was born during the marriage of the parents, or adoption order.
  - Copy of the child(ren)'s birth certificate.
  - \$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.
- C. Enforcement of a child support order for a minor child(ren). Yes No  
The following must be attached for this service:
- Copy of all court orders, including Divorce Decree or other court order for child support. Be sure all orders have been signed by a Judge. If a Stipulation and Agreement was signed, the Stipulation and Agreement must be attached to the appropriate court order.
  - \$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.

## SECTION B: APPLICANT'S INFORMATION

Your First Name	Your Middle Name	Your Last Name
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Your relationship to child(ren): Mother\*    Father\*    Stepparent    Legal Guardian  
Grandparent    Aunt/Uncle    Sibling    Other

**\*If you marked mother or father, skip to Section C, Parent 1.  
 If you did not mark mother or father, continue with the questions below.**

Your Date of Birth (MM/DD/YYYY)	Your Social Security Number	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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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	Ethnicity (Optional): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <hr/> If American Indian, what is the Tribal Name? <hr/> What is the Tribal Enrollment Number?
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### Contact Information

Home Phone Number (include area code)	Cell Phone Number (include area code)	Your Email Address
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Residential Street Address (street or rural route number and box)

City	State	Zip Code	Country
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Mailing Address (If different than Residential Address)

City	State	Zip Code	Country
<b>Additional Information</b>			
Do you have a court order which gives you the right to collect child support from either of the parents for child support? (For example, do you have a court order giving you legal custody and/or guardianship of the child(ren)?) <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered Yes, you must provide Division of Child Support with a copy of the order.			
I am requesting Division of Child Support to proceed against the <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents			
Other Contact who can always reach you: Name (First and Last Name)		Phone Number	
<b>SECTION C: PARENT 1 INFORMATION</b>			
First Name		Middle Name	Last Name
Maiden Name, if applicable		Alias, Nickname or Other Names	
Social Security Number		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth (MM/DD/YYYY)	Approximate Age if Date of Birth Unknown	City of Birth	State of Birth
Home Phone Number (include area code)		Cell Phone Number (include area code)	Parent's Email Address
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		Ethnicity (Optional): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
		If American Indian, what is the Tribal Name?	
		What is the Tribal Enrollment Number?	
Height:	Weight:	Hair Color:	Eye Color:
Identifying Marks (scars, birthmarks, tattoos, etc.)			
Is the Parent currently incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Jail/Prison	
<b>Address Information</b>			
Residential Street Address (street or rural route number and box)			
City	State	Zip Code	Country
Is this a current address? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Is this address located on Tribal Land? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Mailing Address (If different than Residential Address)			
City	State	Zip Code	Country
<b>Employer Information</b>			
Employer Name		Street Address	
City	State	Zip Code	Country

Phone Number (include area code)		Type of Work/Usual Occupation	
<b>CONTACT INFORMATION</b>			
Parent's Mother Name (First and Last Name)	Mother's Maiden Name:	Phone Number (include area code)	
Parent's Father Name (First and Last Name)		Phone Number (include area code)	
Other Contact who can always reach the Parent: Name (First and Last Name)		Phone Number (include area code)	
<b>SECTION D: PARENT 2 INFORMATION</b>			
First Name	Middle Name		Last Name
Maiden Name, if applicable	Alias, Nickname or Other Names		
Social Security Number		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth (MM/DD/YYYY)	Approximate Age if Date of Birth Unknown	City of Birth	State of Birth
Country of Birth	Home Phone Number (include area code)	Cell Phone Number (include area code)	Parent's Email Address
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		Ethnicity (Optional): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino If American Indian, what is the Tribal Name? What is the Tribal Enrollment Number?	
Height:	Weight:	Hair Color:	Eye Color:
Identifying Marks (scars, birthmarks, tattoos, etc.)			
Is the Parent currently incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Jail/Prison	
<b>Address Information</b>			
Residential Street Address (street or rural route number and box)			
City	State	Zip Code	Country
Is this a current address? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Is this address located on Tribal Land? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Mailing Address (If different than Residential Address)			
City	State	Zip Code	Country
<b>Employer Information</b>			
Employer Name		Street Address	
City	State	Zip Code	Country
Phone Number (include area code)		Type of Work/Usual Occupation	

