



KENNETH P. COTTER

PROSECUTING ATTORNEY
ST. JOSEPH COUNTY
60TH JUDICIAL CIRCUIT

COUNTY-CITY BLDG., 6TH FLOOR
227 W. JEFFERSON BOULEVARD
SOUTH BEND, IN 46601
PHONE (574) 235-9786
FAX: (574) 235-9097

ENFORCEMENT APPLICATION PACKET

To open a case with the St. Joseph County Child Support Division, please complete this packet and return to the child support office with the information listed below:

- DRIVER'S LICENSE/STATE ID
- COURT ORDER (most recent)
- CHILD(REN) BIRTH CERTIFICATE
(OFFICIAL, NOT HOSPITAL VERSION)
- OTHER: _____

- ❖ Please submit ALL application pages. Any missing pages will need to be completed before your application can be accepted.
- ❖ Please fill out the application as completely as possible.
 - Do not leave blanks.
 - If you do not know the answer, please indicate that by writing "unknown."
 - All info is applicable – do not write N/A.

TANF MEDICAID NO PUB ASST

TO BE COMPLETED BY CHILD SUPPORT OFFICE ONLY

IF ANY OF THE ABOVE INFORMATION IS MISSING THEN YOU HAVE UNTIL _____ TO PROVIDE THIS OFFICE WITH THE INFORMATION REQUESTED OR THE CASE WILL BEGIN CLOSURE.

APPLICANT'S SIGNATURE

DATE



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KEEP THIS INFORMATION FOR YOUR RECORDS:
SERVICES PROVIDED BY THE ST. JOSEPH COUNTY CHILD SUPPORT PROGRAM

1. LOCATION

If the non-custodial parent's whereabouts are unknown, an attempt will be made to locate a residence and/or employer address if we have sufficient information.

2. ESTABLISHMENT OF PATERNITY, CHILD SUPPORT AND MEDICAL ORDERS.

If your child(ren) was born out of wedlock and no paternity affidavit was signed, then the child(ren)'s paternity will need to be established. All putative fathers must be named in this application. If all putative fathers named in this application are excluded this case will be closed until you provide our office with positive genetic test results that you have obtained on your own. Child support orders will be calculated based on the Indiana Child Support Guidelines.

3. ENFORCEMENT – CHILD SUPPORT ORDERS

Appropriate action will be taken to establish, modify and/or enforce a support order against the non-custodial parent. Enforcement methods may include:

- ❖ Administrative actions, such as credit bureau reporting, vehicle liens, or income withholding
- ❖ Judicial actions, such as court hearings to enforce or modify a child support order

**The Prosecuting Attorney and staff will have sole decision making powers in regards to enforcement actions on your case.*

4. SERVICES NOT PROVIDED

1. Dissolution of Marriage
2. Custody or parenting time issues
3. Enforcement of court ordered payment of unpaid bills, attorney's fees, medical bills, college expenses, property settlement obligations or tax exemption determinations.

INFORMATION ABOUT INTERSTATE CASES

The Uniform Interstate Family Support Act (UIFSA) provides for establishment and enforcement of support orders across state lines. It is a complicated process and may involve the following steps:

1. The non-custodial parent must be located and the address must be verified.
2. If there is an order in effect, a copy of the most recent order must be provided.
3. Documents are forwarded to the state where the non-custodial parent resides. They are processed by a statewide Central Registry before being forwarded to the actual county or town where the non-custodial parent resides. The Child Support Program and the Court where the non-custodial parent lives will assume responsibility for enforcement.
4. **CAUTION: All proceedings in another state will be governed by its laws and its time frames. When one or both parents live in other states, jurisdiction may be at issue.**

MISCELLANEOUS INFORMATION

1. Our Deputy Prosecutors by law represent the State of Indiana, and they are not your personal attorneys.
2. All cash child support payments must be made through the Clerk of the Court, all other payments must be made through INSCCU* or online by credit card at <http://www.in.gov/dcs/support>. Acceptance of direct payments from the non-custodial parent may result in the closure of your case.

**INSCCU is the Indiana State Central Collection Unit*
3. A non-public assistance case can be closed by a written request of the applicant or at the prosecutor's request.
4. As a condition of receiving TANF, support payments will be distributed to the state for reimbursement.
5. In the State of Indiana, unless otherwise stated in the order, age of emancipation is nineteen (19).
6. If a parent of a child involved in this case is under the age of eighteen (18), a parent or guardian must appear at any appointments and court hearings.

DESCRIPTION OF APPLICANT'S RESPONSIBILITIES

1. At intake the applicant must provide:

- A copy of your most recent court order.
- Non-custodial parent's social security number, date of birth, address, and employer
- Summary and affidavit of direct payments, if applicable
- Completed application
- Birth certificate and paternity affidavit, if applicable.
- Any other information as requested

2. After application, the applicant agrees to:

- Report changes which may affect your case, such as change of address, employer, custody, and provide documentation where applicable within 48 hours.
- Complete all documents as requested and required by the program, in a timely manner
- Appear upon notice to the Child Support Office; court and/or genetic test lab.
- Direct case specific questions to the caseworker in writing or by email and allow 30 days for a response

APPLICANT COPY

TITLE IV-D ADVISEMENT

I, the undersigned applicant, acknowledge that the St. Joseph County Prosecutor's Office is an agent of the State of Indiana, and cannot serve as a private attorney for any parties. The function of the Office of the Prosecuting Attorney is to protect and promote the interests of the State at large and the best interest of children, as appropriate, and these interests may conflict at times with my interests.

