



INDIANA CHILD SUPPORT SERVICES ENROLLMENT

State Form 34882 (R17 / 3-20) / CSB 425A
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.

Child Support Services include:

- Parent location,
- Establishment of paternity,
- Establishment, modification, and/or enforcement of child support obligations, and
- Establishment, modification, and/or enforcement of medical support for dependent children.

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

ENROLLEE INFORMATION

Last name		First name		Middle name	Suffix (<i>Jr., III, etc.</i>)
Other names used		Relationship to dependents on this form (<i>mother, father, guardian, other</i>)		Do you have primary physical custody of dependents on this form? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of birth (<i>month, day, year</i>)	Gender	Race	Social Security Number / ITIN		
Home address (<i>Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code</i>)					
Mailing address, if different from address above (<i>Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code</i>)					
Telephone number (<i>cellular</i>) ()	Telephone number (<i>home</i>) ()	Telephone number (<i>work</i>) ()	E-mail address		
Do you need special assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>If yes, complete next box.</i>)		Specify assistance needed here (<i>i.e., physical, hearing impaired, language interpreter, other</i>)			
Do you believe that pursuing child support services may result in physical or emotional harm to you or your child(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>If yes, your case worker may discuss additional protections offered when providing child support services.</i>)					
Do either of the following apply? <input type="checkbox"/> Active Military Duty <input type="checkbox"/> Currently Incarcerated		Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>If yes, complete the next two boxes.</i>)		Name of employer	
Address of employer (<i>Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code</i>)					
Marital status of enrollee to other parent <input type="checkbox"/> Never married <input type="checkbox"/> Divorced <input type="checkbox"/> Divorce pending <input type="checkbox"/> Married <input type="checkbox"/> Legally separated <input type="checkbox"/> Separated					
Do you have a private attorney handling paternity and/or support matters for dependents listed in this form? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>If yes, complete next box.</i>)			Name of attorney (<i>full name</i>)		
Are you applying for services for an unborn child? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>If yes, complete next box.</i>)			Due date (<i>month, day, year</i>)		

DEPENDENT #1 INFORMATION

Last name		First name		Middle name	Suffix (<i>Jr., III, etc.</i>)
Date of birth (<i>month, day, year</i>)	Place of birth (<i>City and State</i>)	Gender	Race	Social Security Number / ITIN	
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (<i>If yes, then complete the next two boxes.</i>)		How was paternity established? <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit (<i>If by court order, complete the next box.</i>)		Where was paternity established? (<i>County and state</i>)	
Is there a court ordered child support obligation for this dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (<i>If yes, complete the next box.</i>)		Where was child support ordered? (<i>County and state</i>)		Enrolled in Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	

DEPENDENT #2 INFORMATION

Last name		First name		Middle name	Suffix (<i>Jr., III, etc.</i>)
Date of birth (<i>month, day, year</i>)	Place of birth (<i>City and State</i>)	Gender	Race	Social Security Number / ITIN	
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (<i>If yes, then complete the next two boxes.</i>)		How was paternity established? <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit (<i>If by court order, complete the next box.</i>)		Where was paternity established? (<i>County and state</i>)	
Is there a court ordered child support obligation for this dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (<i>If yes, complete the next box.</i>)		Where was child support ordered? (<i>County and state</i>)		Enrolled in Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	

DEPENDENT #3 INFORMATION

(Attach separate page with information requested below for all additional dependents.)

Last name		First name		Middle name		Suffix (<i>Jr., III, etc.</i>)	
Date of birth (<i>month, day, year</i>)		Place of birth (<i>City and State</i>)		Gender		Race	
Social Security Number / ITIN		Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, then complete the next two boxes.)</i>		How was paternity established? <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit <i>(If by court order, complete the next box.)</i>		Where was paternity established? (<i>County and state</i>)	
Is there a court ordered child support obligation for this dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, complete the next box.)</i>				Where was child support ordered? (<i>County and state</i>)		Enrolled in Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	

