

### **Title IV-D Child Support Application**

**What are Title IV-D child support services?** Title IV-D child support services include: locating the parent who has a duty to support your child(ren), legally determining if a person is the biological parent of your child (paternity establishment), obtaining an order for child support and/or medical support services (healthcare coverage), monitoring and collection of support payments, collection of past-due support from tax refunds, lottery intercept, levying a bank account or insurance proceeds, judgment processing, credit reporting, denial/revocation of a passport, court enforcement of support orders, automatic cost of living increase regarding child support orders and review of the support order every three years.

**Is there a fee?** There is a one-time \$6 fee for Title IV-D child support services. You can include a check or money order for \$6, payable to 'Treasury State of New Jersey', with your Title IV-D Child Support Application or mail to the local Finance Division in the county in which you live. Please ensure your name is indicated on your check or money order. For a list of offices, go to . Please do not send payment to the New Jersey Family Support Payment Center (NJFSPC).

**What are Monitoring Only child support services?** Monitoring Only child support services include the establishment of the support order, collection and monitoring of payments, use of income withholding, and limited court enforcement. Monitoring Only does not include any of the other Title IV-D child support services mentioned above. In order to request Monitoring Only services, you can complete the required court filing documents and submit to the Family Division using the Judiciary Electronic Document Submission (JEDS) system. A child support application does not need to be completed. An annual fee of \$25 will be charged for these services. Further information is available at <https://www.njcourts.gov>.

**Who provides these services?** The Department of Human Services, Division of Family Development, Office of Child Support Services is the New Jersey Title IV-D agency that oversees the child support program. The Title IV-D Agency works in cooperation with the County Welfare Agencies, the Administrative Office of the Courts, the County Family Divisions of the Superior Court, and County Probation Divisions to provide services to your family.

**What does the Office of Child Support Services do?** This office is responsible for ensuring that New Jersey's child support program complies with State and Federal Law and is run in an efficient and effective manner.

**What does the County Welfare Agency Child Support Unit do?** This agency files complaints for paternity and support for clients who are receiving Temporary Assistance for Needy Families (TANF). They also are responsible for locating the noncustodial parent for TANF and non-TANF cases and completing administrative reviews of child support orders every three years.

**What does the Family Division do?** The Family Division processes child support cases and schedules court hearings for the establishment of paternity, and the establishment/modification of support and medical orders.

**What does the Probation Division do?** The Probation Division monitors and enforces child and medical support orders, All support orders are payable through the New Jersey Family Support Payment Center, unless the court orders otherwise.

**Who can apply for these services?** Any parent or person with custody of a child who needs help to locate, establish paternity, child support or medical support order or to collect support payments can apply for child support services. A parent without custody may also apply for child support services in order to make payments through the program to ensure there is a payment record. People who have received assistance under *Temporary Assistance for Needy Families (TANF)*, *Medicaid*, *Foster Care* programs are automatically referred for child support services.

**Who is the custodial parent/obligee?** The custodial parent is the person who receives the court ordered support.

**Who is the noncustodial parent/obligor?** The noncustodial parent is the person who is ordered to pay the court ordered support.



**What are the responsibilities of the custodial and noncustodial parent?**

- Provide all available information to assist us in processing your case.
  - Please note that the information provided by you is confidential and subject to state and federal safeguarding requirements.
- Appear for any appointments, scheduled hearings and genetic tests.
- Notify the child support program of any new or changed information, including custody changes.

Payments must be sent to and processed by the New Jersey Family Support Services Center.

**Why does this application ask for my race, ethnicity, and gender?** In order to help families receive the support to which they are entitled, accurate identification of customers of the Child Support Program is of utmost importance. The Title IV-D child support program has legal authority to collect demographical data and is committed to asking applicants to self-report the categories to which they consider themselves to belong. Information on race, ethnicity, gender, language or citizenship is not used to determine eligibility for participation in the child support program. The child support program does not share this data collected with any unauthorized persons, including law enforcement entities, in its regular course of business. Data collected may be analyzed and/or aggregated in a non-identifying manner to capture social, economic, and health trends for certain populations.

