

South Carolina Department of Social Services
NON-CUSTODIAL PARENT'S APPLICATION FOR CHILD SUPPORT SERVICES
(PLEASE READ INSTRUCTIONS BELOW)

The disclosure of your Social Security Number is mandatory, in accordance with section 466(a)(13) of the Social Security Act. Social Security Numbers are used by the South Carolina Child Support Enforcement program to assist in locating individuals for the purposes of establishing paternity and establishing, modifying and enforcing child support obligations.

Date Application Requested: _____

Date Application Mailed: _____

Date Application Received: _____

Instructions for Completing the Application

The South Carolina Department of Social Services, Child Support Enforcement Division (CSED), offers to Non-Custodial Parents (NCPs) the services of **“Reviewing of the Child Support Order”** and **“Establishing Paternity”** for the child or children in question. It is important that you carefully read the entire application and complete it to the best of your ability. If the application is not fully completed, we will return it to you for completion. Information about the Custodial Parent (CP) is completed at the bottom of this page. Information about yourself is completed on pages 2 and 3. Information about the child or children is completed on page 4. Please be sure to read and detach Part II, “What to Expect,” and keep it for your records.

NOTE: If you are requesting a review of your support order, please be advised that we will review your order and tell you if you would be entitled to a reduction. However, we will not take legal action to obtain a reduction for you. Once the review is completed, your file will be closed and you will need to contact a private attorney to pursue the modification.

To obtain services, mail the completed application and a money order or cashiers check in the amount of \$25.00, made payable to South Carolina Department of Social Services, to:

South Carolina Department of Social Services
Child Support Enforcement Division
P.O. Box 810
Columbia, South Carolina 29202

I am requesting: Review of Child Support Order Establish Paternity Only

Under the penalty of perjury I declare that the information given in this application is true and complete to the best of my knowledge and belief. I have read Part II, “What to Expect,” and agree to the conditions of this application.

Applicant's Signature: _____ **Date:** _____

PART I

Custodial Parent Information

(Person with whom child or children is/are living)

Name: Last: _____ First: _____ Middle: _____ Suffix: _____

Maiden Name: _____ SSN: _____ Race: _____ Sex: _____ Current Marital Status: _____

Place of Birth: City: _____ State: _____ Birthdate: _____

Residential Address: _____ Home Telephone: _____ Cell Phone: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: c/o Last: _____ First: _____ Middle: _____ Suffix: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Employer's Name: _____ Work Telephone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Work Start Time: _____ Work End Time: _____

If Currently Married, Spouse's Name/Address: _____

Place of Marriage: City: _____ State: _____ Date of Marriage: _____

If not currently married, has he/she ever been married? Yes No If yes, provide:

Name of Former Spouse: _____ Date and Place of Marriage: _____

If Divorced, Date and Place of Divorce: _____

Non-Custodial Parent Information

(Your information)

Name: Last: _____ First: _____ Middle: _____ Suffix: _____

Sex: _____ Race: _____ SSN: _____ Date of Birth: _____

Place of Birth: City: _____ State: _____ Alias: _____

Nickname: _____ Maiden Name: _____ Driver's License Number: _____

Driver's License Date: _____ Driver's License State: _____

Current Marital Status: _____ If Married, Your Spouse's Name: _____

Last School Attended by You: _____

Address: _____ City: _____ State: _____ Date: _____

Current Address: _____ City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Cell Phone: _____

Give directions to and a description of your home: _____

Mailing Address: c/o Last: _____ First: _____ Middle: _____ Suffix: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Please furnish the following information on your current or last employer:

Type of Employment: _____ Are you currently employed? Yes No

Employer's Name: _____ Work Telephone: _____

Employer's Address: _____ City: _____ State: _____ Zip Code: _____

Date You Last Worked: _____ What is your monthly salary? \$ _____ Shift Worked: _____

Usual Occupation: _____ Other Skills: _____

Please list the names and addresses of any other past employers:

Name:

Address:

Date Last Worked:

What are the names of your parents? (Please indicate their names even if they are deceased.)

