

APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES

State Form 34882 (R14 / 2-15) / CSB 425A Approved by State Board of Accounts, 2015

INSTRUCTIONS:

1. Take or mail this completed form to your local county Prosecutor's IV-D Child Support Office.

2. If multiple other parents, complete one application for each.

PRIVACY STATEMENT

*The records in this series are confidential according to 42 USC 653, 42 USC 654, and 42 USC 663. This agency is requesting disclosure of personal information for agency purposes as required by these statutes. Disclosure of this information is mandatory. Fallure to provide any information may prevent this form from being processed.

NOTICE (please read)

The Indiana Child Support Bureau offers child support services to persons desiring to obtain child support from a parent outside the home. These services are: Complete Service or Parent Locator Service Only. ALL FEES FOR SERVICES ARE NONREFUNDABLE.

COMPLETE SERVICE: The applicant will be entitled to the Parent Locator Service and the services of the local county Prosecutor's IV-D Child Support Office. These services include Establishing Paternity, Establishing and/or Enforcing a support obligation (including health insurance coverage). The complete service does NOT include handling a divorce case, enforcement of custody or parenting time, matters other than those associated with the support of dependent children. All support payments must be directed to the State of Inclina for disbursement. ANY COSTS INCURRED IN EXCESS OF THE APPLICATION FEE, SUCH AS COURT COSTS, WITNESS FEES, GENETIC TEST COSTS, IRS OFFSET FEES AND ADMINISTRATIVE COSTS ASSOCIATED WITH THIS CASE MAY BE CHARGED AGAINST THE APPLICANT.

In addition, the Tax Refund Offset Project may be used to collect child support arrearages. Application for complete service does not guarantee that your case will be submitted for fax refund offset nor that tax refund monles will be collected. If any children of the non-custodial parent have received TANF in the past, any collection made from an offset will first be applied to any unrelimbursed public assistance on any former or current TANF case. If the IRS recalls any portion of an offset refund that has already been paid to you, you are obligated to repay the State of Indiana the amount recalled by the IRS. You authorize that any such repayment may be deducted from support collected on your behalf if other arrangements have not been fulfilled.

PARENT LOCATOR SERVICE ONLY: The applicant will be entitled to resources offered by the State and Federal Parent Locator Service until a verified address is provided or all sources for location are exhausted. The payment of the application fee does not guarantee a successful location.

TERMINATION OF SERVICES: The applicant may terminate services (if fees, costs and any child support overpayments have been paid in full) by notifying the local county Prosecutor's IV-D Child Support Office handling your case in writing that services are no longer desired. Services may be terminated only in accordance with 45 C.F.R. 303.11.

APPLICANT'S OBLIGATIONS: The applicant is expected to fully cooperate with the local county Prosecutor's IV-D Child Support Office in the legal and non-legal preparation of the case, including, but not limited to notifying the local county Prosecutor's IV-D Child Support Office of change of address, supplemental information regarding the other parent, reuniting with the other parent, and other information pertinent to the case.

Takes Plant and the last	APPLICANT	'S AFFIRMATION		
I hereby swear and affirm under the permy knowledge and providing false infortunderstand that I am to cooperate with non-cooperation can result in terminations not guarantee successful action of for the service requested. I have read a	mation could result in perjur h the local county Prosecuto on of services offered by the on the case but rather all reas	y charges being file r's IV-D Child Supp IV-D agency. I furt sonable attempts w	ed against me. ort Office in order for my ca her understand that paymer	se to be processed, and
Thereby request the following service under		Parent Locator	Service Only	
Type of Services Requested: Paternity Establishment St	pport Establishment 🏻 🔲 Su	pport Modification	☐ Establishment/Enforce	ment Health Insurance
Signature of applicant		A SHEEDSHAN	Date signed (month, d	av, year)
Application taken by:		Fee paid \$	Case number	
	FOR OFFICIAL	L UŞE ONLY:		
Case Type	Assigned County of Owners	ship	Special Handling Applicant	Other Parent
Notes/Description	suk s postania	III III III III III III III III III II		

APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES (continued) Part of Slate Form 34882 (R14 / 2-15) / CSB 425A

is Applicant under age of eightee	<u>n (18)?</u> ☐ Yes ☐	No If yo	s, Guard	ilan must also complete th	e "Applic	cant Guardian Data" section
Full name of applicant (last, first a	nd mládle (niliel)	ATEL				<mark>ation (e.g. mother, father, o</mark> ther)
Álias			Ma	iden	100-	1 100
Previous	0.000		Nicl	mame	-	,
Date of birth (month, day, year)	Gender	Race	l	Social Security number*/1	TIN	Alien Identification number
Is English primary language?	Prima	ary (anguage			Inte	erpreter needed?
Is special assistance needed?		fy assistance her	e (l.e, Ph	ysical, Hearing Impaired, Oth	er)	
Address of applicant (number and s	treet <mark>, rural route numbe</mark>	er, aparlment, or r	oom nun	ber, city, state, and ZIP code)	
My matiling address ts: ☐ Same as above ☐ Different	ent <i>(if different, pr</i>	rint below includir	ig COUN	TY.)		Alexa Pili
Malling address of applicant (number	er and street, rural route	number, apartme	ent, or roo	om number, city, state, and Zt	P code -	please include County)
Telephone number (home) T	e <mark>lephone number (w</mark> ork))	Telephon	ecimun e	r (mobile/other) E-mail ad	dress	
Preferred Method of Contact: Personal E-mail/Work/Other I	E-mail Mobile tele	ephone number	ΠH	ome telephone number	☐ Woi	rk telephone number 🏻 Mai
's there a history of family violence? ☐ Yes ☐ No (If yes, com		a police report îi		oate filed (month, day, year)	City and	d state filed
Are you party to an active protective	order related to the parti plete the following boxe		tion?	County of court order		State of court order
Cause number	Date of court orde	er (month, day, ye	ear) (Covered Individuals		
Are you currently employed? ☐ Yes ☐ No (If yes, com)	olete next box.)	ame of employer		(* No. 1995)		
Address of employer (number and str	eet, rurel route number,	aparlment, or roc	m numbe	er, city, state, and ZIP code)		
Military Status ☐ Never ☐ Active ☐ Res	serve 🗌 Retired	List Military (Branch he	ere (Army, Nevy, Marines, Air	Force or	Coast Guard)
Have you previously received Child St		other state or cou	nty for the	e listed Dependents?		115511-1111
County and State where services were	e previously received		Is there	e an adoption pending for any 'es 🏻 No	child list	ed on this application?
re you requesting child support service ☐ Yes ☐ No	es for an unborn child?		What is	the expected due date? (mo	nth, day,	year)
re you or any listed Dependents curre ☐ Yes ☐ No	ntly receiving Medicald?	?				
arital status of applicant to other pare Never married Marr	ied 🔲 Divorce pend	The state of the s		☐ Legally separated	□s	eparated
ale of marriage (month, day, year)	Location of marriag					
ale divorce filed (month, day, year)	Location of divorce					
ate of divorce (month, day, year)	Location of divorce		NATION NATIONAL PROPERTY NATIO	11000		
le legally separated (month, day, yea,	*) Date separated (mo	onth, day, year)	Locatio	n of separation filing (county i	and state)

The second secon	CONTRACTOR OF THE PARTY OF THE	W. W. W.			With Salah S	BOOK MINISTRA	unovania po	NAME AND POST OF THE OWNER, WHEN PERSON ASSESSMENT OF THE OWNER, WHEN PERSON ASSESSME
Guardian name of applicant (//			PLICANT	THE RESERVE OF THE PERSON NAMED IN				cation (e.g. mother, father, other)
Guardian address (number and	l street, ru:al route	number, apad.	ment, or roo	m number, city,	state, and	1 ZIP code)	71.55
Country (If outside of US, comp	lete the following	box.)	- Line Avery	Internationa	code		10	
Guardian mailing address is: ☐ Same as applicant a	hove 177	Same as abo		_l Different (h	f difforoni	t nrint ha	dow l	
Guardian address (number and							1049.7	7000
Country (if outside of US, compl	ete the following i	box)	*	International	code			1200
Telephone number (home)	Telephone nun	ther (world	Telephon	e number <i>(mobi</i>	ile/other}	E-mai	il address	
()	()	isot (work)	()	o rio inoci prioso	10/013/01/	1. 11(4)	T dd di ooc	· · · · · · · · · · · · · · · · · · ·
	Same of the	DEI	PENDENT	INFORMATIO	N	is Nati		THE REPORT OF THE
Last name		First nante				Middle	name	
Suffix		Álias	-11 K-001			Nickna	me	
Date of birth (month, day, year)	Place of birth			Gende*	Ra	ce	7-	Social Security number* / ITIN
Does this child receive SSD or S	SI benefits?	SSD Amount				SSI Am	ount	
Is the child of this application curr	ently placed in fo	ster care?	Was th	is child born out			plete the	following box.)
Has paternity been established fo		wing information.		as paternily esta	ablished?	(If by Cou	d Order, c	omplete the following information.)
Date of court order (month, day, y	Market Committee of the							and recovery the second
County of court		State of court		***	C	ourt caus	e number	XIII
Do you have a private attorney ha	ndling paternity a	nd/or support m	alters for the	child of this ap	plication?			
Name of attorney (first, last, and s	uffix)	- Arn				Te	leрћоле г	number of attorney
Do you have a court ordered supp	ort obligation for o					11		
Name of court	() • • • •		g miletiman					
County of court	****	State of court			Oc.	ourt cause	number	Restaura Construction
s there a court order for custody?			Name of pe	rson granted co	istody by	court		
Yes Mo (If yes, co	mplete the follow	ing box.)	4-10-		-		Aug.	
ast name	Car De Victoria	DEPE First name	NDENT IN	FORMATION	***************************************	Middle na	ıme	
						Nickname		
ruffix		Alias				Mickognine	,	
ate of birth (month, day, year) F	lace of birth		1	Gender <u> </u>	Race			Social Security number* / ITIN
oes this child receive SSD or SSi ☐ Yes ☐ No	benefits?	SSD Amount				SSI Amou	int	
the child of this application current Yes No	tly placed in foste	r care?	Was this	child born out of			te the foli	lowing box.)
as paternily been established for the		ng Information.)		paternity establi irt order 🔲 P			order, com	plete the following information.)
ate of court order (month, day, yea	and the same of th		J	D) - Correction			24.00	Water Call

County of court		EHENDENT III le of court	FORMATION	(continued	()) Court cause nu	nher
Do you have a private attorney han			4th6.03 . 24			
☐ Yes ☐ No		support matters	for the child of t	nis applicatio	ጣ?	
Name of attorney (first, last, and sui	fix)				Telepho	one number of attorney
Do you have a court ordered suppor	t obligation for child(r Wh (If yes, complete					<i>l</i>
Name of court		711				- INDA
County of court	State	of court			Court cause num	ber
Is there a court order for custedy? ☐ Yes ☐ No (If yes, com	plete the following bo		e of person gran	ted custody t	by court	_
Last name		DERFNOE	II INHONINA	MON	Middle name	
- 43-		rianie				
Suffix	Alias				Nickname	
Date of birth (month, day, year) Pla	ce of birth		Gender	Rad	C C	Social Security number*/ IT
Does this child receive SSD or SSI be Yes No	refits? SSD /	\mount	13990		\$\$I Amount	
Is the child of this application currently ☐ Yes ☐ No	placed in foster care		this child born i	The state of the s	k? then complete the	following box.}
tas patemity been established for this		How How	was paternity e Court order	stablished?	(If by Court Order, a	complete the fallowing information
Date of court order (month, day, year)	Name of court	manony L	Odditorda		anica)(
County of court	State of	court		T Co	ourt cause numbé:	(Marrison)
o you have a private attorney handling	paternity and/or sup	port matters for	the child of this a	application?		- torono
Yes No ame of attorney (first, last, and suffix)		(6)	inly .		Telephone	number of altorney
	The State of the S		r. r. o		()	
	(If yes, complete the	isted on the app following inform	alion.)			
ame of court						
ounly of court	State of c	ouri		Cou	irt cause number	
there a court order for custody? Yes No (If yes, complete	e the following hox.)	Name of person	on granted custo	dy by court	1000000	45.00
III THE ENTRY OF THE PROPERTY				Dental and	X487.00+	The state of the s
s <mark>t name</mark>	Firstnam		NFORMATION		liddle name	
űx .	Alías				ickname	
e of birth (month, day, year) Place o	f birth		Gender	Race		Social Security number / I'TIN
s this child receive SSD or SSI benefit Yes No	\$7 SSD Amo	unt		S	SI Amount	, sist (88))
e child of this application currently plac I Yes □ No	ed in foster care?	Was this	s <mark>chijd born out o</mark>		complete the falls	owing box.)
1 100 L 110						
paternity been established for this chill Yes \[\sum \No (if yes, then complete	17 The following informat	How wa		lished? (If by	Court Order, comp	olete the following information.)