**How do I establish paternity?** If the child is born during a marriage, the husband is presumed to be the father and paternity does not have to be established. If the child is born outside of a marriage, both parents can voluntarily sign a Certificate of Parentage to establish paternity. A complaint can also be filed with the Family Division to get a legal determination of paternity through a court order. To assist, the court may order a genetic test. Additionally, the court may require that you pay for the genetic testing if the person that you name is not the biological father.

**How do I establish support?** You must file a complaint with the court to establish support. The Family Division will schedule a court hearing. Further court information is available at .

**Do I need to hire an attorney?** Please note that child support staff do not legally represent you in court. If you have to come to court, you can either represent yourself or hire an attorney to represent you. If you hire an attorney, please provide the name and address of your attorney to the child support program.

**How long will it take for a support order to be established?** That depends on the circumstances of your case and the services you request. After you file the complaint, it takes time to notify all parties of the hearing. The establishment of a support order through the Family Division usually takes 90 days or less if both parties live in New Jersey. If either party resides out of state this process may take longer.

**How does the court set the amount of my child support?** Generally, the court sets the amount of support using the New Jersey child support guidelines. The support amount is based on the income of both parents and the average amount that intact families spend on their children. The support guidelines are in Appendix IX-A of the New Jersey Court Rules. The Court Rules are available on the New Jersey Courts website,.

**How are payments received?** The noncustodial parent must make payments through the New Jersey Family Support Payment Center (NJFSPC). If income withholding has been ordered it may take up to 4 weeks for payment to be remitted by the employer. Once payment is received, the case is credited and the payment is sent to the custodial parent via direct deposit or debit card within two business days. The custodial parent should not accept payments directly from the noncustodial parent without the court's prior approval. Custodial parents on public assistance with one child will receive up to the first \$100 of any child support payment. Custodial parents on public assistance with two or more children will receive up to the first \$200 of any child support payment. The remainder of the payment will go to the county welfare agency while the custodial parent is on public assistance.



**How can I find out if a payment has been made?** You can access payment information by calling the New Jersey Family Support Services Center at 1-877-NJKIDS1 (655-4371). You can also access the client portal by creating an account at to obtain payment and case information. The client portal can also be accessed by downloading the NJ Child Support mobile app on Iphone or Android mobile phones.

**What if the noncustodial parent doesn't pay?** If the noncustodial parent doesn't pay, you will not receive a support payment. The Probation Division can take the following steps to enforce the order if the case is receiving Title IV-D child support services and meets eligibility requirements: intercepting tax refunds, intercepting lottery winnings, bringing the case to court, denying or revoking a passport, reporting the delinquency to a credit reporting agency, or levying a bank account or insurance proceeds.

**What if the noncustodial parent moves to another state?** If the noncustodial parent moves out of New Jersey, the Probation Division may be able to get an out of state employer to withhold the support amount from the noncustodial parent's income. If this doesn't work, a petition will be filed asking the other state to enforce your support order through its courts. The Probation Division will inform you if this is necessary and will help you file the papers. Although there is no cost for filing the petition, some states charge a small fee for processing payments and may deduct the fee from the collection before it is sent to you.

**What if I need an increase in my child support order or medical support for my children?** Anytime there is a substantial change of circumstances, you can file an application or motion with the Family Division to request modification of your order. You may also request a Triennial Review of the amount of your child support order at least once every three years from the date the order was entered or modified by the court.

**Please note:** Every case is subject to an automatic Cost of Living Adjustment (COLA) every two years under Title IV-D.

**When will my support order end?**

Pursuant to the Termination of Obligation to Pay Child Support Law at N.J.S.A. 2A:17-56.67 et seq., all child support and/or medical support obligations established in New Jersey shall automatically terminate upon the child's 19th birthday unless another termination date is specified in a court order. The child support and/or medical support obligation shall also automatically terminate on the date that a child who is less than 19 years of age marries, enters the military service or passes away. The court may extend the child support and/or medical support obligation no later than the child's 23rd birthday if the child is enrolled in high school, is attending college or other postsecondary institution on a full-time basis or is disabled as determined by a federal or state government agency. Support can continue beyond the child's 23rd birthday if the court finds that the child has a severe physical or mental incapacity that causes the child to be dependent on the parent.



