LAC COURTE OREILLES
CHILD SUPPORT SERVICES

Application for Services

13526 W Trepania Rd. – Suite 202

Phone: 715-318-5916 * Fax: 715-318-6080

- Please fill out this application as completely as possible. If you have questions about this application or need assistance in completing it, please let us know.
- There is no application charge for initial services, however if you request your case to be closed, an application charge of $25 ***may*** apply if you request it to be re-opened at a later date.
- If you are unsure of information or do not know some of information leave that portion blank.
- The more information you can provide the better job your worker can do on your case.
- If the children have different mothers or fathers, use a separate application for each parent.

For office use only:

Date of Request: ______________________ Fees Due: $____________ Fees Waived: ☐ Yes ☐ No

Case Type: ☐ IV-D ☐ Non-IV-D ☐ FIP/TANF ☐ Food Share ☐ Medicaid ☐ Locate Only
☐Paternity Only ☐ Inter-Jurisdictional Referral

SECTION 1: APPLICANT INFORMATION

This is the person **applying** for services.

Applicant's Full Name: ____

Your Relationship to Child(ren): ☐ Mother ☐ Father ☐ Grandparent ☐ Guardian ☐ Potential Father ☐ Other

If you are not the parent, give parent's names: Mother ______________________________
Father ______________________________

SERVICES REQUESTED: (Please check all that apply)

☐ Establish Paternity
☐ Establish Child Support Order
☐ Enforce (Collect) Child Support
☐ Review Support Order (Modification Request)
☐ Establish Medical Support Order
☐ Locate Absent Parent

We take the safety of families receiving child support services seriously. We don't share your answers with the other parent(s). Any time your answers to the questions below change, please let us know right away.

1. Would you have any concerns with being in the same room or court room as the other parent or parents?
   ☐ Yes ☐ No ☐ Unsure ☐ Prefer to talk to case worker in person

2. Would you have any safety concerns seeing the other parent or parents at exchanges for parenting time?
   ☐ Yes ☐ No ☐ Unsure ☐ Prefer to talk to case worker in person

3. Are there times that you are afraid of the other parent or parents?
   ☐ Yes ☐ No ☐ Unsure ☐ Prefer to talk to case worker in person

4. Would you be concerned if the other parent or parents knew your address or how to contact you?
   ☐ Yes ☐ No ☐ Unsure ☐ Prefer to talk to case worker in person

5. Do you have any safety concerns about the **child(ren)** spending time with the other parent?
   ☐ Yes ☐ No ☐ Unsure ☐ Prefer to talk to case worker in person

6. Are you concerned on how the other parent may respond if they knew you were seeking child support?
   ☐ Yes ☐ No ☐ Unsure ☐ Prefer to talk to case worker in person

7. Has a restraining order or protective order ever been issued between you and the other parent(s)?
   ☐ Yes ☐ No ☐ Prefer to talk to case worker in person
   If "YES", please attach a copy of this order and provide the following information:
   County/Tribe/State: Court Case Number:____________________ Expiration Date:_________________

8. Would you be comfortable with receiving information or services regarding you or your child(ren)s safety?
   ☐ Yes ☐ No ☐ Unsure ☐ Prefer to talk to case worker in person

9. LCO Child Support and Judicare Legal Aid, as part of the LCO Gaawin Geyaabi project, are working together to provide information on parenting time. Judicare can provide general information on parenting time (up to 1 hour) via a consultation. This consultation does not create a lawyer-client relationship. Are you interested in being referred to Judicare for a 1 Hour Consultation on parenting time? ☐ Yes ☐ No

For office use only:

Mark Case with FVI: ☐ Yes ☐ No Provide Referral/Resource Information: ☐ Yes ☐ No

Grant Good Cause based upon Child Support Determination: ☐ Yes ☐ No

10. **SECTION 2: CUSTODIAL PARTY (CP) INFORMATION [Who the children live with or has court ordered placement of the child(ren) or who the mother is if Paternity has not been established]**