Contact Information			
Parent's Mother Name (First and Last Name)	Mother's Maiden Name:	Phone Number (include area code)	
Parent's Father Name (First and Last Name)		Phone Number (include area code)	
Other Contact who can always reach Parent: Name (First and Last)		Phone Number (include area code)	
SECTION E: CHILDREN'S INFORMATION			
Complete the following information for each child(ren) associated with you and the other parent. For additional children, please attach a second copy of this page. List the full legal name (name listed on the child's birth certificate). <b>Attach a copy of the birth certificate for each child to the application.</b>			
	Child 1	Child 2	Child 3
Children's Information			
Full Legal Name	First:	First:	First:
	Middle:	Middle:	Middle:
	Last:	Last:	Last:
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birthdate (MM/DD/YYYY)			
Birthplace	City:	City:	City:
	State:	State:	State:
	Country:	Country:	Country:
Social Security Number			
Ethnicity (Optional)	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
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	<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	<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:	Tribe Name:	Tribe Name:	Tribe Name:
	Tribal Enrollment Number:	Tribal Enrollment Number:	Tribal Enrollment Number:
Does the child live with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent's Marriage Information			
Were parents ever married to each other? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Marriage Date (MM/DD/YYYY):	
Marriage City:		Marriage State:	
Paternity Information – Complete this section if the child(ren)'s parents were not married, or the child was born prior to marriage.			
Has an Acknowledgment of Paternity been signed?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a copy with application.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a copy with application.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a copy with application.
	State the Acknowledgment of Paternity was filed in:	State the Acknowledgment of Paternity was filed in:	State the Acknowledgment of Paternity was filed in:

Has genetic testing (DNA) been done?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a copy of the DNA results with application.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a copy of the DNA results with application.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a copy of the DNA results with application.
<b>Adoption Information</b>			
Child Adopted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adoption Date (MM/DD/YYYY):			
Adoption State:			
Adoptive mother's name:			
Adoptive father's name:			

### SECTION F: HEALTH INSURANCE INFORMATION

Do any of the children receive medical assistance (Medicaid or Title 19) or CHIP? Yes No  
If yes, please list the children's names:

Are any of the children IHS eligible? Yes 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 <input type="checkbox"/> Unknown	If yes, who provides?	
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 Policy	Monthly Cost of Insurance: \$	
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.		
<b>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.</b>		

### SECTION G: 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	SUPPORT AMOUNT ORDERED
<input type="checkbox"/> No Order	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"/> Protection Order					
<input type="checkbox"/> Other					

**SECTION H: ADDITIONAL INFORMATION**

<p>Has TANF been received in another state for this child(ren)?  <input type="checkbox"/>Yes <input type="checkbox"/>No          If yes, please list the state(s):</p>	<p>Have child support services been received in another state?  <input type="checkbox"/>Yes <input type="checkbox"/>No          If yes, please list the state(s):</p>	<p>Is there 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:</p>
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**SECTION I: 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.

Have there been any documents (i.e. divorce summons and complaint, custody or parenting time) filed with the court which relate to the children? Yes No Unknown

If Yes: City	County	State	Zip Code
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Is an attorney currently representing either you or the other party on any matter related to the child(ren)? Yes No  
 If yes, provide the following information:

Attorney Name	Phone Number	
Law Firm Name	Street Address	
City	State	Zip Code

Does the attorney or agency know DCS services have been requested? Yes No

## SECTION J: 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 because 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 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 if I received Temporary Assistance for Needy Families (TANF), support collected from the noncustodial parent's federal income tax refund is applied to the money owed to the state before any is paid to the custodial parent.

I understand I am personally liable to return any support I received from the DCS paid to me in error. This includes money the DCS must return to the IRS.

I understand I am not to contact the parent's employer and doing so can result in my case being closed.

I understand any payments I receive after submitting my application must be turned in to the DCS for processing and proper credit.

I understand the DCS has the authority to sign papers, act on my behalf, cash checks from the noncustodial parent and send that money to me.

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.

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.

I acknowledge I have read the Agreement for Child Support Services.

Applicant's Printed Name: \_\_\_\_\_

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

## SECTION K: 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, the fees, the accounting procedures, 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 collect support and fulfill its duties.
2. Current support must be due and owing for at least one minor child and the applicant is the child's parent or legal guardian. If only past due support is owed, DCS is unable to accept an application for services.
3. DCS cannot provide child support services directly to you if you are a child seeking support from your parents. Your legal guardian or custodian, however, may seek assistance from us on your behalf.
4. DCS will make reasonable efforts, consistent with its priorities and procedures, to:
  - a. Locate the 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 request the noncustodial parent maintain a health insurance policy for the child(ren) if the children do not have adequate health insurance. Application must be received at least 90 days prior to child being emancipated.