**Child support services may also be terminated if:**

- The custodial parent fails to cooperate;
- The custodial parent cannot be contacted for sixty days and mail sent to the address is being returned;
- Paternity cannot be established;
- The noncustodial parent dies, is institutionalized, moves to a foreign country without reciprocity, or cannot be located; or
- A support obligation is no longer owed to the family and no past-due support is owed.

**The parties will be notified in writing 60 days before action is taken to terminate child support services.**

***Who can I call for more information?*** You can reach out to the New Jersey Family Support Services Center at 1-877-NJKiDS1 (655-4371) for further information about child support.



APPLICANT CHILD SUPPORT INFORMATION

<b>APPLICANT INFORMATION - Please complete this information about yourself</b>	
Your relationship to the child(ren):	
<input type="checkbox"/> Mother	<input type="checkbox"/> Father
<input type="checkbox"/> Maternal Grandparent	<input type="checkbox"/> Aunt
	<input type="checkbox"/> Uncle
	<input type="checkbox"/> Paternal Grandparent
	<input type="checkbox"/> Guardian
Does the child(ren) live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, who does the child(ren) live with?	
First Name: _____	Last Name: _____
Address: _____	
City: _____	State: _____ Zip Code: _____
Are you currently receiving Public Assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you ever receive Public Assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you ever receive Medicaid?	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT INFORMATION REGARDING CURRENT AND/OR PAST CHILD SUPPORT ARRANGEMENTS

<b>Please provide all available details regarding your current and/or past support arrangements.</b>	
Have you ever made a private agreement with the other parent for child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Amount: \$ _____ every <input type="checkbox"/> week <input type="checkbox"/> two weeks <input type="checkbox"/> month, beginning on _____	
Are there any court actions pending in any state to establish or enforce support for your child(ren)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, court (county, state): _____ . date filed: _____	
Do you have an existing court order for child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	
\$ _____ every <input type="checkbox"/> week <input type="checkbox"/> two weeks <input type="checkbox"/> month starting on _____	
What court entered this order (County, State)? _____ , _____	
The current support order requires payments to be made (check one)	
<input type="checkbox"/> directly to me	
<input type="checkbox"/> to a child support enforcement agency (County, State) _____ , _____	
<input type="checkbox"/> by income withholding directly to me	
<input type="checkbox"/> by income withholding to a child support enforcement agency (County, State) _____ , _____	



APPLICANT INFORMATION

APPLICANT PERSONAL INFORMATION - Please complete this information about yourself						
Last Name: First Name: Middle Name: Suffix:		Date of Birth _____	Social Security Number or TAX Identification Number _____			
Maiden Name and/or Other Names used						
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian, Eskimo Or Aleutian <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Sex (biological designation at birth): <input type="checkbox"/> Male <input type="checkbox"/> Female		
Pronoun: <input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them		Honorific: <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Mx.		Gender (how you identify): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary		
Primary spoken language _____ Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify language _____		Home Phone  Cell Phone		Drivers License number  Issuing State		
		Email Address:				
Home Address		City	State	Zip Code	County	Country
Mailing Address if different from home address		City	State	Zip Code	County	Country



<b>APPLICANT EMPLOYMENT INFORMATION</b>			
Your Employment Status <input type="checkbox"/> Non-Professional <input type="checkbox"/> Professional <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Unemployable			
Employer Name <input type="checkbox"/>		Active Military Status <input type="checkbox"/> Yes <input type="checkbox"/> No Military Branch	
Employer Address	City	State	Zip Code
Work Phone:			

<b>APPLICANT HEALTH CARE INFORMATION.</b> <i>Please provide the following information about your health insurance benefits.</i>	
Health Insurance Provider:	Includes child(ren) <input type="checkbox"/> Yes <input type="checkbox"/> No
Policy Number:	Date coverage began:

