FACTS FOR YOU ABOUT THE
PETITION TO MODIFY CHILD SUPPORT

The Circuit Court Clerk's Office can assist you with completing a *Petition to Modify Child Support* form. The first hearing will be held at **Child Support Services at 8:30 a.m.** If no agreement is reached at the first hearing, you will be on a **1:30 p.m.** Court docket at the **Historic Courthouse** in front of the assigned Judge.

Please complete the *Support Intake Sheet*, *Petition to Modify Child Support* and *Application* – if handwritten, please print legibly – include additional page(s) if needed – and return ALL DOCUMENTS to this office, signed and notarized, along with the appropriate filing fee:

- **$119.00** ($77.00 fee + $42.00 for service of process in Davidson County);
- **$88.95** ($77.00 fee + $11.95 for certified mail service);
- **$97.00** ($77.00 fee + $20.00 check to Secretary of State for out-of-state service); or
- **$119.00** ($77.00 fee + $42.00 money order to Sheriff for out-of-county service).

In accordance with *Supreme Court Rule 29*, if you meet the federally mandated poverty guidelines (click here to see *Guidelines*) for family income, you may qualify to proceed as an indigent party (click here for *Affidavit of Indigency*). If you qualify, this excuses the advanced filing fee; however, this may not excuse your payment of the fee as the Court may tax court costs to you at the hearing.

Once filed, the *Petition* is sent to the assigned Court for review. The Judge will either sign or deny the *Show Cause Order*. If the Judge denies the *Show Cause Order*, you will need to know how to proceed with setting your *Petition* for hearing after it is served on Respondent. **If the Judge approves the *Show Cause Order*, you will receive a copy of the *Order* with the hearing date and service of process will be issued to the other party. Please contact our office approximately one (1) week prior to the hearing to confirm if the Respondent has been served.** If the Respondent is not served by the Court date, then your case will not be on the docket for that day. Please contact this office at **615-862-5181** with a better address and fees for another attempt at service. We will try to serve that person again and a new Court date will be set.

If additional attempts at service are required, $42 will be needed for Davidson County service.

*****Fees may be paid by phone with valid credit/debit card*****

YOU WILL RECEIVE A COPY OF THE PENDING HEARING DATE BY MAIL.

1st HEARING:	**Child Support Services** **44 Vantage Way** **Suite 300** **Nashville, TN 37228**
1st HEARING TIME:	**8:30 a.m.**
2nd HEARING: **(if necessary)**	**Historic Courthouse** **1 Public Square, 6th Floor** **Nashville, TN 37201**
2nd HEARING TIME:	**1:30 p.m.**

PRINT PACKET

SUPPORT INTAKE SHEET

_____
Petitioner

vs. Case No._____

_____
Respondent

Information about you (Petitioner):

Name:_____

Date of Birth:_____

Address:_____

_____

Telephone:_____

Employer:_____

Employer Address:_____

Employer Telephone:_____

Information about Respondent:

Name:_____

Date of Birth:_____

Address:_____

_____

Telephone:_____

Employer:_____

Employer Address:_____

Employer Telephone:_____

IN THE _____ CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE

_____
Petitioner

vs. Case No._____

_____
Respondent

PETITION TO MODIFY CHILD SUPPORT

Petitioner, _____, under *T.C.A. Title 36, Chapter 5*, states:

1. Petitioner is a resident of _____ County, Tennessee, and lives at _____.
2. Respondent is a resident of _____ County, Tennessee, and lives at _____.
3. Respondent is employed at _____.
4. The child(ren) for whom support is sought is(are):

Names	**Birthdates**

5. This(these) child(ren) reside(s) with _____.
6. Petitioner's relationship to the(se) child(ren) is _____.
7. Petitioner/Respondent is obligated to pay support for this(these) child(ren) because ***(check appropriate section)***:
   ___ a. Petitioner/Respondent is legal parent by virtue of birth during marriage to (ex-spouse name) _____ on (date of marriage) _____.
   ___ b. Court *Order* of _____ Court on (date) _____ (*Order* of paternity, legitimization, divorce, adoption, reciprocal).
8. Petitioner seeks to ***(check appropriate item)***:
   ___ a. Modify support:

___ (1) by increasing support due to a substantial and material change of circumstances.

___ (2) by decreasing support due to a substantial and material change of circumstances which makes Petitioner unable to pay the support s/he is obligated to pay.

