

**Illinois Department of Healthcare and Family Services,
Division of Child Support Enforcement
Forms for Child Support Administrative Process**

- **Application for Child Support Services (Title IV-D)**
- **Child Support Questionnaire**



Prepared and distributed by Chicago Appleseed Fund for Justice, February 2015.

**IL Dept of Healthcare and Family Services
APPLICATION FOR CHILD SUPPORT SERVICES (TITLE IV-D)**

Division of Child Support Services
Mail Response Unit
P.O. Box 19405
Springfield, IL 62794-9405

DATE:
NAME:
ADDRESS:

SEX:
SSN:
DATE OF BIRTH:
DAYTIME PHONE NO:
WORK PHONE NO:

Este es un aviso muy importante. Si usted no entiende este aviso, comuníquese con el Centro de Servicio al Consumidor en la Sección de Manutención de Niños a 1-800-447-4278, dónde le podrán explicar este aviso. Personas que usan teletipo (TTY) deben llamar a 1-800-526-5812.

This is an important notice. If you do not understand this notice, contact the Child Support Customer Service Call Center at 1-800-447-4278. Someone at the Center can explain it to you. Persons with a TTY device may call 1-800-526-5812.

So that we can provide the best and quickest services possible, please:

- Complete this form. Please print.
- If you do not have the requested information, please write "don't know" in the blank.
- Read the enclosed Child Support Program Fact Sheet. It explains the services we provide.
- Mail this form and copies of any order(s) you already have to the address listed above.

If you are NOT the biological or legal parent of the child, complete the application available at www.childsupportillinois.com or call 1-800-447-4278 for a different application.

If you are working with an attorney on your child support needs, we recommend discussing signing up for HFS child support services with your attorney as we may be able to provide additional services to you and your family. You can work with your attorney and HFS at the same time.

Applicant's (Custodial Parent's) Information:

Full Name: _____
(first) (middle initial) (last)

Home Address: _____
(Street) (City) (County) (State) (Zip)

Relationship to Child (Mother / Father): _____

Date of Birth: _____ Age: _____ SSN: _____ Race: _____
(mm/dd/yyyy)

Home Telephone #: _____ Work Telephone #: _____ Cell Telephone #: _____

E-Mail Address: _____

What time of day is most convenient to talk to you? _____ At what telephone number? _____

CP: _____ NCP: _____ IV-D# _____

Full Name: _____
(first) (middle initial) (last)

Home Address: _____
(Street) (City) (State) (Zip)

Relationship to Child: _____

Date of Birth and/or Age: _____ SSN: _____ Race: _____

Home Telephone #: _____ Work Telephone #: _____ Cell Telephone #: _____

E-Mail Address: _____

Name of Employer or Source of Income: _____

Employer's Address: _____

Is the other parent of the child in the military? Yes _____ No _____

Which branch of service? _____
(Send us a copy of military insurance card, if available)

Make and Model of Car: _____ License Plate #: _____

Other Parent's Relatives: (mother) _____ (father) _____

Does the other parent have additional children with someone else? If you know the other children's names, list them here.

Child's Information:

Full Name: _____ Sex: _____
(first) (middle initial) (last)

Date of Birth: _____ Place of Birth: _____
mm/dd/yyyy City State

Social Security Number: _____ Race: _____

If you have any additional children with this parent, please provide the same information for each child on a separate sheet of paper.

Other Important Information

1. Are/were you married to the child's other parent? Yes ____ If yes, what date did you get married? _____ No ____

2. Are you and the child's other parent divorced? Yes ____ If yes, what date did you get married? _____ No ____

State of Divorce Order: _____ County of Divorce Order: _____ Order Docket Number: _____

3. If you already have a child support order for the child, it is important that you send us a copy of the order with this application, if available.

Order or Docket # _____

Where was the order entered? _____
(City) (County) (State)

When did the order start? _____
(month/year)

If this will be your first child support order, you may want to ask if it is possible to have your support order effective prior to the date your child support order is first established (retroactive support).

All information you provide is kept confidential but we understand that domestic violence may also be an issue for you and your family. For your protection, we can mark your case with a family violence indicator. **[RECOMMEND DETAILING THE CONSEQUENCES OF CHECKING THE BOX]** If you would like us to place this indicator on your case, check the box below. If this is not an issue for your family, you do not need to check the box.