OTHER PARENT 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 (<i>Jr., III, etc.</i>)	
Other names used		Relationship to dependents on this form <i>(mother, father, potential father, guardian, other)</i>		Does this parent have primary physical custody of dependents on this form? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of birth (<i>month, day, year</i>)		Gender		Race		Social Security Number / ITIN	
Height	Weight	Hair Color		Other distinguishing characteristics (<i>eye color, tattoos, etc.</i>)			
Home address (<i>Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code</i>)							
Mailing address, if different from address above (<i>Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code</i>)							
Telephone number (<i>cellular</i>) ()		Telephone number (<i>home</i>) ()		Telephone number (<i>work</i>) ()		E-mail address	
Does this parent need special assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete next box.)</i>		Specify assistance needed here (<i>physical, hearing impaired, language interpreter, other</i>)					
Do either of the following apply? <input type="checkbox"/> Active Military Duty <input type="checkbox"/> Currently Incarcerated		Current or last known employer		Employer telephone number ()			
Address of employer (<i>Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code</i>)							
Does this parent have a private attorney handling paternity and/or support matters for dependents listed in this form? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete next box.)</i>				Name of attorney (<i>full name</i>)			

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 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. Communications between the enrollee or other participants and the Child Support Bureau or 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.

Printed name of parent / guardian (<i>if enrollee is an unemancipated minor</i>)		Signature of parent / guardian (<i>if enrollee is an unemancipated minor</i>) X	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of enrollee X		Date signed (<i>month, day, year</i>)	

PORTER COUNTY PROSECUTING ATTORNEY

OFFICE OF CHILD SUPPORT ENFORCEMENT

157 S. Franklin
Valparaiso, Indiana 46383
Phone: 219-465-3405/Fax: 219-465-3689
Email: childsupport@porterco.org
Website: www.porterco.org

Gary Germann
Prosecuting Attorney

Laura A. Bernacki Stone
Child Support Director

RESPONSIBILITIES OF THE ENROLLEE

I, the undersigned, acknowledge that the Porter County Prosecutor's Office is an agent of the State of Indiana and cannot serve as a private attorney for any party. The function of this office is to protect and promote the interests of the State at large. These interests may sometimes conflict with my interests.

I acknowledge that I am not entering into an attorney-client relationship with any attorney in this office. Any information provided to me is not protected by an attorney-client relationship. Also, information provided may be used in the prosecution of civil violations or criminal offenses without regard for the source of the information. I further acknowledge that involvement in the Title IV-D Child Support Program does not protect me from prosecution.

I, _____, have read and understand the points below as well as the "Responsibilities of the Enrollee" above. By signing this document, I agree to all provisions.

- I understand and agree that the Prosecuting Attorney and staff are not my private counsel.
- I understand and agree that the Prosecuting Attorney and staff work on behalf of the State of Indiana.
- I understand and agree that the Prosecuting Attorney and staff will have sole decision-making powers in regard to enforcement actions in my case.
- I understand that if a paternity affidavit has already been executed, the Prosecuting Attorney's Office may oppose any genetic test request to the court.
- I understand that I may hire a private attorney at any time.
- I understand and agree that if I behave inappropriately (for example: obscenities, shouting, rude comments or threats), the Prosecuting Attorney's Office reserves the right to close my case and file criminal charges where suitable.
- I understand and agree it is my responsibility to provide all necessary information and documentation requested by the Child Support Division or my child support case may be closed.
- I understand and agree that I must update the Child Support Division (219-465-3405) within 48 hours of any change in address, employment, phone number or custody.