___ b. Other:_____

_____

_____

_____

SO THE PETITIONER REQUESTS:

1. That proper process issue and an *Order* issue requiring the Respondent to appear and show cause in accordance with the requests of this *Petition*.
2. That the Court order ***(check appropriate item(s))***:

   ___ a. An increase in child support.

   ___ b. A decrease in child support.

   ___ c. Other:_____

   _____

   _____

   _____.
3. For general relief.

_____
PETITIONER

PURSUANT TO *T.C.A. §29-1-107*, THIS IS PETITIONER'S FIRST APPLICATION FOR EXTRAORDINARY PROCESS IN THIS CAUSE.

STATE OF TENNESSEE)
COUNTY OF DAVIDSON)

_____, Petitioner, being first duly sworn, has read the foregoing *Petition*, knows the contents thereof, and states that the same is true and correct to the best of Petitioner's knowledge, information and belief.

_____
PETITIONER

Sworn to and subscribed before me, this _____ day of _____, 20_____.

_____
NOTARY PUBLIC / CLERK

My Commission Expires:_____

To request an ADA accommodation, please contact Dart Gore at 880-3309.

STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

APPLICATION FOR CHILD SUPPORT SERVICES

It is this agency's desire to act in the best interest of you and your child(ren) at all times. Therefore, we want to give you some important information regarding how your case will be handled.

INFORMATION YOU NEED TO KNOW

- You must notify us immediately if you move or change your telephone number.
- Your cooperation is required.
- You must return any money sent to you in error.
- You must notify us in writing if you wish to cancel services.

WE CAN ATTEMPT TO

- Locate a parent whose whereabouts are unknown,
- Establish paternity for a child,
- Establish and enforce court orders for child support payments, unpaid medical bills, and/or medical insurance,
- Review and modify child support orders, and
- Collect child support arrears using a variety of enforcement methods, including intercepting federal income tax refunds.

WE CANNOT

- Guarantee that our attempts to establish or enforce child support will be successful,
- Handle matters that are not related to child support such as divorce, visitation or custody disputes, or
- Give your case priority over any other cases we have.

AFTER WE RECEIVE YOUR COMPLETED APPLICATION, WE WILL

- Review your case,
- Decide the proper action to take on your case, and
- Make every effort to provide the needed service.

IN ADDITION

- We will contact you if we need additional information from you, and to inform you of appointments and court hearing dates.
- Your signature on the application form indicates your agreement that the agency may file a legal action in your case and may close your case if you do not cooperate.
- Our attorneys represent the State of Tennessee. They will help provide you with child support services, but they do not represent you or any other individual.
- Case information will be given out only for child support purposes.
- All child support payments will be processed through the State Disbursement Unit in Nashville, Tennessee.

State of Tennessee
Department of Human Services
Information Gathering Letter

In accordance with federal law and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, contact HHS. Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (Voice) or (202) 619-3257 (TTY). HHS are equal opportunity providers and employers. You may also write Tennessee, DHS, Civil Rights Compliance Officer, Citizens Plaza Building, 400 Deaderick Street 15th Floor, Nashville, TN 37243, (615) 313-4748.

