GENERAL INFORMATION.
This is the application for child support services under Title IV-D of the Social Security Act. NOTE: “Child” or “children” means any child who has not terminated his/her high school education or reached the age of 18 years, whichever is later; or is not married; or not become a member of the military. New Hampshire’s Child Support Program is administered by the Department of Health and Human Services, Division of Child Support Services (DCSS). Services offered by DCSS include: locating Obligors/Putative Fathers, establishing paternity, obtaining and enforcing support orders, and reviewing and adjusting (modifying) support orders, if at least three years have passed since the date of the most recent order or last review, or there has been a substantial change in circumstances. TANF cases will be automatically reviewed and adjusted every three years if applicable.

HELP IN COMPLETING THE APPLICATION FOR CHILD SUPPORT SERVICES.
The worker assigned to your Temporary Assistance to Needy Families (TANF) case or your Child Support worker can help you with this application and answer any questions you may have. If you do not have a worker, contact your local Child Support Office or contact DCSS by email, using the link provided on the DCSS Website at: www.dhhs.nh.gov/dcss.

Read this form carefully or have someone else read it to you before you complete and sign it. When you sign this application, you will be saying that you understand everything on both the front and back of both pages and that you have answered the questions honestly and to the best of your ability. In public assistance cases (for example, TANF cases), if as an assistance casehead, you give false or misleading information or withhold information, you may be prosecuted for fraud; in non-public assistance cases or if you receive Families With Older Children (FWOC) or Interim Disabled Parent (IDP) assistance, your case may be closed.

WHEN YOUR CHILD(REN) HAS/HAVE MORE THAN ONE (POSSIBLE) FATHER OR YOUR CHILDREN HAVE DIFFERENT FATHERS, A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH FATHER.
You must complete an application for the father listed on the child(ren)’s birth certificate, even if you believe he is not the biological father of the child(ren). If the children listed on this form have different fathers, you must complete a separate form for each father. If there is no father listed on your child’s birth certificate, and you are not sure who the father is, you must complete a separate form for each person you think may be the father. If you are a grandparent or other responsible relative of the child(ren) other than a parent, or if you are an employee of a public agency completing this form on behalf of the child(ren), you must provide information about the mother on one form and about the father on another form. You may obtain additional copies of this application from the person who provided this one to you, or from your local Child Support Office.

The more information you provide, the more likely that DCSS will succeed in establishing paternity and/or a support order, or enforcing or modifying an existing order. The most important information you can give DCSS includes the parent’s name, Social Security Number, date and place of birth, current address, telephone numbers, and employment information. Remember, if you are receiving TANF financial assistance, you must cooperate in providing information about the Obligor(s) or your grant will be decreased, unless good cause has been approved in your case. If you are receiving Medical Assistance (Medicaid), you must cooperate with DCSS to establish or enforce a medical support order and establish paternity for any child(ren) born out of wedlock or your Medicaid benefits will be denied or ended, unless good cause has been approved in your case. If your Medicaid benefits are denied or ended due to non-cooperation, your child(ren) will continue to receive Medicaid, if they are eligible.

Please promptly notify DCSS if your address or telephone changes. DCSS must be able to contact you directly to complete necessary forms or to provide information regarding payments or a child support order.

PLEASE PRINT ALL INFORMATION CLEARLY USING A BLUE OR BLACK PEN.
With the exception of your signature, please PRINT all information on the Application for Child Support Services. Please use a blue or black pen and bear down firmly, so that the information will appear on all copies. Please answer all questions on the application. If a question is not applicable, enter “N/A”. For example, if you were never married to the Obligor, enter “N/A” (Not Applicable) under “Date of Marriage” and “City and State of Marriage”. If the answer to a question is a check-off box, check all those that apply, and leave the others blank.

SPECIFIC INSTRUCTIONS FOR EACH SECTION OF THE APPLICATION ARE ON THE BACK OF THIS PAGE.
INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR CHILD SUPPORT SERVICES

NOTE: If you are applying on behalf of the child(ren) but are not a parent, if the children on this form have different fathers, or if there is more than one possible father for any child, you must complete a separate form for each parent and indicate that you are completing more than one form. If there is more than one possible father, please indicate which possible father is the most likely to be your child’s father.

