South Carolina Department of Social Services

NON-CUSTODIAL PARENT'S APPLICATION FOR CHILD SUPPORT SERVICES

(PLEASE READ INSTRUCTIONS BELOW)

The disclosure of your Social Security Number is mandatory, in accordance with section 466(a)(13) of the Social Security Act. Social Security Numbers are used by the South Carolina Child Support Enforcement program to assist in locating individuals for the purposes of establishing paternity and establishing, modifying and enforcing child support obligations.

Date Application Requested: _	
Date Application Mailed:	
Date Application Received:	

Instructions for Completing the Application

The South Carolina Department of Social Services, Child Support Services Division (CSSD), offers to Non-Custodial Parents (NCPs) the service of "Establishing Paternity" for the child or children in question. It is important that you carefully read the entire application and complete it to the best of your ability. If the application is not fully completed, we will return it to you for completion. Information about the Custodial Parent (CP) is completed at the bottom of this page. Information about yourself is completed on pages 2 and 3. Information about the child or children is completed on page 4. Please be sure to read and detach Part II, "What to Expect," and keep it for your records.

To obtain services, mail the completed application to South Carolina Department of Social Services, to:

South Carolina Department of Social Services Child Support Services Division P.O. Box 1469 Columbia, South Carolina 29202

Under the penalty of perjury I declare that the information given in this application is true and complete to the best of my knowledge and belief. I have read Part II, "What to Expect," and agree to the conditions of this application.

Applicant's Signature:	Date:

PART I

Custodial Parent Information

	(Person with whom child or o	children is/are living)		
Name: Last:	First:	Midd	lle:	Suffix:
Maiden Name:	SSN:	_ Race: Sex	c: Current N	Marital Status:
Place of Birth: City:	State: _		Birthdate:	
Residential Address:	Home ⁻	Telephone:	Cell Phon	ie:
City:	State: _		Zip Code	e:
Mailing Address: c/o Last:	First:	Midd	lle:	Suffix:
Address:	City:	State	: Zip	Code:
Employer's Name:		Work Telep	ohone:	
Address:	City:	State	: Zip	Code:
Work Start Time:	Wo	ork End Time:		
If Currently Married, Spouse's Nam	ne/Address:			
Place of Marriage: City:	State	e: C	Date of Marriage:	
If not currently married, has he/she	ever been married?	es □ No If yes, p	rovide:	
Name of Former Spouse:	Date	and Place of Marri	age:	
If Divorced. Date and Place of Divo	orce:			

Non-Custodial Parent Information (Your information)

	(Your in	tormation)		
Name: Last:				
Sex: Race:				
Place of Birth: City:				
Nickname:	Maiden Name:	Dı	river's License	Number:
Driver's License Date:		_ Driver's Licens	se State:	
Current Marital Status:	If Married, Your Sp	ouse's Name:		
Last School Attended by You:				
Address:	City:			
Current Address:	City:		_ State:	Zip Code:
Home Telephone:		Cell Phone:		
Mailing Address: c/o Last:	First:		_ Middle:	Suffix:
Address:				
Please furnish the following ir	•			
Type of Employment:	•		ou currently em	ployed? □ Yes □ No
Employer's Name:		_	_	
Employer's Address:	City:		_ State:	Zip Code:
Date You Last Worked:	What is your mo	onthly salary?\$_	SI	nift Worked:
Usual Occupation:	Other S	kills:		
Please list the names and	addresses of any other pas	t employers:		
Name:	Add	dress:		Date Last Worked:
What are the names of your	r parents? (Please indicate th	eir names even if th Mother:	ey are deceased.	
Last/Suffix/First/Middle		Maiden Name	/Last/First/Mido	lle
Street or P.O. Box		Street or P.O.	Box	
City/State/Zip Code		City/State/Zip	Code	
Telephone		Telephone		