Yes, I want my case marked with a family violence indicator.

I authorize the Division of Child Support Services to explore, pursue or utilize all sources of information legally available in support of its investigations on my behalf and to choose the appropriate course of legal action. I have received and read the program fact sheet provided with this application. To the best of my knowledge, the information I have supplied is true, correct, and complete.

I understand the Division will protect my privacy as required by law, and I authorize the Division to disclose information about my case to the court or another party necessary in the course of establishing and enforcing paternity and child support orders, for as long as I am a client.

Applicant's Signature (required)

Date

**IL Dept. of Healthcare and Family Services
Division of Child Support Services**

Date:

NAME:
ADDRESS:

SEX:
SSN:
DATE OF BIRTH:
HOME PHONE NO.:
WORK PHONE NO.:
IV-D CASE NO.:

CHILD SUPPORT QUESTIONNAIRE

Este es un aviso muy importante. Si usted no entiende este aviso, comuníquese con el Centro de Servicio al Consumidor en la Sección de Manutención de Niños a 1-800-447-4278, dónde le podrán explicar este aviso. Personas que usan teletipo (TTY) deben llamar a 1-800-526-5812.

This is an important notice. If you do not understand this notice, contact the Child Support Customer Service Call Center at 1-800-447-4278. Someone at the Center can explain it to you. Persons with a TTY device may call 1-800-526-5812.

This form is used to obtain information necessary for your child support case. The more information you provide, the better chance we have of getting your child the support he or she deserves. If you complete and return this questionnaire as requested, you may not have to come to the child support office for an appointment.

Some information regarding parents of a child is required to establish paternity, child support and medical support, and/or change the order that is now in effect.

If this will be your first child support order, you may want to ask if it is possible to have your support order effective prior to the date your child support order is first established (retroactive support).

PLEASE COMPLETE AND RETURN THIS FORM AND THE ATTACHED PARTICIPANT INFORMATION SHEET(S) BY _____ TO THE ADDRESS LISTED ABOVE. IF THIS FORM IS NOT RETURNED BY _____

Variable Paragraph 1 – *Non-Assistance (Obligation Type 2) and Medicaid (Obligation Type 4) Cases* - your child support case may be canceled if an action by you is needed to proceed to the next step in processing your child support case.

Variable Paragraph 2 – *TANF Cases (Obligation Type 1)* - your cash and/or medical benefits may be canceled.

Attached is the Participant Information Sheet. Please complete each one you receive. If you do not know the requested information, please write "don't know" in the blank.

We understand that family members are sometimes victims of domestic violence. To protect family members, we have the ability to indicate that family violence is an issue on your case. We always protect information about families, but we take extra precautions on any case where family violence is an issue. **[RECOMMEND DETAILING WHAT THESE PRECAUTIONS INVOLVE]** If you would like for us to indicate that domestic violence is an issue in your case, please tell us now. You may also tell your caseworker or you may call the Child Support Customer Service Call Center at the number provided below. If this is not an issue for your family, you do not need to take any action. We will still protect all your case information.

Yes, I want my case to have a Family Violence indicator. My children or I have reason to believe that we could be in danger from another party in this case.

I have provided all information I am able to provide about all of the people in this case(s) and this information is correct to the best of my knowledge.

Your Signature (required)

Date

If you have any questions regarding this form, please call the Child Support Customer Service Call Center at 1-800-447-4278.

PARTICIPANT INFORMATION SHEET

If you do not have the requested information, please write "don't know" in the blank. Please Print or Type.

YOUR (CUSTODIAL PARENT'S) INFORMATION:

Full Name: _____
(first) (middle initial) (last)

Home Address: _____
(Street) (City) (State) (Zip)

Date of Birth: _____ Age: _____ SSN: _____ Race: _____
(mm/dd/yyyy)

Phone #: Home: _____ Work: _____ Cell: _____

E-Mail Address: _____

What time of day is most convenient to talk to you? _____ At what phone number? _____

Please list the children in your care and provide your relationship to them.

