

**CHILD SUPPORT ENFORCEMENT REFERRAL**

Noncustodial Parent's Full Name (First, Middle, Last);

Noncustodial Parent's SSN: \_\_\_\_\_

Other Names Noncustodial Parent Has Used (Alias, Maiden, Married): \_\_\_\_\_

List children who live with you who are children of this non-custodial parent:

List child's birth city and state

**Were Parents Married  
at Time of  
Child's Birth?**

Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  Yes  No

Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  Yes  No

Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  Yes  No

Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  Yes  No

**(Use Additional Sheet If Necessary)**

Noncustodial parent's most recent address (street/box #): \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Other states in which noncustodial parent has resided: \_\_\_\_\_

Are the parents of the child(ren) above: Never Married  Separated  Married  Divorced  Divorce Pending  Deceased  Unknown 

If Married or were married: Date of marriage: \_\_\_\_\_ Place of Marriage: City \_\_\_\_\_ State: \_\_\_\_\_

If the parents of the child(ren) above have divorced or were never married, is he/she currently married to someone else?  Yes  No

If yes, to whom? \_\_\_\_\_

Has paternity been established by: Paternity Affidavit?  Yes  No Genetic Tests?  Yes  No Court Order?  Yes  NoIf paternity affidavit was signed: What State \_\_\_\_\_ **If you have a copy of the paternity affidavit or genetic tests, please provide a copy.**If established by Court Order: Date of Order \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ **Please provide a copy of the order.**Has the noncustodial parent been ordered to pay child support?  Yes  No

If yes, date of child support order: \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Child Support monthly obligation amount \$ \_\_\_\_\_ Is he/she currently paying support?  Yes  NoSupport is paid to: Clerk of Courts  Yourself  Child Support Agency  Other, \_\_\_\_\_Do You Have A Copy Of The Order?  Yes  No **If yes, please provide a copy of the order.****INFORMATION ABOUT THE NONCUSTODIAL PARENT**Physical Description: Sex:  M or  F Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_

Date of birth: \_\_\_\_\_ If unknown, give known Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ Approximate Age: \_\_\_\_\_

City of Birth: \_\_\_\_\_ State: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Is the noncustodial Parent in the Military?  Yes  No Active  Retired  Discharged  Inactive Reserve If yes, Branch: Army  Navy  Air Force  Marines  National Guard  Coast Guard Retirement/Pension?  Yes  No Source: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_Is he/she disabled?  Yes  No If Yes, does he/she receive: Veteran's benefits  Yes Social Security Disability  Yes  NoSupplemental Security Income (SSI)  Yes  No Monthly benefit amount: \$ \_\_\_\_\_Is noncustodial parent currently in jail or prison?  Yes  No If Yes, City: \_\_\_\_\_ State: \_\_\_\_\_Previously jailed or imprisoned:  Yes  No If Yes, City: \_\_\_\_\_ State: \_\_\_\_\_

Give full name of the noncustodial parent's father and mother, including maiden name of \_\_\_\_\_

Name of father: \_\_\_\_\_ Deceased?  Yes  NoName of mother: \_\_\_\_\_ Maiden name: \_\_\_\_\_ Deceased?  Yes  NoDoes the noncustodial parent owe child support for child(ren) other than those listed above?  Yes  No

If yes, name of child(ren): \_\_\_\_\_

Name of caretaker child(ren) are living with: \_\_\_\_\_ Where? \_\_\_\_\_

**CARETAKER INFORMATION**

Have you or the children you are applying for received cash assistance (AFDC/TANF) before?  Yes  No

If Yes, Where? \_\_\_\_\_ When? \_\_\_\_\_ In Whose Name? \_\_\_\_\_

What is your Current Marital Status? \_\_\_\_\_ Your Home Phone # \_\_\_\_\_ Your Work Phone # \_\_\_\_\_

**AGREEMENT TO COOPERATE WITH THE DIVISION OF CHILD SUPPORT**

I acknowledge that by signing an application for Temporary Assistance for Needy Families (TANF), I have automatically assigned and transferred all child/spousal support rights to the State of South Dakota. This automatic assignment of rights is made pursuant to South Dakota Codified Law 28-7A-7 and/or 28-6-7.1 and under the terms and conditions of Part A of Title IV and/or 1912 of the Social Security Act, as amended.

