

APPLICATION FOR CHILD SUPPORT SERVICES REQUEST DATE: _____

(A) NAME (Last, First, M.I.) Relationship to Children Social Security No. Date of Birth
CLIENT
ADDRESS-Legal Residence (Street, City, State, Zip) Telephone Number (Include Area Code)

Home Business
(B) NAME (Last, First, M.I.) Relationship to Applicant Social Security No. Date of Birth
ABSENT
Parent ADDRESS-Legal Residence (Street, City, State, Zip) Telephone Number (Include Area Code)

Home Business
Employer Name/Address (Current or Last Known) Telephone Number (Include Area Code)

Place of Birth Mother's Maiden Name Father's Full Name Date of Desertion

(C) NAME (Last, First, M.I.) Date of Birth Social Security No.
CHILD(REN)

AFFIRMATION- I hereby apply pursuant to Social Services Law § 111-g and 111-h for child support services under Title IV-D of the Social Security Act as amended. I subscribe and affirm under penalty of perjury that this application is made for the sole purpose(s) of obtaining assistance in establishing paternity and/or obtaining child support from an individual who is (or may be) legally responsible for the support of dependent children; and that statements made in this application or accompanying document have been examined by me and to the best of my knowledge and belief are true and correct.

In making this application for child support services, I authorize the Child Support Enforcement Unit, its agents and employees to undertake any investigation necessary, including a review of any records that involve the child support obligation which may be on file in any County Clerk's Office, which records would otherwise be protected from disclosure by Section 235 of the Domestic Relations Law.

SIGNATURE _____ DATE _____

COMPLETE THIS SECTION FOR LEGAL SERVICES FOR MEDICAID ONLY CLIENTS

I hereby request legal services as provided by Monroe County Child Support Enforcement for legal proceedings related to establishment, enforcement or modification of a child support in Family Court for dependents in receipt of Medicaid.

SIGNATURE _____ DATE _____
X

COMPLETE THIS SECTION ONLY IF LEGAL REPRESENTATION IS REQUESTED for non-MA clients
RIGHT TO RECOVERY MUST BE SIGNED IN THE PRESENCE OF A IV-D STAFF MEMBER FOR LEGAL SERVICES.

I assign to the Monroe County Department of Social Services and New York State the title to and right to receive up to 25 % of each child support payment to be received by me on behalf of children listed above until such time that DSS is reimbursed for actual costs incurred to providing the necessary services(s) requested. If child support payments are made payable through the Support Collection Unit (S.C.U.) I authorize the S.C.U. to pay the Monroe County Department of Social Services the amounts assigned above. I understand that if I do not reimburse the Monroe County Department of Social Services and New York State for these costs out of child support payments receive by me, they may initiate a civil proceeding, the total costs for which I will be responsible to pay.

X _____
Signature Date

New York
Monroe

_____ day of _____, 200____, _____, to me known to be the individual described in and who executed the foregoing instrument and acknowledge that he executed the same.

X _____
Commissioner of Deeds expires on date.

APPOINTMENT DATE _____ WITH _____
CSMS: _____ STATUS: _____
NOTES: