



Secondary Employer Name: \_\_\_\_\_

Type of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ Monthly Salary: \$\_\_\_\_\_.

Last Day Worked: \_\_\_\_\_  
MM/DD/YYYY

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Former Employer Name: \_\_\_\_\_

Type of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ Monthly Salary: \$\_\_\_\_\_.

Last Day Worked: \_\_\_\_\_  
MM/DD/YYYY

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

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**APR 3**

Usual Occupation: \_\_\_\_\_ Other Skills: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_

Driver License Date Issued: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in.

Hair Color: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.

Identifying Marks: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Police Record:  Yes  No Date of Arrest: \_\_\_\_\_  
MM/DD/YYYY

Arrest City: \_\_\_\_\_ State: \_\_\_\_\_

Offense: \_\_\_\_\_

Incarceration Date: \_\_\_\_\_ Date Released: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

Institution: \_\_\_\_\_

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

Last School Attended: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY

Address: \_\_\_\_\_

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

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**APR 4**

AP's Military Service

Status: \_\_\_\_\_ Branch: \_\_\_\_\_

ID Number: \_\_\_\_\_

Entry Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

**Mother's Name**

\_\_\_\_\_ Last Name First Name Middle Name Suffix

Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Father's Name**

\_\_\_\_\_ Last Name First Name Middle Name Suffix

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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**IF COURT ORDER EXISTS, SEND COPY TO OFFICE OF CHILD SUPPORT SERVICES DIVISION  
WITH DSS 3816-C**

**APR 5**

**SUPPORT OBLIGATION**

Existing Court Order:  Yes  No  Unknown

Name of Court: \_\_\_\_\_

Court City: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_

Docket Number: \_\_\_\_\_

Effective Date of Support Order: \_\_\_\_\_

Support Budgeted in TANF:  Yes  No

Type of Payment: \_\_\_\_\_

Amount of Support: \$ \_\_\_\_\_ Support Payment Method: \_\_\_\_\_

Frequency of Support: \_\_\_\_\_

Last Payment Amount: \$ \_\_\_\_\_

Payment Due Date: \_\_\_\_\_ Estimated Arrearages: \$ \_\_\_\_\_  
MM/DD/YYYY

Date of Last Payment: \_\_\_\_\_  
MM/DD/YYYY

Does client have attorney actively engaged in Child Support Action:  Yes  No

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**APR 6**

**Health/Medical Insurance**

	<b>Carrier Name</b>	<b>Type of Insurance</b>	<b>Policy Number</b>
1.	_____	_____	_____
2.	_____	_____	_____

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**ABPD**

Child's Name: \_\_\_\_\_

Biological Indicator: \_\_\_\_\_

Relationship to Parents at time of Child's Birth: \_\_\_\_\_

If Married, give place of Marriage: \_\_\_\_\_

Paternity Previously Established (By Marriage or Court Order):  Yes  No

Is child covered under AP's Health/Medical Insurance: 1.  Yes  No

2.  Yes  No

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**ABPD**

Child's Name: \_\_\_\_\_

Biological Indicator: \_\_\_\_\_

Relationship to Parents at time of Child's Birth: \_\_\_\_\_

If Married, give place of Marriage: \_\_\_\_\_

Paternity Previously Established (By Marriage or Court Order):  Yes  No

Is child covered under AP's Health/Medical Insurance: 1.  Yes  No

2.  Yes  No

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**ABPD**

Child's Name: \_\_\_\_\_

Biological Indicator: \_\_\_\_\_

Relationship to Parents at time of Child's Birth: \_\_\_\_\_

If Married, give place of Marriage: \_\_\_\_\_

Paternity Previously Established (By Marriage or Court Order):  Yes  No

Is child covered under AP's Health/Medical Insurance: 1.  Yes  No

2.  Yes  No

### Purpose & Instructions for DSS Form 3816-B

Purpose: The DSS Form 3816-B is used to gather information on absent parents in order to complete an automated referral to the Child Support Services Division (CSSD).

#### Instructions:

The following codes and other instructions should be used when completing this form and for entering information in CHIP:

1. Sex: **M** – Male **F** – Female
2. Race: **AI** - American Indian/Alaskan Native **AS** – Asian **BL**- Black or African American **NH** – Native Hawaiian/Pacific Island **UK** – Unknown **WH** – White
3. Marital Status: **CL** – Common law marriage **DI** – Divorced **LS** – Legally Separated  
**MA** – Married **NM** – Never Married **SE** – Separated **UN** – Unknown **WI** – Widowed
4. Maiden Name: If AP is female, list her last name before marriage.
5. SSN – Enter without dashes in CHIP
6. Good Cause: **CO** – Cooperating **GC** – Good Cause **NC** – Non-Cooperating
7. Interpreter Needed For: **CH** – Chinese **RU** – Russian **SL** –Sign Language **SP** –Spanish  
**VN** – Vietnamese **OT** – Other
8. County: Enter two-digit county code for AP's residential address.
9. Hair Color: **BRW** – Brown **BLD** – Blonde **BLK** – Black **BRU** – Brunette **GRA** – Gray  
**RED** – Red **OTH** – Other
10. Eye Color: **BLU** - Blue **HZL** – Hazel **BRW** – Brown **GRN** – Green **GRA** – Gray  
**OTH** –Other
11. Police Record: **Y** – Yes **N** – No
12. AP's Military Service Status: **A** – Active **D** – Discharged **N** – Never in **R** – Retired  
**U** – Unknown
13. Branch: **AF** – Air Force **AR** – Army **CG** – Coast Guard **MR** – Marine **NG** – National Guard  
**NY** – Navy
14. Existing Court Order: **Y** – Yes **N** – No **U** – Unknown
15. County: Enter the two-digit County number of where the existing court order is located if in SC.
16. Support Budgeted in TANF: **Y** – Yes **N** – No

16. Type of Payment: **C** – Court Ordered **V** – Voluntary
17. Support Payment Method: **C** – Court Ordered **D** – Direct
18. Frequency of Support: **W** – Weekly **B** – Biweekly **M** – Monthly **S** – Semimonthly  
**O** – Seasonal
19. Does client have attorney actively engaged in CS action?: **Y** – Yes **N** – No
20. Biological Factor: **B** – Biological **L** – Legal
21. Relationship of parents at time of birth: **LS** – Legally Separated **NM** – Never Married  
**MA** – Married **SE** – Separated **UN** – Unknown **WI** – Widowed
22. Paternity previously established: **Y** – Yes **N** – No
23. Is child covered under AP insurance?: **Y** – Yes **N** – No