Custodial Party's Name (Last, First, Middle, Suffix – Sr., Jr., etc.)				Maiden Name or Alias
Social Security Number	Date of Birth	Age	☐ Male ☐ Female	Tribal Affiliation / Enrollment Number List Enrollment # if enrolled
Birth City	Birth County		Birth State	Do you have a disability? If yes, please describe:
Home Phone	Work Phone		Cell Phone	
Physical Address				
City		State and Zip Code		Who can we contact for you in an Emergency? Name & Phone Number
Mailing Address (☐ check if same as Physical Address)				
City		State and Zip Code		Zip
Member of Military? ☐ Yes ☐ No	If yes, ☐ Active ☐ Retired	Branch:		
Date(s) of Service From: To:			Do you receive Veteran's Benefits? ☐ Yes ☐ No	

If Applicant is Child(ren)'s parent, please check current marital status:

☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Never Married

Current relationship to absent parent:

☐ Married	Date	State	County	City
☐ Separated	Date	State	County	City
☐ Divorced	Date	State	County	City
☐ Annulled	Date	State	County	City

*****IMPORTANT*****

If a child was conceived or born during a marriage, the law presumes that the husband is the legal father. If you were married at the time the child was conceived or born and believe that someone other than your husband may have been the father, LCO Child Support Services will not proceed with your application. LCO Child Support cannot provide services to disestablish paternity. If you were not married, leave blank.

Name	Date of Birth		Social Security Number
Street Address	City		State / Zip

SECTION 2: CUSTODIAL PARTY INFORMATION CONTINUED [INFORMATION ABOUT APPLICANT]

Has the custodial party ever received any of the following:		
Child Support Services ☐ Yes ☐ No	State/Tribe received from:	Dates Received:
T.A.N.F./F.I.P. ☐ Yes ☐ No	State/Tribe received from:	Dates Received:
Food Share ☐ Yes ☐ No	State/Tribe received from:	Dates Received:
Medicaid ☐ Yes ☐ No	State/Tribe received from:	Dates Received:
Child Care ☐ Yes ☐ No	State/Tribe received from:	Dates Received:

Custodial Party's Employment and Income

Employer Name:				
Address:			State	Zip
Phone Number:		Fax Number:		
Your Start Date:	Job Title:	Hours Worked Per Week:	Hourly Pay Rate: $	How often are you paid? ☐ Daily ☐ Weekly ☐ Bi-Weekly ☐ Monthly
Do you have an Occupational/Professional License? ☐ Yes ☐ No	If Yes, type of license:			
Other sources of income: (describe, amount, and how often received)				

SECTION 3: CHILD CARE INFORMATION

Do you have child care Expenses? ☐ Yes ☐ No

Names of children receiving child care:

1. ______________________________

2. ______________________________

3. ______________________________

4. ______________________________

Number of Hours per week for child care:	Cost per Hour: $
Name, Address, Phone # of Child Care Provider: ____________________ ____________________ ____________________ ____________________	Check reason for child care: ☐ Work Related ☐ Looking for Employment ☐ Enrolled in educational program to improve employment opportunities.

SECTION 4: NON-CUSTODIAL PARTY (NCP) OR ALLEGED FATHER INFORMATION

This is the parent who does not reside in the home the child mainly lives at and/or the alleged father.

Non-Custodial Party's Name (Last, First, Middle, Suffix – Sr., Jr., etc.)				Maiden Name or Alias	
Social Security Number (SSN)	Date of Birth (DOB)	Age	☐ Male ☐ Female	Tribal Affiliation / Enrollment Number List enrollment # if enrolled:	
Birth City		Birth County		Birth State	Birth Country
Home Phone If unknown – how do you contact?		Work Phone		Cell Phone (If unknown, how do you contact?)	
Physical Address ☐ Current ☐ Last Known					
City				State	Zip
Mailing Address (☐ check if same as Physical Address) ☐ Current ☐ Last Known					
City				State	Zip
Member of Military? ☐ Yes ☐ No	If Yes, ☐ Active ☐ Retired			Branch:	
Date(s) of Service: From: To:			Do they receive Veteran's Benefits? ☐ Yes ☐ No ☐ Unknown		

Distinguishing Marks (Tattoos, scars, birth marks, etc.)	Height	Weight	Eyes	Hair	Race

Current Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown		
Mother's Maiden Name	Father's Name	
Has Non-Custodial Party ever been convicted of a crime? ☐ Yes ☐ No	Date and Place of Arrest?	Probation/Parole Officer:
Date(s) Non-Custodial Party lived in Custodial Party's household: From: To: City/State:		

Please provide any additional information you believe would be helpful to locate this person. Include names and addresses of friends or relatives who might know how to locate this person. Please include a picture of the person if possible.