NOTE: Each individual's Social Security number (SSN) is a critical part of case processing. Based on section 466(a)(13) of the Social Security Act [42 U.S.C. 666(a)(13)], you are required to disclose Social Security numbers to the child support agency. They will be used by the State's child support enforcement program to locate individuals for the purposes of establishing paternity and establishing, modifying, and enforcing support obligations. It is possible that your SSN and those of the child(ren) will be used to file interstate child support enforcement actions and to enroll the child(ren) as beneficiaries of health insurance coverage, and, as such, may be released to the other parent. The alternate residential parent's SSN is necessary to properly identify that parent for the purpose of locating him/her, for submitting cases for the Treasury Offset Program, and for other child support enforcement activities.

The information requested in this application must be provided by every applicant for child support services, regardless of whether they are the primary residential parent / caretaker or the alternate residential parent of the child(ren). **If you are the primary residential parent (PRP) / caretaker**, enter information about yourself in Section II and enter information about the alternate residential parent in Section III. **If you are the alternate residential parent (ARP)**, enter information about the primary residential parent / caretaker in Section II and enter information about yourself in Section III.

If you were married when the child(ren) was born, or when the child(ren) was conceived, or within three hundred (300) days after the marriage was terminated for any reason, Tennessee law states your husband is the legal father of your child(ren), and he will be pursued for child support.

I. INFORMATION ABOUT THE APPLICANT FOR CHILD SUPPORT SERVICES

1. Are you

☐ The **PRIMARY RESIDENTIAL PARENT (PRP) / CARETAKER** of the child(ren) for whom services are requested
(The PRP is the parent with whom the child(ren) resides more than 50% of the time) **NOTE:** For the purpose of completing this application, also check this box if the child(ren) for whom you are requesting services resides/reside with you exactly 50% of the time.

or

☐ The **ALTERNATE RESIDENTIAL PARENT (ARP)** of the child(ren) for whom services are requested
(The ARP is the parent with whom the child(ren) resides less than 50% of the time)

If you are the **ALTERNATE RESIDENTIAL PARENT (ARP)**, are you applying for

☐ A review and modification of your support order, or

☐ To establish paternity for the child(ren)?

NOTE: Any application for child support services will result in this agency taking action as needed to enforce support obligations.

2. Are you under age 18 and unmarried? ☐ Yes ☐ No If yes, provide the following information about your parent or guardian:

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

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): (_____)_____ (Cell): (_____)_____ (Work): (_____)_____

3. Do you have reason to believe that the ARP might try to harm you or the child(ren) if we try to contact him/her, or as the result of any action we might take on your child support case? ☐ Yes ☐ No

If yes, please attach documentation, such as Police Report, Order of Protection, etc.

FOR STATE USE ONLY

Foster care worker's name: _____ ***Phone:*** _____

Approval date: _____ ***Social Services Number:*** _____ ***IVE Case Number:*** _____

II. INFORMATION ABOUT THE PRIMARY RESIDENTIAL PARENT (PRP) / CARETAKER

If you are the primary residential parent (PRP) or caretaker of the child(ren), provide the following information about yourself.

If you are the alternate residential parent (ARP), complete this section with information about the primary residential parent (PRP) / caretaker.

1. Last Name: _____ First Name: _____ Middle Name: _____

   Maiden Name: _____

2. What is the caretaker's relationship to the child(ren) (mother / father / grandmother / etc.)? _____

3. Identifying information for the primary residential parent (PRP) / caretaker

   Date of Birth: _____/_____/_____ Social Security Number: _____-_____-_____ Sex: _____

   Email Address: _____ Would you like to opt in to Email Messaging: ☐ Yes ☐ No

   Address of the primary residential parent (PRP) / caretaker

   MAILING address: _____

   City: _____ State: _____ Zip: _____ County: _____

   Phone (Home): (_____)_____ (Cell): (_____)_____ (Work): (_____)_____

   Would you like to opt in to Text Messages? ☐ Yes ☐ No If YES, which number do you want associated with Text Messages? ☐ Home ☐ Cell

   LIVING address: _____

   City: _____ State: _____ Zip: _____ County: _____

   How do you prefer your caseworker to contact you? ☐ Mail ☐ Email ☐ Home ☐ Cell ☐ Work

