

BARTHOLOMEW COUNTY PROSECUTOR'S OFFICE

CHILD SUPPORT DIVISION

234 WASHINGTON ST. COLUMBUS, IN 47201

PHONE: 812-379-1674 FAX: 812-379-1701

TITLE IV-D PROGRAM

**PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH THE
COMPLETED APPLICATION**

THERE IS NO COST TO SIGN UP FOR SERVICES

- 1. Child(ren)'s Birth Certificate**
- 2. Child(ren)'s social security card**
- 3. Your personal identification**
- 4. Paternity affidavit (if child's date of birth is after 10-31-97)**
- 5. Any court orders pertaining to divorce, paternity, guardianship or custody**
- 6. If paternity is an issue, any cards, letters, e-mail, etc. from the alleged father**

OFFICE HOURS

MONDAY THROUGH FRIDAY 8:00 AM TO 5:00 PM

**William M. Nash
Prosecuting Attorney**

**Aaron G. Barnard
Deputy Prosecuting Attorney**

BARTHOLOMEW COUNTY PROSECUTOR'S OFFICE

CHILD SUPPORT DIVISION

REQUEST FOR INFORMATION OR SERVICE

PLEASE BE ADVISED:

1. All requests for case-specific information or service must be made in writing. **No case-specific information will be provided in person or by phone.**
2. Please present a current state-issued photo ID and verify your mailing/e-mail address before submitting a written request for information or service.
3. **If you are represented by an attorney, this office cannot respond to your request for information or service. All requests must be made through your attorney of record.**
4. All requests for a printout of your child support payment history must be made to the Child Support Payment Office of the Bartholomew Co. Clerk's Office.
5. **This office represents the State of Indiana in matters involving paternity and child support. This office does not represent individual custodial or non-custodial parents. There is no attorney-client relationship formed by being a participant on the Child Support program of the Bartholomew Co. Prosecutor's Office.**



APPLICATION FOR INDIANA TITLE IV-D CHILD SUPPORT SERVICES

State Form 34882 (R16 / 4-19) / CSB 425A

INSTRUCTIONS:

1. Complete this form by providing the requested information.
2. Take or mail the signed form to your County Prosecutor's Title IV-D Child Support Office.

NOTICE TO APPLICANT

Custodial parties and non-custodial parents may apply for child support services. There is no application fee or residency requirement.

Child Support Services are provided by the Child Support Bureau through County Prosecutors' Title IV-D Child Support Offices. Services include:

- Parent locate services,
- 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 in this application is confidential and is protected to prevent unauthorized disclosure.

APPLICANT INFORMATION

Last name		First name		Middle name	Suffix (<i>Jr., III, etc.</i>)
Other names used		Relationship to dependents on this application (<i>mother, father, guardian, other</i>)		Do you have primary physical custody of dependents on this application? <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, additional documentation may be requested by your case worker.</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 applicant to other parent <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Divorce pending <input type="checkbox"/> Divorced <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 application? <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 application <i>(mother, father, potential father, guardian, other)</i>		Does this parent have primary physical custody of dependents on this application? <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 application? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete next box.)</i>				Name of attorney (<i>full name</i>)			

APPLICANT'S AFFIRMATION AND AGREEMENT

- I hereby swear and affirm under the penalties of perjury that the information contained in this application 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 Prosecutor's IV-D Child Support Office providing these child support services represent the State of Indiana and do not represent the applicant or any other person or entity. Communications between the applicant or other participants and the Child Support Bureau or County Prosecutor's IV-D 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 Prosecutor's IV-D 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 application for 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 Prosecutor's IV-D 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 IV-D child support services does not modify or terminate existing child support orders.
- 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 applicant is an unemancipated minor</i>)		Signature of parent/guardian (<i>if applicant is an unemancipated minor</i>) X _____	
Printed name of applicant		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 applicant X _____		Date signed (<i>month, day, year</i>)	

Additional Information

Applicant	Yes	No
If you are not the natural or adoptive parent, is there a court order giving you guardianship or custody of the child(ren)? If yes, name/location of court: _____		
If you were married to the other parent, please list the information below: Date of Marriage: _____ County & State: _____		
If you are divorced or separated from the other parent, please list date and county of divorce below: Date of Divorce: _____ County & State: _____ Or Date of Separation: _____		
Other Parent	Yes	No
Has the other parent ever been arrested? If yes, list where: _____		
Is the other parent currently in jail? If yes, list where: _____		
Is the other parent currently on parole/probation? If yes, list the following: State: _____ County : _____		
Is the other parent currently married to someone else? If yes, list spouse: _____ Address: _____		
Does the other parent have other children? If yes, with whom? _____ Address: _____		
Paternity Related Questions (ANSWER ONLY IF PATERNITY IS NOT ALREADY ESTABLISHED)	Yes	No
DO NOT COMPLETE IF ONE OR MORE APPLIES: <ul style="list-style-type: none"> • A PATERNITY AFFIDAVIT WAS SIGNED • PATERNITY WAS ESTABLISHED BY A COURT (EXAMPLE: DIVORCE OR A PATERNITY CASE) 		
Was the child's mother married to someone other than the person being named as the father of this child within 300 days of the time of conception and/or date of birth of this child? If yes, to whom: _____ Address: _____		
In the year prior to the birth of this child, did the child's mother have sexual relations with anyone else? If so , please provide the following: Name: _____ Address: _____		
From your knowledge, is the alleged father willing to admit that he is the father of this child?		
Do you think the alleged father will require genetic testing?		

Use the back side to provide any additional helpful information. Thank you for your cooperation.

STATE OF INDIANA

) IN THE BARTHOLMEW _____ COURT

) SS:

COUNTY OF BARTHOLOMEW

)

PETITIONER

VS

RESPONDENT

AFFIDAVIT OF DIRECT SUPPORT PAYMENTS

Comes now, _____, being first duly sworn, and alleges the following:

That I am the custodial parent of _____, whose non-custodial parent is _____. That the above-named non-custodial parent has a court ordered child support obligation for the benefit of the minor child(ren). The non-custodial parent has paid me the sum of \$_____ in direct child support payments as of _____. These payments were not paid through a Clerk’s Office but were made directly to me. I have received no other support payments or property for child support directly from the non-custodial parent.

AFFIANT, CUSTODIAL PARENT

Subscribed and sworn before me this _____ day of _____, 2019

NOTARY PUBLIC

MY COMMISION EXPIRES
