REQUEST FOR CHILD SUPPORT SERVICES

The Division of Child Support (DCS) provides the following services: locate; parentage 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 parents, alleged fathers, and individuals who have court ordered legal custody/guardianship over the minor child(ren) for whom services are being sought. The request for services is the initial starting point for DCS services.

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

If you have an existing child support order and need to add another child to the order, you will need to complete a Petition for Modification. Parentage for the child must be established prior to adding the child to an existing order. If you are unsure regarding parentage, please contact your Child Support Specialist or a DCS office. The Petition for Modification and information regarding the modification process can be found at http://dss.sd.gov/childsupport/modifysupportorder.aspx. You may also obtain a Petition for Modification from any DCS office location or request one to be mailed to you.

INSTRUCTIONS

This form is the starting point for DCS services. Once the Request for Child Support Services form has been received and accepted, additional forms may be sent to you for completion.

It is <u>important</u> to read Section J, Child Support Services Information, (pages 11-14). These pages describe the services DCS provides, your responsibilities, fees, accounting procedures, and the use and disclosure of case information. Keep these pages for your records.

1. **Complete the Request for Child Support Services form.**
    - Read all instructions carefully and answer each question as completely as possible. If you do not know the information, write 'unknown'.
    - Print neatly 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 to include any documents which are requested. If documents are not included, this may delay processing of your application.
    - Be sure the form is signed and dated.
    - ***Incomplete forms 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***.***

2. **Request for Services Fee – There is a $5 fee per case 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 request for service fee is waived if you are receiving TANF, SNAP and/or Medicaid for the children listed in the application. If you receive Child Care Assistance, Economic Assistance will cover this fee. If you are currently sanctioned for noncooperation with DCS, the $5 fee is required, even if the child has remained on benefits.

3. **Where to submit this application**:

If you live in:	**Submit application to:**	
Bon Homme, Charles Mix, Clay, Douglas, Hutchinson, Turner, Yankton	Division of Child Support 3113 Spruce St Ste 200 Yankton, SD 57078-5320	Phone Number: 605-668-3030 Toll-free Number: 1-800-455-5241
Lincoln, Minnehaha, Union	Division of Child Support 1501 S Highline Ave Ste 2C Sioux Falls, SD 57110-1003	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 18th 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 11th 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 10th 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 PO Box 6221 221 Mall Dr, Ste 101 Rapid City, SD 57709-6221	Phone Number: 605-394-2525 Toll-free Number: 1-800-644-2914
Clark, Codington, Deuel, Grant, Hamlin, Roberts	Division of Child Support 2001 9th 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 Request for Services form to the office which handles the county where the order was entered.

If you are the person to receive support and live outside of South Dakota and a child support order has not been entered, submit the Request for Services form to the office which handles the county where the parent you are requesting to pay support resides.

If you are the person to pay support, submit the Request for Services form 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.

DSS-SE-408 (01/2025)
Department of Social Services
Division of Child Support

FOR OFFICE USE ONLY
Request Date:_____
Date 408 Sent:_____
Date 408 Received:_____

REQUEST 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 . Individuals who are deaf, hard of hearing, or have speech difficulties and wish to file a complaint, please contact USDA through the Federal Relay Service at (800)877-8339 or (800)845-6136 (Spanish).

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

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

Social Security Numbers

Social Security Numbers are used by DCS 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 Social Security Number of the other person is unknown, DCS will not deny your request for services.

Race/Ethnicity

Race/Ethnicity is an optional requirement. However, race/ethnicity may be used to aid in determining parentage and allows DCS to determine whether it has jurisdiction over a parent who may be Native American residing on reservation/trust land.

SECTION A: SAFETY CONCERNS

Division of Child Support (DCS) understands the opening of a child support case can come at a time of family discord. Please know that DCS values your privacy, and information will be safeguarded to the extent permitted by law.