<b>APPLICANT ATTORNEY INFORMATION</b>		
Your Attorney's Name (if you have an attorney for this case)	Phone:	
Attorney's Address		
City	State	Zip Code



OTHER PARENT INFORMATION

<b>PARENT PERSONAL INFORMATION- Please complete this information about the parent you are filing this application against</b>			
Last Name: First Name: Middle Name: Suffix:		Social Security Number or TAX Identification Number: _____	
Date of Birth _____	Place of Birth: City: State: Country	Sex (biological designation at birth): <input type="checkbox"/> Male <input type="checkbox"/> Female	
Maiden Name and/or Other Names used	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If No, What Country? _____	Gender (how you identify): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian, Eskimo Or Aleutian <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	

<b>PARENT IDENTIFYING INFORMATION: Please complete this information about the parent you are filing this application against</b>					
Hair Color: <input type="checkbox"/> Balding <input type="checkbox"/> Black <input type="checkbox"/> Blond <input type="checkbox"/> Brown <input type="checkbox"/> Gray/White <input type="checkbox"/> Red <input type="checkbox"/> None/Bald <input type="checkbox"/> unknown <input type="checkbox"/> Other		Eye Color: <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Gray Hazel <input type="checkbox"/> Other		Height: Weight:	Facial Hair:
Distinguishing Features (Scars, Marks, Tattoos, Glasses):  					



<b>PARENT CONTACT INFORMATION: Please complete this information about the parent you are filing this application against</b>						
Primary spoken language _____ Does the parent need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify language _____		Home Phone _____  Cell Phone _____		Drivers License number _____  Issuing State _____		
Email Address: _____						
Last Known Home Address		City	State	Zip Code	County	Country
Last Known Mailing Address if different from home address		City	State	Zip Code	County	Country
Is the parent currently incarcerated or institutionalized? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, provide details: Name of the prison/jail/institution: _____ City, State: _____			

<b>PARENT'S EMPLOYER INFORMATION - Please provide information, if known, about the parent you are filing this application against</b>					
Employer Name <input type="checkbox"/>			Phone Number: _____		
Address		City	State	Zip Code	
Salary \$ _____ every <input type="checkbox"/> week <input type="checkbox"/> 2 weeks <input type="checkbox"/> month <input type="checkbox"/> year		Employment Status <input type="checkbox"/> Non-Professional <input type="checkbox"/> Professional <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Unemployable			
Belong to Union? _____			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Union Name _____		Local # _____			
Additional Employment			Phone Number: _____		
Address		City	State	Zip Code	
Salary \$ _____ every <input type="checkbox"/> week <input type="checkbox"/> 2 weeks <input type="checkbox"/> month <input type="checkbox"/> year					
Military Service <input type="checkbox"/> Yes <input type="checkbox"/> No  Branch: <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> National Guard <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Space Force		Status? <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired _____(mm/yyyy) <input type="checkbox"/> Discharged _____(mm/yyyy) <input type="checkbox"/> Disability _____(mm/yyyy)			
Duty Station: (Base/Post/Ship and City/State)					



<b>PARENT'S HEALTH CARE INFORMATION - Please provide information, if known, about the parent you are filing this application against</b>	
Health insurance provider: _____	Child(ren) named in this application covered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Policy Number: _____	Date coverage began: _____

<b>PARENT'S FINANCIAL INFORMATION - Please provide information, if known, about the parent you are filing this application against</b>		
Does the parent receive any of the following types of income?		
<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Veteran's Administration Pension	
<input type="checkbox"/> Legal Settlement Income	<input type="checkbox"/> Railroad Retirement Pension	
<input type="checkbox"/> Pension	<input type="checkbox"/> Investment Income	<input type="checkbox"/> Social Security Retirement
<input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> Trust Income	<input type="checkbox"/> Social Security Disability
<input type="checkbox"/> Commissions	<input type="checkbox"/> Dividend Income	
<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> Royalties	<input type="checkbox"/> Rental Income
<input type="checkbox"/> Other disability	<input type="checkbox"/> Annuities	<input type="checkbox"/> Lottery Winnings
<input type="checkbox"/> Public Assistance (Welfare)		
<input type="checkbox"/> Other Income Source _____		