APPLICANT INFORMATION - Begin completing the application after the shaded box marked “FOR DEPARTMENT USE ONLY”. If you are the Custodial Parent/Obligee or Caretaker Relative, you must provide all information requested in this section. If you are a social worker or an employee of a public agency representing the child(ren), please provide your name, your work telephone number, and your employer’s address in this section under “Your Name,” “Employer’s Name and Address,” and “Message or Work Telephone,” and enter “N/A” for the other questions in this section. NOTE: If you work for a public agency and are representing the child(ren), write the name of the agency under “Other”.

OBLIGOR’S RELATIONSHIP TO THE CHILD(REN) AND APPLICANT – State the Obligor’s relationship to the child(ren). If you are a parent of the named child(ren) in the application, state your relationship to the Obligor. If you were married to and/or divorced from the Obligor, please complete the date and place of the event(s). If you are not one of the parents, state your relationship to the child(ren). NOTE: If you are not the child’s mother or father, please state that you are the child’s relative and provide as much information about the child(ren)’s parents’ relationship as you know.

WHY DCSS ASKS THE QUESTION REGARDING MILITARY SERVICE - According to a survey of NH veterans, one of the top barriers to their receiving care is that veterans “do not feel understood by the providers who serve them”. In order to improve the accessibility and quality of Department services to veterans, DCSS asks the question whether you, a member of your family, and/or the Obligor are serving or have ever served in the military. Doing this allows DCSS staff to identify service members, veterans, and military members in our intake process and to provide better overall services to identified individuals over the life of their cases.

OBLIGOR INFORMATION - This section is very important. It will help DCSS locate the Obligor and establish a legal support order. Please try to answer all the questions. It is important that the information provided in this section is as accurate and up-to-date as possible. Enter the Obligor’s name, Social Security Number, and date of birth. The Obligor’s Social Security Number and date of birth are extremely important. If you do not know this information off-hand, you may be able to find it on an income tax return, pay stub, or an insurance claim form. Enter the Obligor’s Current or Last Known address. NOTE: If you are a TANF applicant and you are accepting the Obligor’s mail at your address, you must tell both your TANF and DCSS worker. Enter the Obligor’s current or last known employer and the employer’s address, and the weekly wages and other income. Enter the city and state where the Obligor was born, and the Obligor’s mother’s maiden name. Indicate whether the Obligor has medical insurance and whether the children are covered. If the Obligor has insurance, enter the name of the insurance company and the policy/group number, if you know it. NOTE: If you are a TANF or Medical Assistance (Medicaid) applicant, you must give DCSS any information you have about medical insurance the Obligor has and, if the Obligor has you or your children on his/her medical insurance policy, you must provide the insurance information to your worker. List the names, addresses and phone numbers of any relatives or friends of the Obligor that might know his/her whereabouts.

SUPPORT PAYMENT AND COURT ORDER INFORMATION - Indicate whether or not there is an existing court order for child support. If there is, enter the amount ordered and the frequency of support. Indicate which court issued the order, and whether there is any court action pending. If there is, provide an explanation. Indicate if the Obligor pays support and if so, how much, and when the last payment was received. Indicate whether you have an existing child support case in any state and if so, in which state. Indicate if you have a separate order for divorce, custody, guardianship or domestic violence. NOTE: A copy of all court orders and stipulations, including those related to domestic violence or guardianship, must be provided, even if they do not address child support payments.

DEPENDENT CHILD(REN) INFORMATION - Enter the name, Social Security number, date of birth, place of birth, and place of residence for the past six months for each child. YOU MUST GIVE COPIES OF THE CHILD(REN)’S BIRTH CERTIFICATES TO YOUR DEPARTMENT OF HEALTH AND HUMAN SERVICES WORKER. If there are more than four children in the case, please request another form. Indicate which of the child(ren) were conceived in New Hampshire, even if they were born somewhere else.

ADDITIONAL INFORMATION ABOUT DEPENDENT CHILD(REN) – Indicate if an Affidavit of Paternity was signed and filed for any of the children and if so, for which child(ren) and in which state. Indicate if paternity was established in another state, and if so, for which child(ren) and in which state(s). Indicate if the father’s name is on the birth certificate for any of the children and if so, for which child. Indicate if the child is in foster care or a foster home or group home in New Hampshire, and in which state(s). Indicate whether the child is a social security beneficiary. If the child is a social security beneficiary, write the name of the agency under “Other”.