Do you currently have a protection order or no contact order against the other party? ☐Yes ☐No
If you do not have a protection order and would like additional information on obtaining one, visit https://ujslawhelp.sd.gov/protectionorders.aspx

Are you afraid for yourself or the children around the other party? ☐Yes ☐No

Are you afraid of how the other party will react to learning of your filing for child support services? ☐Yes ☐No

Preferred form of communication to discuss this further: ☐Phone ☐Email ☐Letter/Written correspondence

If you are feeling unsafe, isolated, or threatened, the National Domestic Violence Hotline is available 24/7.
Phone: 1-800-799-7233
OR
Text START to 88788.

SECTION B: PERSON CHILD(REN) ARE LIVING WITH

First Name	Middle Name	Last Name

Relationship to child(ren): ☐ Mother ☐ Father ☐ Stepparent ☐ Legal Guardian
☐ Grandparent ☐ Aunt/Uncle ☐ Sibling ☐ Other

Maiden Name (Last name prior to marriage), if applicable	Alias, Nickname or Other Names

Social Security Number	Gender: ☐Male ☐Female	Date of Birth (MM/DD/YYYY)	Approximate Age if Date of Birth Unknown

Home Phone Number (include area code)	Cell Phone Number (include area code)	Email Address

Select one or more Race (Optional):
☐American Indian or Alaska Native
☐Asian
☐Black or African American
☐Native Hawaiian or Other Pacific Islander
☐White
☐Other

Ethnicity (Optional): ☐Hispanic or Latino
☐Not Hispanic or Latino

If American Indian, what is the Tribal Name?

What is the Tribal Enrollment Number?

Address Information

Residential Street Address (street or rural route number and box)

City	State	Zip Code	Country

Mailing Address (If different than Residential Address)

City	State	Zip Code	Country

Additional Contact Information

Other Contact who can always reach the Person listed above: Name (First and Last Name)	Phone Number (include area code)

SECTION C: PARENT'S INFORMATION

The information in this section is for the person who may be ordered to pay support. Complete this section to the best of your ability. If you do not know the information, write 'Unknown'.

First Name	Middle Name	Last Name
Maiden Name, if applicable	Alias, Nickname or Other Names	

Social Security Number	Gender: ☐Male ☐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):	Ethnicity (Optional): ☐Hispanic or Latino ☐Not Hispanic or Latino
☐American Indian or Alaska Native ☐Asian ☐Black or African American ☐Native Hawaiian or Other Pacific Islander ☐White ☐Other	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? ☐Yes ☐No	Name of Jail/Prison

Address Information

Residential Street Address (street or rural route number and box)

City	State	Zip Code	Country

Is this a current address? ☐Yes ☐No ☐Unknown	Is this address located on Tribal Land? ☐Yes ☐No ☐Unknown

Mailing Address (If different than Residential Address)

City	State	Zip Code	Country

Employer Information

Employer Name	Street Address

City	State	Zip Code	Country

Phone Number (include area code)	Type of Work/Usual Occupation

Additional Contact Information

Mother's Name (First and Last Name)	Mother's Maiden Name:	Phone Number (include area code)

Father's Name (First and Last Name)	Phone Number (include area code)

Other Contact who can always reach the parent: Name (First and Last)	Phone Number (include area code)

SECTION D: 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). **Attach a copy of the birth certificate for each child to this form. If a Voluntary Acknowledgment of Paternity was signed, please attach a copy to this form.**