<b>PARENT'S ATTORNEY INFORMATION- Please provide information, if known, about the parent you are filing this application against</b>	
Attorney's Name	Phone
Attorney's Address, City, State Zip Code	



OTHER PARENT LOCATION INFORMATION

<b>BACKGROUND INFORMATION ON THE PARENT.</b> Please provide information, if known, about the parent you are filing this application against.		
<b>Highest Level of Education Completed</b>		
<input type="checkbox"/>	Associate Degree	<input type="checkbox"/>
<input type="checkbox"/>	Doctorate	<input type="checkbox"/>
<input type="checkbox"/>	GED	<input type="checkbox"/>
<input type="checkbox"/>	Graduate Degree	<input type="checkbox"/>
<input type="checkbox"/>	High School Graduate	
<input type="checkbox"/>	High School Not Completed	<input type="checkbox"/>
<input type="checkbox"/>	Post Graduate Degree	<input type="checkbox"/>
<input type="checkbox"/>	Professional	<input type="checkbox"/>
<input type="checkbox"/>	Some College	
<input type="checkbox"/>	Under graduate Degree	
Does the parent belong to any professional/trade associations?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Name:	City	State
Does the parent have any professional/trade licenses?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, License Number:	Type:	Issuing State:

<b>PARENT'S FRIENDS AND RELATIVES -</b> Please provide information, if known, about the parent you are filing this application against		
Maiden Name of the parent's mother		<input type="checkbox"/> Living <input type="checkbox"/> Deceased
Address:	City	State
		Zip Code
Name of the parent's father		<input type="checkbox"/> Living <input type="checkbox"/> Deceased
Address:	City	State
		Zip Code
Spouse/Other - Name:		Relationship:
Address:	City	State
		Zip Code
Does the parent have any other children besides yours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Name	Court Order State	Other Parent Name on the order



<b>PARENT FINANCIAL ASSETS INFORMATION. Please provide information, if known.</b>
<b>Does the parent own any homes or real estate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the address below.
Address of Property (address, city, state, zip code):
Address of Property (address, city, state, zip code):
Address of Property (address, city, state, zip code):
Address of Property (address, city, state, zip code):

<b>Does the parent own a motor/recreational vehicle? If Yes, please provide information below. <input type="checkbox"/> Yes <input type="checkbox"/> No</b>				
<b>Make</b>	<b>Model</b>	<b>Color</b>	<b>State where registered</b>	<b>License No</b>
<b>Make</b>	<b>Model</b>	<b>Color</b>	<b>State where registered</b>	<b>License No</b>
<b>Does the parent own a boat? If Yes, please identify below. <input type="checkbox"/> Yes <input type="checkbox"/> No</b>				
<b>Make</b>	<b>Registration No.</b>		<b>Moored at:</b>	

<b>PARENT PAST EMPLOYMENT INFORMATION List the other parent's past employer(s), if known, about the parent you are filing this application against</b>			
<b>Employer Name</b>	<b>Start Date:</b> _____	<b>End Date:</b> _____	
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Employer Name</b>	<b>Start Date:</b> _____	<b>End Date:</b> _____	
<b>Address:</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>



CHILD(REN) INFORMATION

**INFORMATION ABOUT THE CHILD(REN).** Please provide information for each child for whom you are seeking to establish paternity and/or establish a Child Support/Medical Support Order.