ATTENTION TANF OR MEDICAID-ONLY APPLICANTS - You must read and complete this section by checking one of the boxes. If your application for TANF financial or Medicaid-only assistance is denied, you may still receive services through DCSS. Please check what DCSS services (if any) you choose to accept if your TANF financial or Medicaid-only application is denied.

1. A CHILD and MEDICAL SUPPORT ORDER through DCSS
2. A MEDICAL SUPPORT ONLY ORDER through DCSS
3. You DO NOT want any child support services through DCSS.

APPLICANT’S CERTIFICATION OF UNDERSTANDING - You must read and sign this section certifying that by signing the application, you are saying that you understand the application and the responsibilities of DCSS, and that you have read the identified sections. By signing this application, you are also saying that you have answered the questions honestly and to the best of your ability. If you are a social worker, an employee of a public agency, or relative, sign your name and print your affiliation or your relationship to the child(ren) next to your signature.

IF YOU HAVE MORE INFORMATION ABOUT THE CASE, BUT CANNOT FIT IT ON THIS APPLICATION, PLEASE ENCLOUSE THE ADDITIONAL INFORMATION ON A SEPARATE SHEET

DCSS PR 17-14
(A)
**APPLICATION FOR CHILD SUPPORT SERVICES**

**DEPARTMENT USE ONLY**

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<th>ORIGINATING District Office</th>
<th>Date Application Requested:</th>
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<tr>
<td>DCSS CASE ID</td>
<td>Date Application Provided:</td>
<td>Application ID</td>
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**NOTE:** If you are applying on behalf of the child(ren) but are not the parent of the child(ren), or if the child(ren) on this form have different fathers, or if there is more than one possible father for any child, you must complete a separate form for each parent or possible parent. (Even if you are not a parent of the child(ren), you must complete all requested information known to you.)

Are you completing more than one application? □ YES □ NO - PLEASE PRINT CLEARLY -

**APPLICANT INFORMATION**

Your Name: __________________________

Social Security #: __________________ Date of Birth: _____________ Primary Language: □ English; Other: ____________

Your Maiden Name and/or other Married Names: ____________________________

What is your relationship to the child(ren)? □ Relative (specify, parent, aunt, etc.): ____________________ □ Other (specify): ____________________

Your Mailing Address, City, State & Zip Code: ____________________________

Residential Address (if different): ____________________________

Home Phone: ____________________ Cell Phone: ____________________ Message or Work Phone: ____________________

Employer Name and Address: ____________________________

Name, Address, and Phone of Your Attorney: ____________________________

Have you or a family member ever served in the military? □ Yes □ No If yes, please state if yourself or which family member?

**OBLIGOR’S RELATIONSHIP TO THE CHILD(REN) AND APPLICANT**

What is the Obligor’s relationship to the Child(ren)? □ Possible Father □ Biological Father □ Legal Parent □ Mother

**NOTE:** If you are not the child’s mother or father, please state that you are the child’s relative and provide as much information about the child(ren)’s and parents’ relationship as you know.

What is the Obligor’s Relationship to you?

□ Married □ Divorced □ Divorce Pending □ Legally Separated □ Informally Separated □ Never Married to Parent □ Relative

If you & the Obligor or the biological parents were married, please provide Date of Marriage: _____________ City & State of Marriage: _____________

If you & the Obligor or the biological parents are divorced, please provide Date of Divorce: _____________ City & State of Divorce: _____________

**OBLIGOR INFORMATION**

Obligor’s Name: __________________

Social Security #: __________________ Date of Birth: _____________ Primary Language: □ English; Other: ____________

□ Current or □ Last Known Address, City, State, & Zip: ____________________________

Home Phone: ____________________ Cell Phone: ____________________ Message or Work Phone: ____________________

□ Current or □ Last Known Employer: ____________________________

Employer’s Address: ____________________________

Obligor’s Weekly Wages: $ _____________ Other Income (for example, public assistance, workers’ comp, unemployment, etc.): $ _____________ per ___