	Child 1	Child 2	Child 3
Full Legal Name	First:	First:	First:
	Middle:	Middle:	Middle:
	Last:	Last:	Last:
Gender	☐Male ☐Female	☐Male ☐Female	☐Male ☐Female
Birthdate (MM/DD/YYYY)			
Birthplace	City:	City:	City:
	State:	State:	State:
	Country:	Country:	Country:
Social Security Number			
Ethnicity (Optional)	☐Hispanic or Latino ☐Not Hispanic or Latino	☐Hispanic or Latino ☐Not Hispanic or Latino	☐Hispanic or Latino ☐Not Hispanic or Latino
Race (Optional)	☐American Indian or Alaska Native ☐Asian ☐Black or African American ☐Native Hawaiian or Other Pacific Islander ☐White ☐Other	☐American Indian or Alaska Native ☐Asian ☐Black or African American ☐Native Hawaiian or Other Pacific Islander ☐White ☐Other	☐American Indian or Alaska Native ☐Asian ☐Black or African American ☐Native Hawaiian or Other Pacific Islander ☐White ☐Other
Does the child live with the person named in Section B?	☐Yes ☐No If no, who do they reside with?	☐Yes ☐No If no, who do they reside with?	☐Yes ☐No If no, who do they reside with?
Parent's Marriage Information			
Were parents ever married to each other? ☐Yes ☐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 (Paternity Affidavit) been signed?	☐Yes ☐No If yes, provide a copy with application.	☐Yes ☐No If yes, provide a copy with application.	☐Yes ☐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?	☐Yes ☐No If yes, provide a copy of the DNA results with application.	☐Yes ☐No If yes, provide a copy of the DNA results with application.	☐Yes ☐No If yes, provide a copy of the DNA results with application.
Adoption Information			
Was Child Adopted?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Adoption Date (MM/DD/YYYY):			
Adoption State:			

Adoptive mother's/father's name:			
Adoptive mother's/father's name:			

SECTION E: HEALTH INSURANCE INFORMATION

Do any of the children receive medical assistance (Medicaid, 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:
Please include a copy of the Tribal ID card.

Does either parent have private health insurance for the child(ren)? ☐Yes ☐No ☐Unknown	If yes, who provides?

Insurance Company Name	Phone Number:

Street Address

City	State	Zip Code

Policy Number	Group Number	Type of Insurance ☐Medical ☐Dental ☐Vision ☐Pharmacy ☐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.

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.

SECTION F: 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
☐No Order	NA	NA	NA	NA
☐Paternity				
☐Temporary/ Separation				
☐Custody				
☐Divorce				
☐Protection Order				
☐Other				

SECTION G: ADDITIONAL INFORMATION

Has TANF been received in another state for this child(ren)? ☐Yes ☐No ☐Unknown If yes, please list the state(s):	Is Child Care Assistance received for this child(ren)? ☐Yes ☐No ☐Unknown	Have child support services been received in another state? ☐Yes ☐No ☐Unknown If yes, please list the state(s):	Is there an open child support case in another state or with a tribal child support agency? ☐Yes ☐No ☐Unknown If yes, please list the state(s) or the tribal agency:

SECTION H: 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

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 I: AGREEMENT FOR CHILD SUPPORT SERVICES

I understand as an applicant for child support services, I am required to cooperate with Division of Child Support (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 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 DCS has the right to determine which child support services will be provided to me. By signing , I agree DCS can take any necessary legal action to establish, modify and enforce a child and/or medical support obligation.

I understand 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 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 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 Section J.

I understand if I received Temporary Assistance for Needy Families (TANF), support collected from the payor of support's federal income tax refund is applied to the money owed to the state before any is paid to the receiver of support.

I understand I am personally liable to return any support I received from DCS paid to me in error. This includes money 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 directly from the other parent after submitting my application must be turned in to DCS for processing and proper credit.

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

I have applied for DCS services. DCS is authorized by law to take all actions necessary on my case.

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

I acknowledge I have read the Section J: Child Support Services Information.

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

Applicant's Printed Name:_____

Applicant's Signature:_____ Date:_____

PAGE

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SECTION J: CHILD SUPPORT SERVICES INFORMATION

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 person 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 child resides with a parent or legal guardian. If only past due support is owed, DCS is unable to accept a request 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 divorce) of the parents; Voluntary Acknowledgment of Paternity signed by the mother and father; genetic testing; court order establishing parentage; or adoption order. Request for services 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 payor of support to maintain a health insurance policy for the child(ren) if the children do not have adequate health insurance. Request for services must be received at least 90 days prior to child being emancipated.