<u>CHILD</u>	<u>RELATIONSHIP TO YOU</u>
_____	_____
_____	_____
_____	_____

Do you have any other child support cases in Illinois? 9 Yes 9 No

Do you have a child support case in another state or child support agency? 9 Yes 9 No

If yes, what state? _____

If any of the children in your care are already covered by a child support order, we will be able to better serve you if you provide us a copy of the order when you return these documents.

Please continue by completing the attached documents. You will receive a separate sheet for each child. Please complete each one you receive. If you do not have the requested information, please write "don't know" in the blank. Please print or type.

(Imaging Line)

HFS 2589 (R-1-11)

IL478-1246

VARIABLE 1 – Prints when client's Relationship code is mother or father

FIRST/ONLY CHILD'S INFORMATION

Full Name: _____
(first) (middle initial) (last)

Date of Birth: _____ Place of Birth: _____
(County) (State)

Social Security Number: _____ Race: _____

Are/Were you married to this child's other parent? Yes No If yes, what date did you get married? _____

Are you and the other parent of this child divorced? Yes No If yes, what date did you get divorced? _____

State of Divorce Order _____ County of Divorce Order _____ Order Docket Number _____

If you were not married, did you and the other parent sign paperwork to add this child's father's name to the birth certificate? Yes No

Is there already an order for support for this child? Yes No If yes, county and state of order: _____

Are you currently receiving child support payments? Yes No

If paternity has not been established, are you uncertain of who the child's father is? Yes No

If yes, please provide the name of each potential father: _____

INFORMATION REGARDING FIRST/ONLY CHILD'S OTHER PARENT:

Full Name: _____
(first) (middle initial) (last)

Home Address: _____
(Street) (City) (State) (Zip)

Date of Birth and/or Age: _____ SSN: _____ Race: _____

Phone #: Home: _____ Work #: _____ Cell #: _____

E-Mail Address: _____

Name of Employer or Source of Income: _____

Employer's Address: _____

Is the other parent of this child in the military? Yes No

Which branch of service? _____ (Send us a copy of military insurance card, if available)

Make and Model of Car: _____ License Plate #: _____

Other Parent's Relatives: (mother) _____ (father) _____

(Imaging Line)

HFS 2589 (R-1-11)

IL478-1246

VARIABLE1 (Client is mother or father) continued

ADDITIONAL CHILD'S INFORMATION

Full Name: _____
(first) (middle initial) (last)

Date of Birth: _____ Place of Birth: _____
(County) (State)

Social Security Number: _____ Race: _____

Are/Were you married to this child's other parent? Yes No If yes, what date did you get married? _____

Are you and the other parent of this child divorced? Yes No If yes, what date did you get divorced? _____

State of Divorce Order _____ County of Divorce Order _____ Order Docket Number _____

If you were not married, did you and the other parent sign paperwork to add this child's father's name to the birth certificate? Yes No

Is there already an order for support for this child? Yes No If yes, county and state of order: _____

Are you currently receiving child support payments? Yes No

If paternity has not been established, are you uncertain of who the child's father is? Yes No

If yes, please provide the name of each potential father: _____

INFORMATION REGARDING ADDITIONAL CHILD'S OTHER PARENT:

Full Name: _____
(first) (middle initial) (last)

Home Address: _____
(Street) (City) (State) (Zip)

Date of Birth and/or Age: _____ SSN: _____ Race: _____

Phone # Home: _____ Work: _____ Cell: _____

E-Mail Address: _____

Name of Employer or Source of Income: _____

Employer's Address: _____

Is the other parent of this child in the military? Yes No

Which branch of service? _____ (Send us a copy of military insurance card, if available)

Make and Model of Car: _____ License Plate #: _____

Other Parent's Relatives: (mother) _____ (father) _____

(Imaging Line)

HFS 2589 (R-1-11)

IL478-1246

VARIABLE 2 – Print if Client's Relationship code is NOT mother or father:

If you are not the parent of this child, are you interested in pursuing support? Yes No

If yes, continue:

FIRST/ONLY CHILD'S INFORMATION

Full Name: _____
(first) (middle initial) (last)

Date of Birth: _____ Place of Birth: _____
(County) (State)

Social Security Number: _____ Race: _____

Are/Were the parents of this child married? Yes No If yes, what date? _____

Are the parents of this child divorced? Yes No If yes, what date? _____

State of Divorce Order _____ County of Divorce Order _____ Order Docket Number _____