City and State where Obligor was born: ____________________________

Maiden name of Obligor’s mother: ____________________________

Name, Address, and Phone of Obligor’s Attorney: ____________________________

Has the Obligor ever served in the military? □ Yes □ No If yes, are the child(ren) covered by military insurance? □ Yes □ No

Does the Obligor have medical insurance? □ Yes □ No If yes, are the child(ren) covered? □ Yes □ No

If yes, name of the insurance company: __________________ Policy/Group Number: __________________

Please list the names, addresses, and phone numbers of relatives and friends of the Obligor who may know his/her whereabouts:

________________________________________

________________________________________

________________________________________

________________________________________

Please list any assets, vehicles, and/or licenses the Obligor possesses or has been granted (include license # or year, make, model of asset, etc.): ____________________________

**DEPENDENT CHILD(REN) INFORMATION**

(NOTE: A COPY OF EACH CHILD’S BIRTH CERTIFICATE MUST BE PROVIDED. FOR MORE THAN 4 CHILDREN, REQUEST ANOTHER FORM.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Social Security #</th>
<th>Date of Birth</th>
<th>Place of Birth (City and State)</th>
<th>Place of Residence for Last 6 Months (City and State)</th>
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</table>

Please indicate which of the above-listed children were conceived in New Hampshire (you became pregnant in New Hampshire), even if the child was born somewhere else: □ Child #1 □ Child #2 □ Child #3 □ Child #4 □ None

Were you married at the time any of the children were born? □ Yes □ No If yes, to whom? ____________________________
You will be responsible for paying it back. Under certain circumstances, the Federal Tax Refund Offset Program may be required by law to take back some of the money, or Federal arrearage for a period of six (6) months before we release it to you.

In a non-Public Assistance case, if the Obligor files a joint return, DCSS will hold any amount that is intercepted for non-Public Assistance recipient, you are required to cooperate with DCSS in its efforts to locate the Obligor, establish paternity, and obtain, enforce, and modify a support order. If you do not cooperate with DCSS and do not have a good reason, your TANF grant will be reduced.

MEDICAL ASSISTANCE-ONLY APPLICANTS AND RECIPIENTS - When you receive Medical Assistance (Medicaid)-Only benefits, you assign your rights to medical support to the Department as a condition of eligibility. You must cooperate with DCSS to establish and/or enforce medical support and must also cooperate with DCSS to establish paternity for your child(ren), if it has not already been established. If you do not cooperate with DCSS, your Medicaid will be denied or ended; however, Medicaid will be provided to your child(ren) if they are eligible. DCSS will try to obtain health insurance for your child(ren) from the Obligor. If we are successful in obtaining health insurance for the child(ren) through the Obligor, you may have to accept that insurance, and go to a different doctor or facility, even if you have already received medical services from another doctor or facility.

FAMILIES WITH OLDER CHILDREN (FWOC), INTERIM DISABLED PARENT (IDP) APPLICANTS AND RECIPIENTS - If you receive FWOC or IDP assistance you are required to cooperate in establishing paternity, and obtaining, enforcing and modifying child and medical support. If you do not cooperate with DCSS, your DCSS will be subject to case closure and your FWOC or IDP case may be denied or ended.

MEDICAL SUPPORT INFORMATION FOR ALL APPLICANTS - All state child support cases must include a provision for medical support. "Medical support" means the obligation of either or both parents to provide health insurance to cover their dependent child(ren). If insurance is not available or not reasonable in cost, a medical support payment may be calculated. If you already have an order that includes medical support, DCSS will enforce it, as specified, against either or both parents. If you already have a support order that does not include medical support, DCSS will modify your order to include medical support, and enforce it, as specified, against either or both parents. If you do not have a support order, DCSS will establish a support order that includes medical support. All support orders, including medical support-only orders, must be made payable through DCSS. If an applicant does not wish to proceed with medical support establishment or enforcement and/or does not cooperate with DCSS to establish or enforce medical support, his or her DCSS case will be subject to possible case closure and his or her Medical assistance eligibility may be denied or ended. If his or her Medicaid benefits are denied or ended due to non-cooperation, his or her child(ren) will continue to receive Medicaid, if they are eligible.

