INDIANA CHILD SUPPORT SERVICES ENROLLMENT

State Form 34882 (R19 / 6-25)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS:

1. *Complete this form by providing the requested information.*
2. *Take or mail the signed form to your County Child Support Office.*

NOTICE TO ENROLLEE

All custodial parties and non-custodial parents may enroll to receive child support services. There is no enrollment fee or residency requirement.

When enrolling the following Child Support Services are **ALL** included. What service(s) are you expecting to start with (select all that apply)?:

- ☐ Parent location,
- Establishment of: ☐ Paternity ☐ Child Support ☐ Medical Support
- Modification of existing: ☐ Child Support Obligation ☐ Medical Support Obligation
- Enforcement of existing: ☐ Child Support Obligation ☐ Medical Support Obligation ☐ Assistance with issuing Income Withholding Orders

Information provided for this enrollment is confidential and is protected to prevent unauthorized disclosure.

AFFIRMATION AND AGREEMENT

- I hereby swear and affirm under the penalties of perjury that the information contained in this form is true and correct to the best of my knowledge. Providing false information could result in perjury charges being filed against me.
- I understand that child support services DO NOT include establishment or enforcement of parenting time or parenting time credits, the assignment of the right to claim a child as a dependent for federal or state tax purposes, nor any matters other than those associated with establishment of paternity (if needed) and the financial support of dependent children.
- I am advised that, in accordance with IC 31-25-4-13.1(e), attorneys and staff at the Child Support Bureau and County Child Support Office providing these child support services represent the State of Indiana and do not represent the enrollee or any other person or entity. No attorney/client relationship is created based on the submission of the enrollment form and neither the Child Support Bureau nor the County Child Support Office will represent me in any legal action. In accordance with IC 31-25-4-13.1(f)(2), communications between the enrollee or other participants and the Child Support Bureau of County Child Support Office are not confidential communications protected by the attorney/client privilege under IC 34-46-3-1.
- I understand that I must cooperate with the County Child Support Office in order for my case to be processed, and non-cooperation can result in termination of child support services. I further understand that this enrollment to receive child support services does not guarantee successful action on the case but rather that all reasonable attempts will be made to obtain successful results.
- I understand that I may terminate services by notifying the County Child Support Office handling my case in writing that services are no longer desired. Services may only be terminated in accordance with 45 C.F.R. 303.11. Termination of these services does not modify or terminate existing child support orders or obligations.
- I authorize the Indiana State Central Collection Unit (INSCCU) to endorse and negotiate any checks received by INSCCU for payment of support on my child support case.
- I understand that failure to provide all requested information may result in a delay in establishment or enforcement of my child support case.

SIGNATURE ACKNOWLEDGING AFFIRMATION AND AGREEMENT

After reading and acknowledging the above statements, my signature below confirms my intention to still enroll in child support services

Printed name of enrollee	I agree that if I am overpaid, the state may recoup the amount of the overpayment from future child support payments owed to me. ☐ Yes ☐ No
Signature of enrollee	Date signed *(month, day, year)*
Printed name of parent / guardian *(if enrollee is an unemancipated minor)*	Signature of parent / guardian *(if enrollee is an unemancipated minor)*

ENROLLEE INFORMATION

Last name	First name	Middle name	Suffix *(Jr., III, etc.)*

Other names used	Relationship to dependents on this form *(mother, father, potential father, guardian, other)*

Date of birth *(month, day, year)*	Sex	Race	Social Security Number / ITIN

Home address (*Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code*)

Mailing address, if different from address above (*Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code*)

Telephone number *(cellular)*	Telephone number *(home)*	Telephone number *(work)*	E-mail address
( )	( )	( )	

Do you need special assistance?	Specify assistance needed here *(i.e., physical, hearing impaired, language interpreter, other)*
☐ Yes ☐ No *(If yes, complete next box.)*	

Do you believe that pursuing child support services may result in physical or emotional harm to you or your child(ren)?
☐ Yes ☐ No *(If yes, your case worker may discuss additional protections offered when providing child support services.)*

Do either of the following apply?	Are you currently employed?	Name of employer
☐ Active Military Duty ☐ Currently Incarcerated	☐ Yes ☐ No *(If yes, complete the next two boxes.)*	

Address of employer *(Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code)*