CHILD : 1

Last Name: First Name: Middle Name: Suffix:		Date of Birth	City/State of Birth:	Country of Birth	SSN#: _____ 999-99-9999
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian, Eskimo Or Aleutian <input type="checkbox"/> Other		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Sex (biological designation at birth): <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender (how you identify): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary

CHILD : 2

Last Name: First Name: Middle Name: Suffix:		Date of Birth	City/State of Birth:	Country of Birth	SSN#: _____ 999-99-9999
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian, Eskimo Or Aleutian <input type="checkbox"/> Other		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Sex (biological designation at birth): <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender (how you identify): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary

CHILD : 3

Last Name: First Name: Middle Name: Suffix:		Date of Birth	City/State of Birth:	Country of Birth	SSN#: _____ 999-99-9999
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian, Eskimo Or Aleutian <input type="checkbox"/> Other		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Sex (biological designation at birth): <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender (how you identify): <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary



CHILD : 4

<b>Last Name:</b> <b>First Name:</b> <b>Middle Name:</b> <b>Suffix:</b>	<b>Date of Birth</b>	<b>City/State of Birth:</b>	<b>Contry of Birth</b>	<b>SSN#:</b> _____ 999-99-9999
<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian, Eskimo Or Aleutian <input type="checkbox"/> Other	<input type="checkbox"/> Black	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>Sex(biological designation at birth):</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Gender (how you identify):</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary

CHILD : 5

<b>Last Name:</b> <b>First Name:</b> <b>Middle Name:</b> <b>Suffix:</b>	<b>Date of Birth</b>	<b>City/State of Birth:</b>	<b>Contry of Birth</b>	<b>SSN#:</b> _____ 999-99-9999
<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian, Eskimo Or Aleutian <input type="checkbox"/> Other	<input type="checkbox"/> Black	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>Sex(biological designation at birth):</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Gender (how you identify):</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary



**APPLICANT FINANCIAL INFORMATION:**

Provide us with information about your income and financial situation. Complete this section only if you are requesting the establishment of a support order for the child(ren) listed on this application. The other parent will be asked to complete a similar form. The court uses the financial information on these forms to set the amount of child support. Additionally, it may be used to determine if the support award should be increased or decreased in the future. Please enter ?0 if there is no amount.

**IMPORTANT: You must provide a copy of your most recent federal tax form or your three most recent pay stubs to verify your income. Self-employed persons and business owners must also provide a copy of the most recent federal tax forms for their business. If you are requesting a credit or deduction, you must provide proof of your expenses or obligations.**

<b>Information about your Financial Status.</b>	
<b>Gross Weekly Income. Report your weekly gross income. Divide monthly income by 4.3 and bi-weekly income by 2.6. You will be required to provide proof of your income when requesting support establishment services.</b>	
<b>1. Salary, wages, commissions, bonuses and other payments for services performed</b>	<b>\$</b>
<b>2. Income from operating a business minus ordinary and necessary expenses</b>	<b>\$</b>
<b>3. Social security disability</b>	<b>\$</b>
<b>4. Social Security retirement</b>	<b>\$</b>
<b>5. Veteran's Administration pension</b>	<b>\$</b>
<b>6. Worker's compensation</b>	<b>\$</b>
<b>7. Other pensions, disability or retirement income</b>	<b>\$</b>
<b>8. Unemployment compensation</b>	<b>\$</b>
<b>9. Interest, dividends, annuities or other investment income</b>	<b>\$</b>
<b>10. Income from the sale, trade or conversion of capital assets</b>	<b>\$</b>
<b>11. Income from an estate of a decedent (a will)</b>	<b>\$</b>
<b>12. Alimony or separate maintenance from a previous marriage</b>	<b>\$</b>
<b>13. Income from trusts</b>	<b>\$</b>
<b>14. Other income (specify)</b>	<b>\$</b>
<b>15. Other income (specify):</b>	<b>\$</b>
<b>Total Gross Income (add lines 1 through 15)</b>	<b>\$</b>



**Weekly Exemptions. Report the following deductions from your weekly income.**

<b>1. Number of tax exemptions claimed</b>	
<b>2. Mandatory union dues</b>	\$
<b>3. Mandatory retirement contributions</b>	\$
<b>4. Health insurance premium (must include child(ren) named in the complaint)</b>	\$
<b>5. List each alimony or child support order paid by you, if applicable.</b> <b>A) State and Case Number</b> <b>B) State and Case Number</b>	\$

**Other Dependent Deduction:** Complete this section if (1) you are legally responsible for supporting a child or children other than those named in the support complaint or application, (2) the child or children are living with you and (3) you are requesting credit for the amount spent on raising the other child or children when the support award is calculated. You are legally responsible for all children that are yours by birth or adoption. Answer the questions about the other parent of the child or children (for example, your current spouse who is the biological father of at least one of your children).