DCSS CHILD SUPPORT OFFICER AND ATTORNEY RESPONSIBILITIES - The DCSS attorney or Child Support worker assigned to your case represents the New Hampshire Department of Health and Human Services (Department) and does NOT represent either you or your child(ren).

1. The DCSS attorney or worker acts on behalf of the Department to establish paternity; to establish, enforce, and modify child and medical support orders; and (if applicable) to obtain repayment for TANF provided for your child(ren).
2. Information you provide to DCSS, while safeguarded in keeping with State and Federal law, is NOT completely confidential. It is sometimes necessary for DCSS to provide information from its files to other people who work with DCSS to establish, enforce, or modify child support orders, or to share information with other divisions within the NH Department of Health of Human Services for the administration of their respective programs. In addition, under federal law, DCSS may also disclose specific confidential information in connection with parental kidnapping and other cases. Also, the Court may require the release of information to the Obligor.
3. It is up to DCSS to choose the best course of action for your child support case. Although we may ask you for information, DCSS must make the final decision on actions to take on your case. If there is a conflict between your interests and the Department's interests, DCSS will represent the Department's interest. Please remember that you always have the right to hire your own attorney or to represent yourself in Court if you are not satisfied with the actions DCSS is taking on your case. Payment for a private attorney is your responsibility.
4. DCSS cannot get involved in custody, visitation or property disputes. When DCSS takes a paternity or child support case to Court, the Obligor sometimes files a request with the Court to establish custody or visitation rights or to enforce a prior agreement or Court order regarding property distribution. You may want to obtain your own attorney to help you with these matters, or you can represent yourself in Court.

FEDERAL TAX REFUND OFFSET PROGRAM - The Federal Tax Refund Offset Program can collect child support arrearage, owed to the State and/or to you, from Obligor's federal tax refunds. DCSS must submit any child support case that meets certain requirements to the Internal Revenue Service (IRS). You do not have to complete a separate application for the Federal Tax Refund Offset Program. Criteria for submittal are different for TANF and non-Public Assistance cases. Generally, the amount of past-due child support (arrearage) in a non-Public Assistance case must be $500 or more. For a TANF case, the arrearage must be $150 or more.

Any money intercepted by the Federal Tax Refund Offset Program will be sent to DCSS. DCSS will distribute it to you and/or the State and/or other child support Obligees, as appropriate, depending upon the types of cases associated with the Obligor, the amount of the arrearage, and the amount of the Obligor's tax refund, if any.

In a non-Public Assistance case, if the Obligor files a joint return, DCSS will hold any amount that is intercepted for non-Public Assistance arrearage for a period of six (6) months before we release it to you. Under certain circumstances, the Federal Tax Refund Offset Program may be required by law to take back some of the money, or Federal Tax Refund Offset money may have been applied to your case by mistake. In these situations, if the money has already been paid to you, you will be responsible for paying it back.

FEES - According to federal and state law, DCSS may charge fees for any of the services it provides, for example, services related to payment processing, case maintenance, IRS intercept, and/or the establishment or enforcement of court orders, etc. For more information regarding DCSS service-related fees, visit the DCSS website at: www.dhhs.nh.gov/dcss.
ADDITIONAL INFORMATION ABOUT DEPENDENT CHILD(REN)
Was an Affidavit of Paternity signed for any of the children? ☐ Yes ☐ No If Yes, indicate for which child(ren) and in which state it was filed.
☐ Child #1; state: ☐ Child #2; state: ☐ Child #3; state: ☐ Child #4; state: 
Was paternity established by court order in another state? ☐ Yes ☐ No If Yes, which child(ren)? Please circle: 1 2 3 4
Is the father’s name on the birth certificate for any of the children? ☐ Yes ☐ No If Yes, indicate for which child(ren). Please circle: 1 2 3 4
If in the past, specify the dates: ; now OR in the past, from which state(s) 
Are any of the children receiving any of the following benefits now? ☐ Yes ☐ No If Yes, please check to indicate which type(s):
☐ Temporary Assistance for Needy Families (TANF) ☐ Aid to the Needy Blind ☐ Supplemental Security Income (SSI) ☐ Social Security Benefits (SSA)
☐ Veteran’s Administration Benefits (VA) ☐ Other, specify: 
☐ if any, the amount: $ Per 
SUPPORT PAYMENT AND COURT ORDER INFORMATION
NOTE: A COPY OF ALL COURT ORDERS AND STIPULATIONS, INCLUDING THOSE RELATED TO DOMESTIC VIOLENCE OR GUARDIANSHIP, MUST BE PROVIDED. IF YOU ARE UNABLE TO PROVIDE A COPY OF ANY OF YOUR ORDER(S), THERE MAY BE A DELAY IN DCSS PROVIDING SERVICES TO YOU.
Do you have an order or orders from any hearing that addressed child support in any way, even if no support was ordered? ☐ Yes ☐ No If yes, which court issued the order(s)? ☐ Do you have a court order for child support? ☐ Yes ☐ No If yes, what is the amount of the support ordered? $ Per ; which court issued the order?
Is there any court action pending for family-related matters including divorce, support, parenting plans, domestic violence, and guardianship? ☐ Yes ☐ No If yes, please explain:
Does the Obligor pay support? ☐ Yes ☐ No Sometimes. If yes, how much is paid? $ Per Date last payment was received:
Do you have an existing Child Support case in any state? ☐ Yes ☐ No If yes, which state(s):
Do you have a separate order for ☐ Divorce ☐ Custody ☐ Domestic Violence and/or ☐ Guardianship? ☐ Yes ☐ No