Marital status of enrollee to other parent	If Married or Previously Married to the other parent are you currently?
☐ Never married ☐ Married or Previously Married Date of Marriage: (if checked, complete next box)	☐ Separated with no court orders entered ☐ Divorce or legal separation filed Cause Number County and State of filing

Do you have a private attorney handling paternity and/or support matters for dependents listed in this form?	Name of attorney *(full name)*
☐ Yes ☐ No *(If yes, complete next box.)*	
Are you applying for services for an unborn child?	Due date (*month, day, year*)
☐ Yes ☐ No *(If yes, complete next box.)*	

DEPENDENT #1 INFORMATION

Last name	First name	Middle name	Suffix *(Jr., III, etc.)*

Date of birth *(month, day, year)*	Place of birth *(City and State)*	Sex	Race	Social Security Number / ITIN

Who does dependent reside with?	If other: Please provide name of person	Dependent enrolled in Medicaid?
☐ Mother ☐ Father ☐ Other		☐ Yes ☐ No ☐ Unknown

Is someone listed as father on birth record?	How was Father determined?	In what county and state did Order or Marriage occur?
☐ Yes ☐ No ☐ Unknown	☐ Court Order ☐ Paternity Affidavit ☐ Marriage (If Court Order or Marriage complete next box)	

Is someone ordered to pay child support for this dependent?	What county and state was child support ordered?	Name of person ordered to pay.
☐ Yes ☐ No ☐ Unknown *(If yes, complete the next box.)*		

DEPENDENT #2 INFORMATION

Last name	First name	Middle name	Suffix *(Jr., III, etc.)*

Date of birth *(month, day, year)*	Place of birth *(City and State)*	Sex	Race	Social Security Number / ITIN

Who does dependent reside with?	If other: Please provide name of person	Dependent enrolled in Medicaid?
☐ Mother ☐ Father ☐ Other		☐ Yes ☐ No ☐ Unknown

Is someone listed as father on birth record?	How was Father determined?	In what county and state did Order or Marriage occur?
☐ Yes ☐ No ☐ Unknown	☐ Court Order ☐ Paternity Affidavit ☐ Marriage (If Court Order or Marriage complete next box)	

Is someone ordered to pay child support for this dependent?	What county and state was child support ordered?	Name of person ordered to pay.
☐ Yes ☐ No ☐ Unknown *(If yes, complete the next box.)*		

DEPENDENT #3 INFORMATION
(*Attach separate page with information requested below for all additional dependents.*)

Last name	First name	Middle name	Suffix *(Jr., III, etc.)*

Date of birth *(month, day, year)*	Place of birth *(City and State)*	Sex	Race	Social Security Number / ITIN

Who does dependent reside with? ☐ Mother ☐ Father ☐ Other	If other: Please provide name of person	Dependent enrolled in Medicaid? ☐ Yes ☐ No ☐ Unknown

Is someone listed as father on birth record? ☐ Yes ☐ No ☐ Unknown	How was Father determined? ☐ Court Order ☐ Paternity Affidavit ☐ Marriage (If Court Order or Marriage complete next box)	In what county and state did Order or Marriage occur?

Is someone ordered to pay child support for this dependent? ☐ Yes ☐ No ☐ Unknown *(If yes, complete the next box.)*	What county and state was child support ordered?	Name of person ordered to pay.

OTHER PARTY INFORMATION
(Attach separate page with information requested below for all additional parents, or additional potential parents if paternity has not been established.)

Last name	First name	Middle name	Suffix *(Jr., III, etc.)*

Other names used	Relationship to dependents on this form *(mother, father, potential father, guardian, other)*

Date of birth *(month, day, year)*	Sex	Race	Social Security Number / ITIN

Height	Weight	Hair Color	Other distinguishing characteristics *(eye color, tattoos, etc.)*

Current or last known home address (*Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code*)

Mailing address, if different from address above (*Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code*)

Telephone number *(cellular)* ( )	Telephone number *(home)* ( )	Telephone number *(work)* ( )	E-mail address

Does this parent need special assistance? ☐ Yes ☐ No *(If yes, complete next box.)*	Specify assistance needed here *(physical, hearing impaired, language interpreter, other)*

Do either of the following apply? ☐ Active Military Duty ☐ Currently Incarcerated	Current or last known employer	Employer telephone number ( )

Address of employer (*Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code*)

Does this parent have a private attorney handling paternity and/or support matters for dependents listed in this form? ☐ Yes ☐ No *(If yes, complete next box.)*	Name of attorney *(full name)*