

**MARYLAND DEPARTMENT OF HUMAN RESOURCES
Child Support Enforcement Administration
INFORMATION FOR SUPPORT ENFORCEMENT SERVICES**

Please complete this form carefully and provide as much detailed information as possible. Legibly print the answers on this form. If you are the custodial parent, complete a separate form for each noncustodial parent from whom you want support. The accuracy of the information you provide may affect how your case is handled. If you do not understand any questions on this form, please call 1-800-332-6347.

SECTION I: CUSTODIAL PARENT – (PARENT OR RELATIVE WITH WHOM THE CHILDREN RESIDE)

Full legal name (First, Middle, Last)		Maiden Name	Alias Name
Address		Sex	Date of birth
City	State	Zip Code	Race
		Social Security number	Driver's license number
Home phone	Business phone	Pager/cell phone	E-mail/web address
Employer's name		Employer's address	
Name of nearest relative		Relationship	Phone number
Address		City	State
			Zip Code

SECTION II: SUPPORT – CHILDREN:

	Name	Social Security Number	Date of Birth	Birthplace	Sex	Race	Relationship to you
1)	_____	_____	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____	_____	_____
4)	_____	_____	_____	_____	_____	_____	_____
5)	_____	_____	_____	_____	_____	_____	_____

1. If you are the biological mother of the child(ren), were you married to a man other than the noncustodial parent at the time the child(ren) were conceived or born? Yes No
2. What is your relationship to the noncustodial parent?
 Never married Currently married Separated Divorced Other _____
3. Date married: _____ State where married: _____ Date/place divorced/separated: _____

(OVER)

4. If separated, have divorce proceedings been started by a private attorney and/or is court action currently pending? Yes No

If yes, please list name, address, and phone number of the attorney and the County and State in which court action is pending: _____

Is child support included in this action? Yes No

5. If the parents were not married: Has paternity been established for the child(ren)? Yes No

Was an Affidavit of Parentage signed to add the father's name to the birth certificate? Yes No

6. If you answered YES to question #5, please list the children for whom paternity has been established or an Affidavit of Parentage signed:

7. Do you have a court order for child support from this noncustodial parent? Yes No

8. If you answered yes to #4, 5, 6, or 7 above, show where paternity/support was ordered. Include a copy of the order with your application.

County	State	Court docket #	Date of order
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9. Does the noncustodial parent pay support? Yes No

10. If yes or sometimes, to whom does the noncustodial parent pay support?

To you To a child support agency Other _____

11. Name and address of the child support agency: _____

12. Date support last paid: _____ Amount: \$ _____

13. Is support paid by a military allotment? Yes No

14. Have you ever received Temporary Cash Assistance (TCA, formerly AFDC or "welfare"), Medical Assistance, or previously applied for Child Support Services? Yes No

If yes, list the County and State: _____ Date of last TCA check if applicable: _____

SECTION III – NONCUSTODIAL PARENT (Parent from whom you want support)

Full legal name	(First, Middle, Last)	Alias/Nickname	Home phone	Business phone
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Date of birth	Race	Sex	Social Security number	Pager/cell phone number
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SECTION IV – HEALTH INSURANCE

1. Is employer sponsored health insurance available to the noncustodial parent? Yes No Unknown

2. Does the noncustodial parent carry health insurance for the child(ren)? Yes No

If no, do you want the noncustodial parent to carry health insurance for the child(ren)? Yes No

3. Is health insurance available to you through your employer? Yes No

4. Do you carry health insurance for the child(ren)? Yes No

If yes, are you providing health insurance because the noncustodial parent does not provide health insurance for the child(ren)? Yes No

5. Does anyone else, such as a stepparent or grandparent, carry health insurance for the child(ren)? Yes No

If yes, provide name and relationship to the child(ren). _____
Name Relationship

6. Name, address, and phone number of health insurance company covering child(ren). _____

Policy number: _____ Group number: _____ Effective date: _____

Policy expiration date: _____

7. Name and address of employer providing the health insurance. _____

8. Name of child(ren) covered by the health insurance. _____

9. Type of coverage provided: (Check appropriate coverage)

- HMO PPO/PPN POS Pharmacy Dental Vision Hospital services
 Physician services