ATTENTION TANF OR MEDICAID-ONLY APPLICANTS
You must read and complete this section by checking one of the boxes below. If you are applying for TANF or Medicaid, DCSS will pursue paternity establishment, if required, and establish and enforce a child and/or medical support order, as appropriate.
However, if your application for -OR- Medicaid-only assistance is denied, DCSS may continue to establish a child and/or medical support order, as well as establish paternity, but only at your request.
DO YOU WANT DCSS TO ESTABLISH AND/OR ENFORCE A CHILD AND/OR MEDICAL SUPPORT ORDER?
PLEASE CHECK ONE BOX BELOW
☐ YES, I want a CHILD and MEDICAL SUPPORT ORDER through DCSS.
☐ YES, I want a MEDICAL SUPPORT ONLY ORDER through DCSS.
☐ NO, I do NOT want any child support services through DCSS.

APPLICANT’S CERTIFICATION OF UNDERSTANDING
By signing this application, I am saying that I understand the application permits the Department of Health and Human Services, Division of Child Support Services, to take legal action to establish, enforce, and/or modify child and medical support on behalf of the dependents named on this form in accordance with Title IV-D of the Social Security Act. I further understand that the Obligor named in the application will be held financially responsible for both child and medical support, in an amount that is based on his or her ability to pay and the availability of insurance.

ADDITIONAL COMMENTS AND INFORMATION:

☐ YES If I receive an overpayment (money that does not belong to me), I authorize DCSS to withhold 20 (twenty) percent of any future collected child support payments collected on my behalf until the full amount of the overpayment is repaid. For more information, please read the section titled, “Regarding Overpayment of Child Support.”
☐ NO

Applicant’s Signature 
Date 
Parent or Guardian’s Signature (If Applicant Is Not Yet 18 Years Old) 
Date 
Worker’s Signature 
Date 

Distribution: Original: Division of Child Support Services/Division of Family Assistance; Pink: Applicant
REQUIREMENTS FOR ESTABLISHING, ENFORCING AND MODIFYING CHILD SUPPORT ORDERS.

In most cases, DCSS’ ability to establish, enforce, and/or modify a child support order depends on the information that you provide about the Obligor as well as your keeping us updated regarding any of your own or the Obligor’s changes. Generally, the more information you can provide the better DCSS will be able to provide you services. The most helpful information you can provide includes:

Your Address and Telephone Number: Promptly notify DCSS if you change your address or telephone. If you do not, DCSS may not be able to contact you to complete necessary forms or to provide you information regarding payments or a child support order.

The Obligor's Name and Current Address: Without the Obligor’s correct name and other names that he/she may use, for example, nicknames and aliases, we may not be able to locate the Obligor. Without a current address, we cannot serve the Obligor with notices requiring him or her to appear in Court, we cannot start an income assignment, and we usually cannot have the Obligor picked up on an arrest warrant.