4. Primary residential parent (PRP)'s / caretaker's employer: _____

   Address: _____ Phone: (_____)_____

   City: _____ State: _____ Zip: _____

5. Has the primary residential parent (PRP) / caretaker ever been married to the alternate residential parent (ARP)? ☐ Yes ☐ No
   If yes, provide any of the following information that applies:

   Marriage Date: _____ County: _____ State: _____

   Divorce Date: _____ County: _____ State: _____

   Separation Date: _____ County: _____ State: _____

6. Is any other agency or attorney involved in pursuing child support at this time? ☐ Yes ☐ No

   If yes, give the name of the agency/attorney: _____ Phone number: (_____)_____

   Address: _____

   City: _____ State: _____ Zip: _____

   Has there ever been ANY legal action involving this child(ren)? ☐ Yes ☐ No If yes, describe the action:_____

Answer questions # 7 and 8 only if you are the primary residential parent (PRP) / caretaker of the child(ren)

7. Do you currently receive, or have you ever received Medicaid benefits? ☐ Yes ☐ No

   Do you currently receive, or have you ever received public assistance, Families First, benefits? ☐ Yes ☐ No

   If yes, for what period of time? From : _____ To: _____

   Did you receive these benefits in Tennessee? ☐ Yes ☐ No In which other state(s) did you receive these benefits? _____

8. Name, phone number and address of a person we can contact if we are not able to reach you.

   Name: _____

   Phone number: (_____)_____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

III. INFORMATION ABOUT THE ALTERNATE RESIDENTIAL PARENT (ARP)

If you are the alternate residential parent (ARP), provide the following information about yourself.
If you are the primary residential parent (PRP) / caretaker, provide the following information about the alternate residential parent (ARP) of the child(ren).
If you were married when the child(ren) was born, or when the child(ren) was conceived, or any time during the 300 days before the birth of your child(ren), Tennessee law states your husband is the legal father of your child(ren).
If you are applying for support from more than one alternate residential parent (ARP), you must complete a separate application for each alternate residential parent (ARP). If different persons could possibly be the father of the same child(ren), make a note of this in Section V, Page 5 of this application.

1. Last Name: _____ First Name: _____ Middle Name: _____

   Maiden Name (if applicable): _____

2. Alias or nicknames: Last: _____ First: _____ Middle: _____

3. What is the alternate residential parent (ARP)'s relationship to the child(ren)? ☐ Father ☐ Mother

4. Phone number(s) for the alternate residential parent (ARP).

   Home: (_____)_____ Cell: (_____)_____ Has ARP ever lived in Tennessee? ☐ Yes ☐ No

5. Address of the alternate residential parent (ARP):

   Current or last known **MAILING** address: _____

   City: _____ State: _____ Zip: _____

   Is mail delivered to this address? ☐ Yes ☐ No

   Current or last known **LIVING** address: _____

   City: _____ State: _____ Zip: _____

   Do you confirm the ARP lives here? ☐ Yes ☐ No

6. Is the alternate residential parent (ARP) self-employed? ☐ Yes ☐ No If yes, in what occupation? _____

7. Alternate residential parent (ARP)'s **current** employer: _____

   Address: _____ Work number: (_____)_____

   City: _____ State: _____ Zip: _____

   Alternate residential parent (ARP)'s **previous** employer:_____

   Address: _____

   City: _____ State: _____ Zip: _____

8. General information about the alternate residential parent (ARP)

Social Security number	Birthplace (city/county/state)	Date of birth
Approximate age	Driver's license number (include state)	Sex
Race	Height	Weight
Hair color	Eye color	Photograph provided?
Distinguishing marks	Known disabilities	Email Address

9. Is the alternate residential parent (ARP) currently in ☐ jail ☐ or prison ? If yes, provide the following information:

Name of the institution: _____ Expected release date: _____

Address: _____

City:_____ State: _____ Zip: _____

10. Is this alternate residential parent (ARP) on ☐ probation ☐ or parole? If yes, provide the following information:

Parole or probation officer's name: _____

Address: _____ Phone number: (_____)_____

City: _____ State: _____ Zip: _____

11. Has the alternate residential parent (ARP) ever served in the armed forces? ☐ Yes ☐ No If yes, which branch? _____

Dates of service: From: _____ To: _____

Is the alternate residential parent (ARP) retired from the military or in the reserves? ☐ Yes ☐ No

12. Does the alternate residential parent (ARP) receive any pensions or benefits from the federal government (Social Security, SSI, VA, retired military, etc.) or from other sources? ☐ Yes ☐ No

If yes, provide: Source (1): _____ Approximate monthly income amount _____

Source (2): _____ Approximate monthly income amount _____

Source (3): _____ Approximate monthly income amount _____

13. Describe any assets the alternate residential parent (ARP) may own.

Cars, trucks, motorcycles	Make:	Model:	Year:
	Color:	License plate number:	State:
Bank accounts:			
Real estate:			
Other assets:			

14. Other contacts for the alternate residential parent (ARP). Give any information you have, even if it is incomplete:

Mother (first/middle/last name)	Maiden Name	Phone number:
Address/City/State		Zip

Father (first/middle/last name)	Phone number:
Address/City/State	Zip

Friend or other relative (first/middle/last name)	Phone number:
Address/City/State	Zip

IV. COURT ORDER INFORMATION

Is there a court order for child support for the child(ren) for whom child support services are requested? ☐ Yes ☐ No
If yes, provide any information you have about the existing court order(s). Attach copies of the orders and payment records, if available.

Name of the court that issued the order	Date of the order
Docket/case number	County/State
How are payments made? (through court, IV-D agency, or directly to caretaker)	Amount of support ordered
Pay frequency ordered (weekly, monthly, other, etc.)	Payment due date
Date and amount of the last payment/collection	Amount of the arrearage

V. Use the area below to provide any additional information about your case that you think the child support office may need, including the names of any other possible fathers of the child(ren) for whom you are applying. (Add a separate sheet if needed)

_____

_____

_____

_____

_____

VI. INFORMATION ABOUT THE CHILD(REN)'S MEDICAL SUPPORT

Which parent provides medical insurance for the child(ren)? Mother _____ Father _____ Both _____ Neither _____

Carrier name: _____

Policy number: _____ Insured's name: _____

Monthly insurance premium: _____ Number of family members covered by policy: _____

Name(s) of the child(ren) who are covered by this policy

_____ _____

_____ _____

_____ _____

_____ _____

Do the child(ren) have any unpaid medical bills? Yes __ No __ (If yes, provide itemized detail and copies of all bills.)

Have you presented the unpaid medical bills to the insurance company? Yes __ No __ (If yes, provide a copy of the Explanation of Benefits from the insurance company.)

Have you presented the unpaid medical bills to the other party? Yes __ No __ (If no, provide the other party a copy of the unpaid bills now.)

Do the child(ren) have any recurring medical expenses not covered by health insurance? Yes __ No __

VII. INFORMATION ABOUT THE CHILD(REN)

List below each of the children of the other parent shown on this application for which you are requesting child support services. For each child, provide all of the necessary information and a copy of that child's birth certificate. Attach additional sheets if needed.

1. Child's Last Name _____ First Name _____ Middle Name _____

   Social Security Number: _____ Date of Birth: _____

   City / County / State of Birth: _____

   a. Were the parents married to each other at the time of birth? ☐ Yes ☐ No
   b. Was the mother married to another person at the time of birth? ☐ Yes ☐ No
   c. If this child was born out of wedlock, has paternity been established? ☐ Yes ☐ No
   d. If yes, was paternity established by:
      ☐ voluntary acknowledgment, ☐ court order, ☐ other (please specify): _____
   e. Is this child covered by the alternate residential parent (ARP)'s health/medical insurance policy? ☐ Yes ☐ No