The state of the west of the state of	the second process with	DEPEND	ENT INF	ORMATIO	V (continued	0		
County of court		State of cou					use number	
Do you have a private attorney ☐ Yes ☐ No	handling paternity and	/or support	matters fo	or the child of	this application	nγ		
Name of attorney (first, last, and	i suffix)						Telephone num ()	ber of attorney
Do you have a court ordered su ☐ Yes ☐ No ☐ Un	pport obligation for chi known (If yes, comp	ld(ren) liste lete the folk	d on the a owing info	ipplication? rmation.)				30-30
Name of court								And .
County of court	S	ate of cour	l constant		11.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Court cau	se number	
s there a court order for custody Yes No (If yes,	? complete the following	y box.)	Name of	person grant	ed custody by	court		
When a fall an again that the		CIPANT II	VFORMA	ATION FOR	OTHER PAI	RENT		Father, Guardian, Other)
ull name of other parent (last, fil las (last, first, middle)	st, madie)		Relatio	Maiden	ectory its Off An	o abhirenir	in (cig. Incine)	Tauti, Galiani, Ontor)
evious	- Marketini a			Nickname				
si known malling address <i>(num</i>	ber and street, PO Bo	x, rural rou	te number	r, apartment,	or room numb	er, city, sta	te and ZIP code	- please Include County
st known street address: ☐ Check here if the same. ■Ing address (number and streenly) untry (if outside of US, complet			Carlotte Transcriptor			code - plea	ase Include Cou	inty)
ephone number (home)	elephone number (wo	ids)	Telephon	e number (m	obile/other)	E-mail a	ddress	
) te of birth <i>(month, day, year)</i>	Approximate age ra	inge Ger	() nd <mark>er</mark>	Race	Social Sec	curity numb	er*/iTiN Ali	en Iden tification number
English primary language? TYes ☐ No (If no, ple	ease provide)			Primary lan	gnage 		Interpreter ne	eded?
pecial assistance needed?] Yes : [] No (If yes, pl	ease specify)			Specify ass	istance here (i	.e. Physica	al, Hearing Impa	ired, Other)
e offier parent currently Incarce ☐ Yes ☐ No	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	of Incarcera	tion	State of inc	arceration	Name	of Department	of Correction facility
	Weight			Hair color		-	Facial heir	
or of eyes	Glasses			Distinguishing marks / tattoos		Other Identifying characteristics		
known employer							Telephone nu	mber of employer
ress of employer (number and s	street, city, state and Z	TP code - p	lease Incl	ude Country)				International Code
ary Status Never Active Res		List Military	Branch h	ere (<i>Army</i> , Ñ	vy, Marines, A	ir Force or	Coast Guard)	Deployed Overseas?
e other parent deceased? Yes No (#yes, plea	se complete the follow	ing Informa		ate of death (month, day, ye	ar) Plac	e of death (city,	county, state, country)
o avallable of other parent? Yes \ No			- mailton				27774	

APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES (continued) Part of State Form 34882 (R14 / 2-15) / CSB 425A

Application taken by:	Date (month, day, year)	Application request number
APPLICATION FOR TITLE IV-D CHILD SUP	PORT SERVICES - ASSIGNMENT FOR COLLECTION FO	R PERSONS MOT RECEIVING PUBLIC ASSISTANCE
Name of applicant		

TOTAL CONTRACTOR OF THE PROPERTY OF THE PARTY OF THE PART	AGREEMENT (TO BE GOWELETED BY	THE APPLICANT)
named children will be paid to the Departm	ent of Child Services, Child Support Bureau, and t	ent named above on behalf of myself and/or the above hat said support payments will be pakt to me by the agency n page one of the "Application for Titto IV-D Child Support
Services", executed by the applicant. This	authorization shall confinue in effect until terminat	ed in the manner set forth on page one of the "Application fo
after deduction of any charges due and ow Services", executed by the applicant. This fille IV-D Child Support Services". Printed name of applicant	authorization shall confinue in effect until terminat	ed in the manner set forth on page one of the "Application fo

STATE OF INDIANA)	
)	SS:
COUNTY OF SULLIVAN)	

TITLE IV-D WAIVER

The undersigned custodial parent acknowledges that the Sullivan County Prosecutor's Office is an agent of the State of Indiana and the State of Indiana Family and Social Services Administration, Sullivan County Division of Family and Children, and cannot serve as a private attorney to custodial parents. The Prosecuting Attorney's Office function is to protect and promote the interests of the State at large and the best interests of children in particular, and these interests may conflict at times with the interests of a custodial parent.

Pursuant to Title IV-D of the Social Security Act, the Office of the Sullivan County Prosecuting Attorney provides four basic services:

1. The location of absent parents.

2. The establishment of paternity and support orders.

The enforcement of support orders.

The Prosecutor's Office does not provide representation with regard to the issues of visitation, custody and property settlement. In fact, pursuant to the mandate of Title IV-D, the office is not allowed to become involved in such matters of custody, visitation, or property settlement. You should consult with a private attorney or legal aid concerning those issues.

The undersigned acknowledges that they are not entering into an attorney-client relationship with any attorney in the Office of the Sullivan County Prosecuting Attorney. Accordingly, any confidential information provided to this office is not information protected by an attorney-client relationship. Therefore, information provided to the Office of the Prosecuting Attorney may be used by the Office in the prosecution of criminal offenses or civil violations without regard for source of the information. The undersigned acknowledges that their involvement in the Title IV-D Child Support Program does not protect them from prosecution for any criminal offense or civil infraction.

NOTE: THIS FORM IS A WAIVER OF LEGAL RIGHTS AND SHOULD BE SIGNED ONLY AFTER BEING READ CAREFULLY. YOUR SIGNATURE VERIFIES THAT YOU HAVE READ AND UNDERSTAND THE CONTENTS OF THIS FORM.

I have read the above and fully understand the contents of this waiver and consent to its terms.

Petitioner's Signature

Date