      If the child was born in SD and paternity is adjudicated in the child support order, 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 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 payor of support, and (3) health insurance is available through the payor of support's employer. If there is no court order for support or the current support order has no provision for health insurance, 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 payor of support 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 or a caretaker.

5. DCS will use reasonable efforts to collect child support. DCS cannot predict how long this will take or guarantee success. DCS will evaluate the case circumstances and proceed with the appropriate 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 payor of support 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. There are situations in which 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 payor of support to pay alimony and child support, DCS will enforce the alimony and child support. However, DCS cannot enforce only alimony.

8. If the payor of support 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 tribal land or trust land. Therefore, if the parent is Native American and resides on tribal land, DCS may not be able to establish paternity or a support obligation. If there is a court order for support, 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 the case upon written or verbal request from the receiver of support.
    b. DCS will provide a Notice of Intent to Close Case:
        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 payor of support is entering or has entered long-term care arrangements and the payor of support has no income or assets above the subsistence level and no further action can be taken.
        iv. If the payor of support is living with the minor child as the primary caregiver or in an intact two parent household.
        v. If DCS is unable to contact the payor of support despite attempts to do so by at least two different methods.
        vi. If DCS cannot obtain jurisdiction over the payor of support.
        vii. If the payor of support 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 payor of support for 2 years if the payor of support's social security number is known and verified, or for 6 months if the payor of support's social security is not known, or 1 year if the payor of support's social security number is not verified.
        xi. If the payor of support 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 payor of support's sole income is from Supplemental Security Income (SSI) payments or concurrent SSI payments and Social Security Disability Insurance (SSDI) payments.
        xiii. If the payor of support 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 the receiver of support has not cooperated, and their 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 the child support case,

(4) Repeated contacts with the person paying support's employer regarding child support payments being withheld,
(5) Failure to forward any child support payments received directly to DCS,
(6) Failure to repay the DCS any child support collections received that the receiver of support is not entitled to keep, or
(7) Failure to notify DCS if the person receiving support changes their 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 the receiver of support provides documentation to DCS. If circumstances change after 60 days, but prior to emancipation of the child(ren) involved, the receiver of support may again request services.

TAX REFUND OFFSET

1. DCS may submit your case for federal tax refund offset. With this method of collecting past due child support , the payor of support's tax refund is intercepted and applied to the past due child support.

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 payor of support's name and social security number has been verified.

3. There are no guarantee monies will be collected, nor the payor of support 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 receiver of support.

5. If Temporary Assistance for Needy Families (TANF) was received by the receiver of support 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 receiver of support is personally liable for repayment of any monies received that were an overpayment, including any amounts returned to the payor of support due to the filing of an amended return by the payor of support'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 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 payor of support, an employer, the Secretary of the Treasury, etc., sends a support payment to DCS, DCS will send the appropriate amount to the receiver of support. 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 receiver of support must repay DCS.

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

To facilitate this repayment process, the receiver of support may authorize DCS to withhold a reasonable amount from future support payments as repayment. This authorization may be given as part of the request for services 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 as cost-effective as possible, the DCS will transmit payments to the receiver of support electronically.

Persons receiving support 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 receiver of support to enroll in Direct Deposit or the electronic payment card.

ADMINISTRATIVE COMPLAINT PROCEDURES

An individual who receives 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.

An individual 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 individual either orally or in writing of any action taken to resolve the complaint.

An individual 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 agencies, genetic testing laboratories), but this is only done for the purpose of and to the extent necessary to provide child support 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 request for services. If you obtain a protection order in the future, you must notify the DCS at that time.

SOCIAL SECURITY NUMBER: When DCS provides services to you, DCS must use your Social Security Number and/or your child(ren)'s Social Security Number. Therefore, you should understand that by signing the Request for Child Support Services, 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 DCS either in writing or verbally. 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.