I understand that the Prosecuting Attorney does not actually represent parents, but is providing child support services under Title IV-D of the Federal Social Security Act. Pursuant to Federal and State law, the Office of the St. Joseph County Prosecuting Attorney provides four (4) basic services:

1. Location of non-custodial parents;
2. Establishment of paternity and support orders;
3. Enforcement of support orders; and
4. Reviews for modification of support orders

Furthermore, I acknowledge that the Office of the Prosecuting Attorney cannot provide me with representation with regard to parenting time, custody and/or property settlement. I am aware that I may consult with a private attorney or a legal service agency at any time.

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

ACKNOWLEDGEMENT

I acknowledge that I have read the above and fully understand the contents of this notice and the nature of my relationship with the IV-D Office and its representatives. I also understand the terms, conditions and, limitations, of the IV-D Office involvement in my child support case.

Date: _____ **Signature:** _____

**OFFICE OF THE PROSECUTING ATTORNEY
OF ST. JOSEPH COUNTY**

Child Support Division

Kenneth P. Cotter, Prosecuting Attorney
Ethan C. McKinney, Director

AGREEMENT OF RESPONSIBILITIES

I, _____, have read through and understand completely the points listed below. By signing this document, I agree to the guidelines and structures of the Child Support Division.

- ❖ 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 regards to enforcement actions on my case.
- ❖ I understand that I reserve the right to hire a private attorney at any time to enforce my child support case.
- ❖ I understand and agree that if I behave inappropriately (for example: using obscenities, shouting or continually using a loud voice, making rude comments or threats, etc.) the Prosecuting Attorney's Office reserves the right to limit my communication options with the office; close my case; and file criminal charges where suitable.
- ❖ I understand and agree that it is my responsibility to provide all necessary information requested by the IV-D Office.
- ❖ I understand and agree that I must update the Child Support Division within 48 hours of any change of address, employment, or custody.

Applicant's Signature

Date

APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES

CUSTODIAN INFORMATION

Full Name of Custodian FIRST MIDDLE LAST MAIDEN
Date of Birth Place of Birth (City & State) Mailing Address
Race Sex Social Security Number City, State, Zip Code
Home Phone Number Employer
Cell Phone Number Employer's Address
Are translator services needed? Yes No If yes, what language?:

CHILD(REN) INFORMATION

Name of person child(ren) currently live with Relationship to child(ren)
Child's Full Name (first, middle, last) Sex Race Date of Birth Place of Birth (City & State) Social Security Number Relationship to me
Child's Full Name (first, middle, last) Sex Race Date of Birth Place of Birth (City & State) Social Security Number Relationship to me
Child's Full Name (first, middle, last) Sex Race Date of Birth Place of Birth (City & State) Social Security Number Relationship to me
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Child's Full Name (first, middle, last) Sex Race Date of Birth Place of Birth (City & State) Social Security Number Relationship to me

NON-CUSTODIAL PARENT INFORMATION

Full Name of Non-Custodial Parent FIRST MIDDLE LAST MAIDEN
This is Non-Custodial Parent's current last known address:
Date of Birth Place of Birth (City & State) Address
Social Security Number Race City, State, Zip Code
Home Phone Number This is Non-Custodial Parent's current last known employer:
Cell Phone Number Work Phone Number Non-Custodial Parent's Employer Name
Employer Address
Age Height Weight Hair Eyes
Non-Custodial Parent is currently in the military has been in the military has never been in the military. If yes, Branch of service:
Non-Custodial Parent is currently in jail has been in jail, prison or institution has never been incarcerated. If yes, when & where?
Non-Custodial Parent's Father's Name Address
Non-Custodial Parent's Mother's Name Address
Other Contact Person for Non-Custodial Parent Address
Are translator services needed? Yes No If yes, what language?:

Does the Non-Custodial Parent have any other children? Names & Ages of those children

MARITAL STATUS

What is the current marital status between the mother and father of the child(ren) listed on this application? Check one

Married Divorced Married but Separated Married but Legally Separated Never Married

Date Married _____ County & State of Marriage _____ Date Separated or Divorced _____ County & State Separated or Divorced _____

COURT DATA

Did/Do you have an attorney representing you in this matter? Yes No

If yes, please give the name & address of your attorney _____

Name of Court where child support was ordered: _____ (Probate, Circuit, Superior)

Cause Number of Court Order _____ Amount Ordered \$ _____ per _____

Is support paid through the Clerk of the Court or directly to you? _____

As of today's date, I have received direct support payments totaling: \$ _____

Is support paid by a Military Allotment? Yes No Amount \$ _____ per _____

Is Non-Custodial Parent paying support? Yes No Date last paid _____ Approximate amount of Arrears _____

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

Please provide names of parties involved, dates, location, and supporting documentation.

Any other information that you believe is important that you did not already state:

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

Signature of Applicant _____

Date: _____