Signature: _____

Date: _____

ENROLLMENT FOR TITLE IV-D CHILD SUPPORT SERVICES –

PORTER COUNTY SUPPLEMENTAL PAGE

*** If you don't know the answer(s) to any of the following questions, please put "unknown". ***

TYPE OF SERVICE(S) YOU ARE REQUESTING

Please select all that apply:

Paternity Establishment Child Support Establishment Enforcement of Current Child Support Order
 Modification of Current Child Support Order Enforcement of Current Medical Support Order

OTHER PARENT INFORMATION

Where was other parent's place of birth? (City, State) _____

Other Parent is currently active military has previously been in the military has never been in the military

If yes, which branch of service? _____

Other Parent is currently incarcerated has previously been incarcerated has never been incarcerated

If yes, when and which facility? _____

Other Parent's Father's Name _____ Address _____

Other Parent's Mother's Name _____ Address _____

Another Contact Person for Other Parent _____ Address _____

Does the Other Parent have any other children? Yes No

Names & ages of those children _____

FAMILY & RELATIONSHIP HISTORY

What is the current marital status between the mother and father of the child(ren) listed in this packet? (Select one)

Married Divorced Married but Separated Married but Legally Separated Never Married

What date were you married (to the other person on this case)? _____

What County & State did you get married in? _____

What date did you separate? _____ What date was your divorce final? _____

What County and State were you divorced in? _____

Is there a history of family violence? Yes No

If yes, please explain:

Have any police reports, protective orders, no contact orders, or criminal charges been filed as a result of domestic violence, stalking, or sexual assault? Yes No

If yes, please provide names of parties involved, dates, location, and supporting documentation: _____

Do you want a referral for domestic violence services? Yes No

CONCEPTION & PATERNITY INFORMATION TO BE COMPLETED BY THE MOTHER (ONLY IF SHE IS ENROLLEE)

When and where did you meet the person(s) you believe to be the father of your child(ren)? (City and State)

Did you and he live together? Yes No If yes, when and where (city and state)?

What city and state was the child(ren) conceived in? _____

During the 9-11 months prior to your child(ren)'s birth(s), did you have sexual relations with any one other than the alleged father you listed?

Yes No If yes, please list the names of all individuals:

Were you married to someone else, other than the alleged father, at the time of conception? Yes No

If yes, to whom? _____

Is the alleged father listed on the birth certificate(s)? Yes No

Did someone, other than the alleged father listed on this enrollment, sign the paperwork at the hospital or at the health department to indicate they are the father of the child(ren) listed on this enrollment? Yes No

If yes, who? _____

Has DNA testing been completed? Yes No If yes, please provide our office a copy of the results.

If you are unable to provide results for any reason, please list when DNA was completed, the results and what company was used.

**Please note that it will be a decision of the Prosecuting Attorney's Office whether previous DNA results will be used or if all parties will be required to submit to DNA testing again.

CONCEPTION & PATERNITY INFORMATION TO BE COMPLETED BY THE FATHER (ONLY IF HE IS ENROLLEE)

When and where did you meet the mother of the child(ren)? (City and State) _____

Did you and she live together Yes No If yes, when and where (city and state)? _____

What city and state was the child(ren) conceived in? _____

Are you listed as the father on the child's birth certificate? Yes No

Did anyone, other than yourself, sign paperwork at the hospital or at the health department to indicate they are the father of the child(ren) listed on this enrollment? Yes No If yes, who? _____

Was the mother married to someone else, other than you, at the time of conception? Yes No

If yes, to whom? _____

Has DNA testing been completed? Yes No If yes, please provide our office a copy of the results.

If you are unable to provide results for any reason, please list when DNA was completed, the results and what company was used.

**Note that it will be a decision of the Prosecuting Attorney's Office whether previous DNA results will be used or if all parties will be required to submit to DNA testing again.

INSURANCE INFORMATION

Is your child(ren) currently covered by insurance? Yes No Is it Medicaid? Yes No

Who is currently covering your child(ren) with insurance? You Other Parent Other: _____

Name of insurance provider: _____

Policy number: _____

Date insurance coverage started: _____

Type of Insurance (check all that apply):

- Hospital Medical Dental Vision Prescription
 Cancer Only VA Health Benefits Other (Accident, Casualty)

ADDITIONAL INFORMATION

Please list any other additional information you believe is important for our office to know that is not listed above:

I affirm under penalty of perjury that the foregoing information is true and correct to the best of my knowledge and belief.

Signature of Enrollee: _____ Date: _____