If the parents were not married, did they sign paperwork to add this child's father's name to the birth certificate? Yes No

Is there already an order for support for this child? Yes No If yes, county and state of order: _____

Are you currently receiving child support payments? Yes No

If paternity has not been established, are you uncertain of who the child's father is? Yes No

If yes, please provide the name of each potential father: _____

INFORMATION REGARDING FIRST/ONLY CHILD'S MOTHER

Full Name: _____
(first) (middle initial) (last)

Home Address: _____
(Street) (City) (State) (Zip)

Date of Birth and/or Age: _____ SSN: _____ Race: _____

Phone #: Home: _____ Work: _____ Cell: _____

E-Mail Address: _____

Name of Employer or Source of Income: _____

Employer's Address: _____

Is the mother of this child in the military? Yes No

Which branch of service? _____ (Send us a copy of military insurance card, if available)

Make and Model of Car: _____ License Plate #: _____

Mother's Relatives: (mother) _____ (father) _____

(Imaging Line)

HFS 2589 (R-1-11)

IL478-1246

VARIABLE 2 (Client is NOT mother or father) continued

INFORMATION REGARDING FIRST/ONLY CHILD'S FATHER

Full Name: _____
(first) (middle initial) (last)

Home Address: _____
(Street) (City) (State) (Zip)

Date of Birth and/or Age: _____ SSN: _____ Race: _____

Phone #: Home: _____ Work: _____ Cell: _____

E-Mail Address: _____

Name of Employer or Source of Income: _____

Employer's Address: _____

Is the father of this child in the military? 9 Yes 9 No

Which branch of service? _____ (Send us a copy of military insurance card, if available)

Make and Model of Car: _____ License Plate #: _____

Father's Relatives: (mother) _____ (father) _____

(Imaging Line)

VARIABLE 2 (Client is NOT mother or father) continued

If you are not the parent of this child, are you interested in pursuing support? Yes No

If yes, continue:

ADDITIONAL CHILD'S INFORMATION

Full Name: _____
(first) (middle initial) (last)

Date of Birth: _____ Place of Birth: _____
(County) (State)

Social Security Number: _____ Race: _____

Are/Were the parents of this child married? Yes No If yes, what date did they get married? _____

Are you and the other parent of this child divorced? Yes No If yes, what date did they get divorced? _____

State of Divorce Order _____ County of Divorce Order _____ Order Docket Number _____

If the parents were not married, did they sign paperwork to add this child's father's name to the birth certificate? Yes No

Is there already an order for support for this child? Yes No If yes, county and state of order: _____

Are you currently receiving child support payments? Yes No

If paternity has not been established, are you uncertain of who the child's father is? Yes No

If yes, please provide the name of each potential father: _____

INFORMATION REGARDING ADDITIONAL CHILD'S MOTHER:

Full Name: _____
(first) (middle initial) (last)

Home Address: _____
(Street) (City) (State) (Zip)

Date of Birth and/or Age: _____ SSN: _____ Race: _____

Phone #: Home: _____ Work: _____ Cell: _____

E-Mail Address: _____

Name of Employer or Source of Income: _____

Employer's Address: _____

Is the mother of this child in the military? Yes No

Which branch of service? _____ (Send us a copy of military insurance card, if available)

Make and Model of Car: _____ License Plate #: _____

Other Parent's Relatives: (mother) _____ (father) _____

VARIABLE 2 (Client is NOT mother or father) continued

INFORMATION REGARDING ADDITIONAL CHILD'S FATHER:

Full Name: _____
(first) (middle initial) (last)

Home Address: _____
(Street) (City) (State) (Zip)

Date of Birth and/or Age: _____ SSN: _____ Race: _____

Phone #: Home: _____ Work: _____ Cell: _____

E-Mail Address: _____

Name of Employer or Source of Income: _____

Employer's Address: _____

Is the father of this child in the military? Yes No

Which branch of service? _____ (Send us a copy of military insurance card, if available)

Make and Model of Car: _____ License Plate #: _____

Father's Relatives: (mother) _____ (father) _____

HFS 2589 (R-1-11)

(Imaging Line)

IL478-1246