Father:

Mother:

_____ Last/Suffix/First/Middle

_____ Maiden Name/Last/First/Middle

_____ Street or P.O. Box

_____ Street or P.O. Box

_____ City/State/Zip Code

_____ City/State/Zip Code

_____ Telephone

_____ Telephone

Your Height: _____ Feet _____ Inches Weight: _____ Lbs. Hair Color: _____ Eye Color: _____
 Identifying Mark/Scars: _____ Do you have a police record? Yes No
 Arrest Date: _____ Offense: _____
 Arrest City: _____ State: _____ Zip Code: _____
 Incarceration Date: _____ Release Date: _____ Incarceration Location: _____
 Incarceration City: _____ State: _____ Zip Code: _____
 Armed Forces Status: _____ VA Service Number: _____ Armed Forces Branch: _____
 A- Active R-Retired D-Discharged
 N-Never In U-Unknown
 Armed Forces Entry Date: _____ Armed Forces Discharge Date: _____

Do you have income other than employment income? Yes No

If yes, source of income: _____ Amount: _____
 _____ Amount: _____
 _____ Amount: _____

Do you have any bank accounts/assets? Yes No Unknown

Name of Bank: _____ Account Number: _____ Type: _____
 (Checking/Savings)

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 (Checking/Savings)

Assets: _____

Do you own any property (real estate, car, etc)? Yes No Unknown

Please list type and location: _____

What is the name of the insurer with whom you have medical insurance coverage?

Carrier Name: _____ Type of Insurance: _____ Policy Number: _____

Case Information

Do you have an attorney actively seeking to establish paternity or support? Yes No

If yes, attorney's name: _____

Do you have a previous court order established? Yes No If yes, provide support order number: _____
 (Please attach a copy of the court order)

Name of Court: _____ City: _____ State: _____

Amount of Support: _____ If you do not have a court order, do you pay voluntarily? Yes No

Frequency of Support: _____ Date Last Payment Paid: _____
 B-Biweekly S-Semimonthly M-Monthly W-Weekly D-Seasonal

Support Method: _____ D-Direct to CP C-Through the Court Effective Date of Support Order: _____

Are you willing to submit to a paternity test? Yes No To pay the cost of such test? Yes No

Comments: _____

Child Information

(Complete a separate section for each child)

Child's Name: Last: _____ First: _____ Middle: _____ Suffix: _____

Sex: _____ Race: _____ SSN: _____ Date of Birth: _____ Place of Birth: _____

Has paternity been established for this child? Yes No What is your relationship to this child? _____

In which state did the mother become pregnant? _____ When did she get pregnant? _____
(Month/Day/Year)

Were the parents married at the time of the child's birth? Yes No If no, describe the relationship: _____

If Married: Date of Marriage: _____ Place: _____ If Divorced: Date: _____ Place: _____

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PART II

What to Expect

(Please read this page and the next carefully and DETACH for your records.)

The South Carolina Department of Social Services (DSS) provides child support services to Custodial Parents (guardians) and Non-Custodial Parents through its Child Support Enforcement Division (CSED). You must complete the application to open a case with the CSED.

All cases accepted by the CSED are handled on a first come, first served basis. Claims for visitation, custody or other issues that are often associated with child support are not handled by CSED.

You must complete this application as thoroughly and accurately as possible and return it to the address indicated so that the CSED may determine your eligibility for child support services. When completing the application you may not know the answer to all of the questions, but you should provide as much accurate information as possible. Please double check any information about which you are not certain. The more accurate the information you provide, the faster and more efficiently CSED can process your case.

South Carolina law requires that you notify the CSED in writing when you move, change your name, change jobs or change your telephone number (at home or at work) so that staff will be able to contact you without delay. You must notify the CSED of these changes within 10 days of the change. If you do not notify the CSED as required, the court or the CSED may take actions on your case without your knowledge.

If you do not have a court order for paternity, the regional office staff may bring legal action to obtain such a court order. The regional office will notify you in writing of any court hearings that you must attend.

Please understand that we need your full cooperation throughout this entire process. Your failure to cooperate could result in CSED closing the case. Before CSED takes any action to close a case, we will send you a letter indicating what will be required to avoid case closure. You may also close your case at any time by mailing to CSED a written statement requesting case closure. As a state agency operating under state law and federal law, legal requirements and policies may conflict with what you request. If a conflict of interest arises, CSED staff will contact you to discuss the situation.

You are protected by Title VI of the Civil Rights Act and can make written complaints to the Director, South Carolina Department of Social Services, P.O. Box 1520, Columbia, South Carolina 29202-1520, within 180 days, if at any time you believe you are denied services or otherwise discriminated against because of race, color, creed, sex, religion or national origin.

Listed below are the telephone numbers of CSED offices.

Thank you for your cooperation. The Department of Social Services pledges to make every effort to help you obtain the child support owed to your family.

Central Inquiry: (803) 898-9210/1-800-768-5858

Financial Services: (803) 898-9210/1-800-768-6779

Columbia Regional Office: (803) 898-9282

Florence Regional Office: (843) 661-4750

Charleston Regional Office: (843) 953-9700

Greenville Regional Office: (864) 282-4650

Tax Intercept Unit: (803) 898-9314/1-800-922-0852 or 1-888-454-5360

Additional information can be found on our website at: www.state.sc.us/dss/csed/index.html