	o	s. Hair Color:	
dentifying Mark/Scars:		Do you have	a police record? ☐ Yes ☐ No
Arrest Date: Offense:			
Arrest City:		State:	Zip Code:
ncarceration Date:	Release Date:	Incarceration	Location:
ncarceration City:		_ State:	Zip Code:
Armed Forces Status: A- Active R-Retired D-Discharged N-Never In U-Unknown	VA Service Number:		Armed Forces Branch:
Armed Forces Entry Date:	Armed	I Forces Discharge	Date:
Do you have income other than e	mployment income?	Yes □ No	
f yes, source of income:			Amount:
			Amount:
			Amount:
Do you have any bank accounts/ass	sets? □ Yes □ No □	Unknown	
Name of Bank:	Account Number	er:	Type:
			(Checking/Savings)
Name of Bank:	Account Number	er:	Type:
			(Checking/Savings)
Assets:			
Do you own any property (real estat	to car etc)? □ Ves □ N		
be you even any property (real colar	$\mathbf{c}, \mathbf{cai}, \mathbf{cic}$: \Box \mathbf{res} \Box \mathbf{res}	lo □ Unknown	
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Please list type and location:	, , , , , , , , , , , , , , , , , , ,		
Please list type and location: What is the name of the insurer with Carrier Name:	, , , , , , , , , , , , , , , , , , ,	insurance coveraç	
Please list type and location: What is the name of the insurer with	n whom you have medical	insurance coveraç	ge?
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Vhat is the name of the insurer with Carrier Name: Oo you have an attorney actively see yes, attorney's name:	Type of Insur Case Inform	insurance coverage rance: ation y or support?	ge? Policy Number: Yes □ No
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Please list type and location: What is the name of the insurer with Carrier Name: Oo you have an attorney actively see yes, attorney's name: Oo you have a previous court order Please attach a copy of the court order) Jame of Court:	Case Inform eking to establish paternit established? □ Yes □ If you do not have a	insurance coverage rance: ation y or support? No If yes, provide City: court order, do you Date Last Payn	Policy Number: Yes □ No e support order number: State: u pay voluntarily? □ Yes □ No
Please list type and location: What is the name of the insurer with Carrier Name: Oo you have an attorney actively see yes, attorney's name: Please attach a copy of the court order Please attach a copy of the court order) Jame of Court: Immount of Support: Trequency of Support: Fileweekly S-Semimonthly M-Monthly	Case Inform teking to establish paternit established? If you do not have a W-Weekly D-Seasonal t to CP C-Through the Court	insurance coverage rance: ation y or support? No If yes, provide City: court order, do you Date Last Payn	Policy Number: Pes □ No e support order number: State: u pay voluntarily? □ Yes □ Noment Paid:

Child Information

Child's Name: La	ast:	First:		Middle:	Suffix:
Sex: Ra	ce: SSN:		Date of Birth:	Place o	of Birth:
Has paternity be	en established for	this child? □ Yes	□ No What is yo	our relationship	to this child?
In which state di	d the mother becor	ne pregnant?	When did	d she get pregna	(Month/Day/Year)
Were the parent	s married at the tim	ne of the child's birth	n? □ Yes □ No If r	no, describe the	relationship:
If Married: Date	of Marriage:	Place:	If Divorced	: Date:	Place:
			Information ate section for each chil	d)	
Child's Name: La	ast:	First:		Middle:	Suffix:
Sex: Ra	ce: SSN:		Date of Birth:	Place o	of Birth:
					to this child?
In what state did	I the mother becom	e pregnant?	When did	d she get pregna	ant?
		. •			(Month/Date/Year)
Were the parent	s married at the tim	ne of the child's birth	n? □ Yes □ No If r	no, describe the	relationship:
If Married: Date	CM	-	ICD: 1	· Data·	Place:
	of Marriage:			. Date.	
		Child (Complete a separa	Information ate section for each chil	d)	
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Child's Name: La	ast: SSN:	Child (Complete a separa First:	Information ate section for each chil	d) Middle: Place o	Suffix:
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PART II

What to Expect

(Please read this page and the next carefully and DETACH for your records.)

The South Carolina Department of Social Services (DSS) provides child support services to Custodial Parents (guardians) and Non-Custodial Parents through its Child Support Services Division (CSSD). You must complete the application to open a case with the CSSD.

All cases accepted by the CSSD are handled on a first come, first served basis. Claims for visitation, custody or other issues that are often associated with child support are not handled by CSSD.

You must complete this application as thoroughly and accurately as possible and return it to the address indicated so that the CSSD may determine your eligibility for child support services. When completing the application you may not know the answer to all of the questions, but you should provide as much accurate information as possible. Please double check any information about which you are not certain. The more accurate the information you provide, the faster and more efficiently CSSD can process your case.

South Carolina law requires that you notify the CSSD in writing when you move, change your name, change jobs or change your telephone number (at home or at work) so that staff will be able to contact you without delay. You must notify the CSSD of these changes within 10 days of the change. If you do not notify the CSED as required, the court or the CSSD may take actions on your case without your knowledge.

If you do not have a court order for paternity, the regional office staff may bring legal action to obtain such a court order. The regional office will notify you in writing of any court hearings that you must attend.

Please understand that we need your full cooperation throughout this entire process. Your failure to cooperate could result in CSSD closing the case. Before CSSD takes any action to close a case, we will send you a letter indicating what will be required to avoid case closure. You may also close your case at any time by mailing to CSSD a written statement requesting case closure. As a state agency operating under state law and federal law, legal requirements and policies may conflict with what you request. If a conflict of interest arises, CSSD staff will contact you to discuss the situation.

You are protected by Title VI of the Civil Rights Act and can make written complaints to the Director, South Carolina Department of Social Services, P.O. Box 1520, Columbia, South Carolina 29202-1520, within 180 days, if at any time you believe you are denied services or otherwise discriminated against because of race, color, creed, sex, religion or national origin.

Listed below are the telephone numbers of CSSD offices.

Thank you for your cooperation. The Department of Social Services pledges to make every effort to help you obtain the child support owed to your family.

Central Inquiry: 1-800-768-5858

Tax Intercept Unit: (803) 898-9314/1-800-922-0852 or 1-888-454-5360

Additional information can be found on our website at: www.state.sc.us/dss/csed/index.html