TANF: I acknowledge that by signing an application for TANF, I have automatically assigned and transferred all child/spousal support rights to the State of South Dakota. This automatic assignment of rights is made pursuant to South Dakota Codified Law 28-7A-7 and under the terms and conditions of Part A of Title IV of the Social Security Act, as amended. I understand the assignment shall become effective as to both current and past unpaid child/spousal support rights upon receiving a TANF payment, and shall end with respect to current support rights upon closing my TANF case. Thereafter it shall remain in effect with respect to the amount of past support obligation that has accumulated under such assignment. I understand I must cooperate to the best of my ability with the Division of Child Support (DCS) in efforts to secure and collect child and spousal support, and to establish paternity when necessary, including supplying information, completing DCS forms, and appearing in court. I understand I must forward any child/spousal payments I receive to DCS. I understand that failure to cooperate in any aspect shall result in my TANF case closure.

MEDICAL ASSISTANCE: I acknowledge that by signing an application for medical assistance, I have automatically assigned and transferred all medical support rights to the State of South Dakota. This automatic assignment of rights is made pursuant to South Dakota Codified Law 28-6-7.1 under the terms and conditions of 1912 of the Social Security Act, as amended. I understand the assignment shall become effective upon approval of medical assistance, and shall end with respect to current support rights upon closing my medical assistance. I understand I must cooperate to the best of my ability with the Division of Child Support (DCS) in their efforts to obtain and enforce medical support for the child(ren) receiving medical assistance. Under state statute, medical support is included in the establishment of the monthly support obligation. Therefore, I understand that establishment of paternity and a monthly support obligation may be necessary to obtain medical support. I understand that if I am currently receiving child support payments from the noncustodial parent, I may continue receiving the child support payments directly if I notify DCS immediately upon medical approval. I understand that failure to cooperate in any aspect may result in termination of medical assistance for one or more adult household members.

SNAP: I acknowledge that by signing an application for SNAP, I have automatically assigned and transferred all child support rights to the State of South Dakota. This automatic assignment of rights is made pursuant to South Dakota Codified Law 28-12-4 under the terms and conditions of PRWORA. I understand the assignment shall become effective upon approval of SNAP and shall end with respect to current support rights upon closing my SNAP benefit. I understand I must cooperate to the best of my ability with the Division of Child Support (DCS) in their efforts to obtain and enforce child support for the child(ren) and to establish paternity when necessary, including supplying information, completing DCS forms, and appearing in court. I understand I must forward any child support payments I receive to DCS. I understand that failure to cooperate in any aspect shall result in my disqualification for SNAP benefits.

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

The Department of Social Services, DCS, is the agency designated by law to administer the Child Support Enforcement Program. If any action concerning child or spousal support taken by DCS is referred to a State's Attorney, Deputy State's Attorney, or Special Assistance Attorney General acting under a cooperative agreement, I further acknowledge and understand the following factors concerning the services performed by the attorney:

The attorney represents the State of South Dakota and his primary responsibility is to protect the interest of the State in the matter; and that no attorney/client relationship exists between myself and the attorney;

If the respective interests of the State and myself differ or are in conflict, I may be required to represent my separate interests and may be required to retain my attorney;

If I refuse to cooperate with the State, such refusal does not prohibit the State from proceeding with the action.

Completion of the Child Support Enforcement Referral Form requires that each question be completed. If you do not know the answer, write unknown. If a question does not apply to your situation, write N/A. Return the completed form to your Benefits Specialist. Information given may affect the priority given to your case by the DCS. Separate forms for each noncustodial parent of each child for whom you are requesting assistance must be completed.

I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Signature of Applicant/Customer

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

\_\_\_\_\_  
Signature of Benefits Specialist

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