2. Child's Last Name _____ First Name _____ Middle Name _____

   Social Security Number: _____ Date of Birth: _____

   City / County / State of Birth: _____

   a. Were the parents married to each other at the time of birth? ☐ Yes ☐ No
   b. Was the mother married to another person at the time of birth? ☐ Yes ☐ No
   c. If this child was born out of wedlock, has paternity been established? ☐ Yes ☐ No
   d. If yes, was paternity established by:
      ☐ voluntary acknowledgment, ☐ court order, ☐ other (please specify): _____
   e. Is this child covered by the alternate residential parent (ARP)'s health/medical insurance policy? ☐ Yes ☐ No

3. Child's Last Name _____ First Name _____ Middle Name _____

   Social Security Number: _____ Date of Birth: _____

   City / County / State of Birth: _____

   a. Were the parents married to each other at the time of birth? ☐ Yes ☐ No
   b. Was the mother married to another person at the time of birth? ☐ Yes ☐ No
   c. If this child was born out of wedlock, has paternity been established? ☐ Yes ☐ No
   d. If yes, was paternity established by:
      ☐ voluntary acknowledgment, ☐ court order, ☐ other (please specify): _____
   e. Is this child covered by the alternate residential parent (ARP)'s health/medical insurance policy? ☐ Yes ☐ No

INFORMATION ABOUT THE CHILDREN (continued)

4. Child's Last Name _____ First Name _____ Middle Name _____

Social Security Number: _____ Date of Birth: _____

City / County / State of Birth: _____

a. Were the parents married to each other at the time of birth? ☐ Yes ☐ No
b. Was the mother married to another person at the time of birth? ☐ Yes ☐ No
c. If this child was born out of wedlock, has paternity been established? ☐ Yes ☐ No
d. If yes, was paternity established by:
☐ voluntary acknowledgment, ☐ court order, ☐ other (please specify): _____
e. Is this child covered by the alternate residential parent (ARP)'s health/medical insurance policy? ☐ Yes ☐ No

5. Child's Last Name _____ First Name _____ Middle Name _____

Social Security Number: _____ Date of Birth: _____

City / County / State of Birth: _____

a. Were the parents married to each other at the time of birth? ☐ Yes ☐ No
b. Was the mother married to another person at the time of birth? ☐ Yes ☐ No
c. If this child was born out of wedlock, has paternity been established? ☐ Yes ☐ No
d. If yes, was paternity established by:
☐ voluntary acknowledgment, ☐ court order, ☐ other (please specify): _____
e. Is this child covered by the alternate residential parent (ARP)'s health/medical insurance policy? ☐ Yes ☐ No

6. Child's Last Name _____ First Name _____ Middle Name _____

Social Security Number: _____ Date of Birth: _____

City / County / State of Birth: _____

a. Were the parents married to each other at the time of birth? ☐ Yes ☐ No
b. Was the mother married to another person at the time of birth? ☐ Yes ☐ No
c. If this child was born out of wedlock, has paternity been established? ☐ Yes ☐ No
d. If yes, was paternity established by:
☐ voluntary acknowledgment, ☐ court order, ☐ other (please specify): _____
e. Is this child covered by the alternate residential parent (ARP)'s health/medical insurance policy? ☐ Yes ☐ No

APPLICATION

I, _____, am applying for Child Support services provided by the Child Support Agency of the Tennessee Department of Human Services. I understand and acknowledge the following **by initialing each line below**:

____ The Child Support attorney handling my case represents the State of Tennessee, not me personally.
____ The information that I supply is the source for any petition filed for me.
____ The Child Support office will act to enforce the alternate residential parent (ARP)'s legal child support obligations. If the Child Support office determines any action to be improper or unwarranted, it will not take that action.
____ If I give any information or testimony that a court finds to be false, the State may prosecute me for perjury.
____ If I get any money as the result of fraud on my part, I understand that the State may charge me with fraud. Also, the State may require me to pay back any money that I get through fraud.
____ The Child Support office does not promise the success of any action, or results within a given time.
____ The services provided by the Child Support agency only include enforcing rights to child support, obtaining and enforcing health insurance orders, establishing paternity, and in some limited cases, obtaining spousal support. These services do not include actions involving custody, visitation, or similar issues. If such issues are raised in this case, I understand that I must secure other representation.
____ Since anyone in the State may apply for Child Support services, this means the Child Support office may provide services to others whose interests conflict with mine.
____ I must pay filing fees or court costs if the court determines I am able to pay them. In addition, if I have never received Families First / Temporary Assistance to Needy Families (TANF) benefits, the State will charge me a $25 annual fee for providing child support services, but only after collecting at least $500 for my case in an annual period. To pay this fee, the State will keep the next $25 in child support that it collects for my case after the initial $500. If my case requires action by another state, I must also pay any filing fees or associated costs the other state requires for my case to proceed.
____ If I have received TANF or Families First benefits in the past, any support collected each month above the current support owed each month will be kept by the State to repay the TANF/Families First benefits I have received.
____ If the child(ren) in this case receive Medicaid, I must tell the Child Support office immediately
____ If I get a private attorney to represent me in obtaining child support, I agree to tell the Child Support agency immediately.
____ My case will be submitted to the IRS Treasury Offset Program if it meets the following conditions:

A. A court or administrative agency has ordered the alternate residential parent (ARP) to pay support.
B. A copy of the order, and any changes to the order, are on file in the Child Support office. Also, there must be a copy of the court's payment record on file in the Child Support office. If there is no court payment record, I must give the Child Support office a signed affidavit of the amount owed by the alternate residential parent (ARP).
C. The alternate residential parent (ARP) must owe at least $500.00 past due child support under such order.
D. The Child Support office has the Social Security number (SSN) of the alternate residential parent (ARP).

____ I further understand that if my case is submitted for the IRS Treasury Offset Program:

A. There is no guarantee that money will be collected on my behalf. A Treasury Offset Program collection through the Federal Tax Refund Offset Program is only possible if the alternate residential parent (ARP) files a tax return and is due a refund from the IRS.
B. If money is collected through this process and a joint return is involved, the State has the right to hold the refund for six months before sending any collections to me.
C. If I have received TANF or Families First benefits, the State will keep part or all of the refund to repay any TANF/Families First benefits previously provided by the State.
D. The State has the right to withhold amounts from future IRS offsets if I do not voluntarily repay amounts paid to me in error.
E. The IRS charges a fee up to $25.00 for each collection made through the offset program. This fee will be deducted before I receive any collection.

____ **I must repay to the State any money that I am overpaid, or that is sent to me in error.**

A. I am personally liable for the return of any amounts I receive in error to correct an overpayment owed to the State for any reason to correct my child support account, including but not limited to payments sent to me in error.
B. By checking the consent box at the end of this paragraph I am indicating consent to automatic withholding, without further notice, from any future support payments collected on my behalf of amounts paid to me in error until the balance is paid in full. My consent is optional. The services I receive will not be affected by the choice I make. If I give consent and later change my mind, I must notify the Child Support office in writing that I wish to withdraw my consent. If I do not give consent to withholding by checking the "do not consent" box, the State is not prevented from seeking to correct an error using all legal remedies available to them of which I will be responsible for payment of any costs of such action, including court costs and attorney fees. (**If neither of the following boxes is checked, it will be presumed that I have provided my consent**.)

☐ **I consent to such withholding.** ☐ **I do NOT consent to such withholding.**

I swear or affirm that the information I have provided in support of this application is correct to the best of my knowledge, information, and belief. I will cooperate with the Department of Human Services and the local Child Support office in the matter. Further, I swear or affirm that I have read this affirmation and acknowledgment. I declare that I understand it fully and agree with the terms.

_____ _____
Signature Date

RESET FORM PRINT PACKET