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.

- d. Enforce an existing child support order. If there is not a minor child for whom current support is due and owing, DCS will be unable to provide child support enforcement services.
    - e. Enforce health insurance coverage if (1) you do not have satisfactory health insurance coverage, (2) the support order includes provisions for health insurance coverage to be maintained by the noncustodial parent, and (3) health insurance is available through the noncustodial parent's employer. If there is no court order for support or the current support order has no provision for health insurance, the DCS may require modification of the order to include health insurance coverage. DCS will not collect deductibles, co-insurance amounts, or past due medical costs from the noncustodial parent unless a judgment for those amounts has been obtained.
    - f. Collect and distribute child support payments as required by law.
    - g. Collect court ordered spousal support if current child support is being collected, under the same court order.
    - h. Review cases for potential adjustment in the support amount, either upward or downward, using South Dakota's child support guidelines. A review of the support amount may be requested by either parent.
5. DCS will use reasonable efforts to collect child support. The DCS cannot predict how long this will take or guarantee success. DCS will evaluate the case circumstances and proceed with the appropriate enforcement action determined necessary to attempt collection of the child support.

6. DCS monitors delinquent child support payments at the end of the month. If the support order requires the noncustodial parent to pay on a specific day of the month, it will be very difficult to monitor. Under income withholding, the payments are made when the employer does payroll. Payments range from weekly to monthly. Often the payment must go through the Clerk of Courts, other states, tribal courts, or foreign countries before the actual payment is received in the Child Support Payment Center. Some child support agencies recover costs incurred for the child support services. If your case is referred to another state, tribal child support agency, or foreign country, the responding agency may assess fees or may withhold fees from the support collected, including IRS tax offset moneys.
7. If a divorce decree orders the noncustodial parent to pay alimony and child support, the DCS will enforce the alimony and child support. However, DCS cannot enforce only alimony.
8. If the noncustodial parent lives in a 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.
9. DCS does not have jurisdiction over Native Americans residing on Indian reservations or trust land. Therefore, if the noncustodial parent is Native American and resides on Indian land, the DCS may not be able to establish paternity or a support obligation. If there is a court order for support, the DCS may only be able to provide limited enforcement services. 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 or enforce the child support order.
10. In performing services, 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.

11. The child support case will be closed 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. If your child has reached the age of majority, there is no longer a current support order, and arrears are under \$500 or unenforceable under state law.
    - ii. If your child has reached the age of majority, there is no longer a current support order, and all arrears are assigned to the State.
    - iii. If your child has reached the age of majority, the noncustodial parent is entering or has entered long-term care arrangements and the noncustodial parent has no income or assets above the subsistence level and no further action can be taken.
    - iv. If the noncustodial parent is living with the minor child as the primary caregiver or in an intact two parent household.
    - v. If DCS is unable to contact you despite attempts to do so by at least two different methods.
    - vi. If DCS cannot obtain jurisdiction over the noncustodial parent.
    - vii. If the noncustodial parent or alleged father of the child is deceased and no further action can be taken.
    - viii. If paternity cannot be established because the child is 18 years of age; or genetic testing or a court or an administrative process has excluded the alleged father.
    - ix. If paternity cannot be established because the identity of the biological father is unknown and cannot be identified after diligent efforts.
    - x. If DCS has been unable to locate the noncustodial parent for 2 years if the noncustodial parent's social security number is known or for 6 months if the noncustodial parent's social security is not known.
    - xi. If the noncustodial parent has been institutionalized in a psychiatric facility or is incarcerated or has a medically verified total and permanent disability and cannot reasonably be anticipated to pay support.
    - xii. If the noncustodial parent's sole income is from Supplemental Security Income (SSI) payments or concurrent SSI payments and Social Security Disability Insurance (SSDI) payments.
    - xiii. If the noncustodial 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.
    - xiv. If DCS has documented evidence that you have not cooperated, and your cooperation is essential for the next enforcement step.
 

Failure to cooperate may include:

      - (1) Failure to appear at a DCS office or at another location designated by DCS to provide information, testimony, or evidence for the purpose of legal proceedings,

- (2) Failure to appear for genetic testing,
- (3) Failure to complete any future forms which are required for DCS to proceed with your child support case,
- (4) Repeated contacts with the noncustodial parent's employer regarding child support payments being withheld,
- (5) Failure to forward any child support payments received directly by you to DCS,
- (6) Failure to repay the DCS any child support collections you receive that you are not entitled to keep, or
- (7) Failure to notify DCS if you change residential and/or mailing address.