<b>1. Number of other legal dependents (you must provide proof of the legal relationship)</b>	
<b>2. Number of tax exemptions that parent of the other child(ren) claims</b>	
<b>3. Weekly gross income of the parent of the other child(ren)</b>	\$
<b>4. Mandatory union dues of the parent of the other child(ren)</b>	\$
<b>5. Mandatory retirement contributions of the parent of the other child(ren)</b>	\$
<b>6. Health insurance premiums paid by the parent of the other child(ren)</b>	\$
<b>7. Alimony or child support orders paid by the parent of the other child(ren)</b>	\$



APPLICANT FINANCIAL INFORMATION Continued...

<b>Credit for Child Care Expenses:</b> Complete this section only if (1) you pay for work related child care for a child or children for whom you and the other parent share a legal responsibility to support and (2) you are requesting a credit for these expenses when your support amount is calculated.	
<b>1. Annual child care cost (if paid weekly multiply by 52; if monthly multiply by 12)</b>	<b>\$</b>
<b>Child care provider name</b>	

<b>Income Received by the Child(ren) from the other parent:</b> Complete this section if your child(ren) receive regular payments in the name of the other parent (e.g., social security supplements or veteran's benefits apportionment's).	
<b>1. Source of benefit(s);</b>	
<b>2. Weekly amount of benefits (requires proof)</b>	<b>\$</b>



## Title IV-D Certification

I, \_\_\_\_\_ (applicant's printed name), am requesting Full IV-D Child Support Services (\$6 fee) for location; paternity, child support and/or medical support establishment; and enforcement actions.

I hereby certify that the information provided in this application is true, accurate and complete to the best of my knowledge. I understand that any falsification, omission, or concealment of material fact may jeopardize my child support case and the services I may be eligible to receive from the Child Support Program. I understand that the Child Support Program may share information that I have provided with other entities to the extent permitted by law.

### Terms and Conditions

By signing, I acknowledge that I understand and agree to the following terms and conditions:

- I will provide all available information and documentation to the Child Support Program upon request;
- Information collected by the Child Support Program, including but not limited to Social Security Numbers, addresses and employment information, is confidential and will not be released to the other party or a third party without your permission;
- Information collected by the Child Support Program may be shared with authorized entities permitted by law to support the services requested;
- The Child Support Program will report your health insurance information to the NJ Division of Medical Assistance and Health Services if you or your child(ren) receive Medicaid benefits under Title XIX of the Social Security Act;
- Additional confidentiality safeguards shall be applied to my case if there is evidence of domestic violence or child abuse;
- I will immediately inform the Child Support Program of any new or changed information including my address, telephone or custody of a child;
- I will appear for appointments (in-person or virtual) upon request;
- I will provide the Child Support Program with the name and address of my attorney, if I choose to hire one;
- I will not accept any support payments directly from the obligor;
- If I receive a support payment directly from the obligor, I will immediately forward the payment to the New Jersey Family Support Payment Center so that it may be properly applied to my case;
- I am not entitled to any interest on support payments for any period of time that it may be held pending distribution;
- If a State or Federal tax refund is intercepted to recover past due support, the tax refund funds may be held for up to six months before they are applied to your child support case;
- If a State or Federal joint tax refund is intercepted to recover past due support and the Internal Revenue Service determines that the obligor's spouse is entitled to their share of the tax refund, you will be required to reimburse the Child Support Program for the spouse's amount;
- The Child Support Program may terminate my child support services and/or close my case if I fail to cooperate as requested.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