The Obligor's Social Security Number: Without a Social Security Number, we are unable to use the national Federal Parent Locator Service, verify income or employment information through NH Employment Security or Federal New Hire Reporting, or collect arrearage through the Federal Tax Refund Offset Program.

The Obligor’s Date of Birth: DCSS needs the Obligor’s date of birth to verify that we have the correct person when we are researching a resource (such as real estate, vehicles, etc.), or trying to verify a potential address. This is especially true if there are other people who have the same name as the Obligor.

The Obligor’s Current Employer: Without the name and address of the Obligor’s current employer, we are unable to enforce a support order through the income assignment process, or verify his or her current income.

Whenever you write to us or email us, please provide your Case ID, the Obligor’s name, your complete mailing address, and a telephone number where you can be reached.

ELECTRONIC DISBURSEMENT OF PAYMENTS.

DCSS disburses all child support payments electronically by one of the following two options:

1. Direct deposit into your bank account (checking or savings account), or
2. Direct deposit to a Debit Card account provided for you by a DCSS-contracted vendor.

When a child support order opens for enforcement, a DCSS-contracted vendor will provide you an “Electronic Payment Option Enrollment Package.” The package will provide information regarding the two above-listed payment options and will include an enrollment form to allow you to indicate the payment option you prefer. You must complete the enrollment form and return it to the contracted vendor. If you fail to return the provided enrollment form within thirty (30) days you will default to the Debit Card payment option.

$25.00 ANNUAL FEE.

Federal and state laws require DCSS to collect a $25.00 annual fee in all Child Support cases enforced by DCSS that meet the following conditions:

1. The Obligee has never received Temporary Assistance to Needy Families (TANF), Tribal TANF, or Aid to Families with Dependent Children (AFDC), from the State of New Hampshire, or any other state, on behalf of the case's minor child(ren); and
2. More than $500.00 has been paid to the Payee during the Current Federal Fiscal Year. The Federal Fiscal Year starts October 1 and runs through September 30.

If you provide documentation that you received TANF, Tribal TANF, or AFDC on behalf of minor child(ren) (listed on this application) in a case from another state, DCSS may be able to exempt you from paying the fee or refund the fee, if it has already been collected. If you do not provide proof you received TANF, Tribal TANF, or AFDC, DCSS may charge the fee until such proof is provided.

REVIEW AND ADJUSTMENT (MODIFICATION) OF SUPPORT ORDERS.

Applicants NOT Receiving Financial Public Assistance (TANF) or Medicaid: DCSS will review your support order for possible modification when your order lacks a provision for medical support. DCSS will also review your support order if either party requests a review IN WRITING (1) when it has been at least three years since your order was established, modified, or reviewed; or (2) the requesting party states there has been a substantial change in circumstances. NOTE: DCSS reviews will not address parenting plan issues.

Applicants Receiving Public Assistance (TANF) and/or Medicaid: Federal law mandates DCSS review your case automatically when: (1) it has been at least three years since the order was established, modified, or reviewed; or (2) the order lacks a provision for medical support. You will not need to request a review. DCSS may also review your case when there has been a substantial change in circumstances.

REGARDING OVERPAYMENT OF CHILD SUPPORT.

DCSS collects child support payments on your behalf, and sends those payments to you. Occasionally DCSS overpays individuals, due to a misdirected payment (money sent to the wrong person) or a payment made on a bad check, or for other reasons. When this happens, the amount of the overpayment must be repaid to DCSS.

If you receive notice of an overpayment after you have cashed the check, you may repay the overpaid amount by sending a check or money order for the amount of the overpayment to DCSS. You may also authorize DCSS to withhold a portion of any child support collected on your behalf, in any or all cases, until the full amount of the overpayment is repaid. If you authorize this method of repayment, DCSS will withhold twenty (20) percent of payments it collects until the overpayment is repaid. NOTE: DCSS will withhold fifty (50) percent of payments it collects due to an overpayment which results from a Federal Tax Refund adjustment. To indicate whether or not you authorize DCSS to withhold twenty (20) percent of your child support payments, if an overpayment occurs, please check the appropriate box on page 2 of this application, in the APPLICANT’S CERTIFICATION OF UNDERSTANDING section. You will receive child support services regardless of which box you check.