DCS will not terminate services for any of these reasons if within 60 days, circumstances change pertaining to the reason for the closure and you provide documentation to DCS. If circumstances change after 60 days, but prior to emancipation of the child(ren) involved, you may reapply for services.

#### **TAX REFUND OFFSET**

1. DCS may submit your case for federal tax refund offset. With this method of collecting child support arrears, the noncustodial parent's tax refund is intercepted and applied to arrears.
2. Conditions for submittal for tax refund offset are as follows:
  - a. The support obligation must have been established under a court or administrative order.
  - b. The amount of past due support must not be less than \$500.00
  - c. The noncustodial parent's name and social security number has been verified.
3. There is no guarantee monies will be collected, nor the noncustodial parent will be entitled to receive a federal income tax refund that can be intercepted by the DCS.
4. If a collection is made, DCS has the authority to hold the refund if it involves a joint tax return for up to six months before sending the collection to the custodial parent.
5. If Temporary Assistance for Needy Families (TANF) was received by the custodial parent in the past and any state has submitted a debt for federal tax refund offset, the State's debt may be satisfied first.
6. Other federal agencies submitting debts may also be satisfied first.
7. The custodial parent is personally liable for repayment of any monies received that were an overpayment, including any amounts returned to the noncustodial parent due to the filing of an amended return by the noncustodial parent's spouse. The amended return may be filed as much as six years later.

#### **ACCOUNTING PROCEDURES**

1. DCS will endorse checks, money orders, and drafts received for payment of support. This is necessary to allow the DCS to process payments.
2. When money is collected for child support, DCS will determine where the money should be applied according to federal and state disbursement requirements. If alimony is due and owing, payments received will be proportionately applied to the current child support, medical support, and alimony.

Example: Payments are usually applied to current child and medical support first. However, money sent from a federal tax refund offset is applied to the arrears which were certified (reported) to the IRS.

3. When the noncustodial parent, an employer, the Secretary of the Treasury, etc., sends a support payment to DCS, DCS will send the appropriate amount to the custodial parent. This is an "advance" of funds pending the actual processing of the support payment. If the office is unable to process the support payment for any reason, the custodial parent must repay DCS.

Example A: If the noncustodial parent's support check is written on insufficient funds and efforts to get the noncustodial parent to make the check good fail, the custodial parent must repay the amount of the advance to DCS.

Example B: If the IRS takes back the amount of the federal tax refund offset, the custodial parent must repay the amount of the advance to DCS.

**To facilitate this repayment process, the custodial parent may authorize DCS to withhold a reasonable amount from future support payments as repayment. This authorization may be given as part of the application process, but it is not a requirement to receive services from DCS. If you do not give authorization as part of the application process and repayment becomes necessary, DCS will attempt to set up a repayment plan with you or seek repayment through the courts if necessary.**

## ELECTRONIC DISBURSEMENT OF CHILD SUPPORT PAYMENTS

DCS is the central payment processing center for the State of South Dakota for child support payments. To meet federal requirements to disburse as reliably, efficiently, and cost-effective as possible, the DCS will transmit payments to the custodial parent electronically.

Custodial parents have two options for receiving child support payments: 1) Have child support payments directly deposited into a designated bank account; OR 2) Receive payments through an electronic payment card. An exemption from enrolling in Direct Deposit or receiving an electronic payment card may be granted if certain conditions are met.

**NOTE:** Enrollment in Direct Deposit or the electronic payment card at this time is not required if a child support order has not been entered. Once a child support order has been entered, DCS will send the appropriate documents to the custodial parent to enroll in Direct Deposit or the electronic payment card.

## 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 to informally resolve the same.

A recipient may also submit a written complaint to DCS specifying the nature of the complaint and the action requested to be taken by DCS. Upon receipt of the written complaint, DCS will conduct a review of the complaint and, if appropriate, take necessary corrective action. 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:** 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 DCS services and close your case at any time. If you wish to terminate, notify the DCS in writing. If you are receiving Child Care services through the Department of Social Services, your childcare benefits may be terminated. If you are receiving any other form of government subsidy or assistance, you are encouraged to contact that agency to determine if your subsidy will be affected by closing your child support case.