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SECTION 4: NON-CUSTODIAL PARTY (NCP) INFORMATION (continued)

Non-Custodial Party's Employment and Income				
Employer Name:				
Address:			State	Zip
Phone Number:		Fax Number:		
Start Date:	Job Title:	Hours worked per week:	Hourly pay Rate: $	How often are they paid? ☐ Daily ☐ Weekly ☐ Bi-Weekly ☐ Monthly
Does Non-Custodial Party have an Occupational/Professional License? ☐ Yes ☐ No ☐ Unknown		If Yes, type of license:		
Health Insurance Available (check all that apply) ☐ Medical ☐ Dental ☐ Optical	List all persons covered by the Health Insurance: ______ ______ ______ ______	Premium amount paid: $ ______ Family Plan $ ______ Single Plan	Per: ☐ Pay Period ☐ Week ☐ Month	
Other sources of income: (describe, amount, and how often received)				

SECTION 5: CHILD(REN)'S INFORMATION

Complete for the child(ren) you are requesting services for. If more space is needed, copy this page or print on back of page.

Child's Name (Last, First, Middle, Suffix – Sr., Jr., etc.)			Child's Nickname		
Social Security Number	Age	☐ Male ☐ Female	Tribal Affiliation/Enrollment # List enrollment # if enrolled. Do not list if child not enrolled.		
Date of Birth	Birth City	Birth State	Birth County	Birth Country	Is the name of the Father on Child's Birth Certificate? ☐ Yes ☐ No ☐ Unknown
Were parents married when this child was born? ☐ Yes ☐ No	If No, did father sign voluntary acknowledgement form? ☐ Yes ☐ No ☐ Unknown	If yes, State: ______ Agency:			
Where does the child live most of the time? ☐ Mother ☐ Father ☐ Both Equally (Joint Custody) ☐ Not yet decided by the court	Do you have custody of this child? ☐ Yes ☐ No If No, who has custody:	Date Custody Obtained: ______ County and State of Order:			
Is there an existing support order for this child? ☐ Yes ☐ No	County and State where Order was entered:	Date of Order: ______ Case Number:			
Who are child support payments made to? ☐ State ☐ Tribe ☐ Custodial Party		Is this child covered by health insurance? ☐ Yes ☐ No			
Is child still in school? ☐ Yes ☐ No		Anticipated Graduation Date:			
School Name	Address	City	State	Zip	
Does this child have a disability? ☐ Yes ☐ No If yes, describe: ______		Does child receive Social Security Benefits? ☐ Yes ☐ No If yes, check one: ☐ SSI ☐ SSDI Amount: $______ / per month			

SECTION 5: CHILD(REN)'S INFORMATION (continued)

Child's Name (Last, First, Middle, Suffix – Sr., Jr., etc.)	Child's Nickname

Social Security Number	Age	☐ Male ☐ Female	Tribal Affiliation/Enrollment # List enrollment # if enrolled. Do not list if child not enrolled.

Date of Birth	Birth City	Birth State	Birth County	Birth Country	Is the name of the Father on Child's Birth Certificate? ☐ Yes ☐ No ☐ Unknown

Were parents married when this child was born? ☐ Yes ☐ No	If No, did father sign voluntary acknowledgement form? ☐ Yes ☐ No ☐ Unknown	If yes, State: ______ Agency:

Where does the child live most of the time? ☐ Mother ☐ Father ☐ Both Equally (Joint Custody) ☐ Not yet decided by the court	Do you have custody of this child? ☐ Yes ☐ No If No, who has custody:	Date Custody Obtained: ______ County and State of Order:

Is there an existing support order for this child? ☐ Yes ☐ No	County and State where Order was entered:	Date of Order: ______ Case Number:

Who are child support payments made to? ☐ State ☐ Tribe ☐ Custodial Party	Is this child covered by health insurance? ☐ Yes ☐ No
Is child still in school? ☐ Yes ☐ No	Anticipated Graduation Date:

School Name	Address	City	State	Zip

Does this child have a disability? ☐ Yes ☐ No If yes, describe: ______	Does child receive Social Security Benefits? ☐ Yes ☐ No If yes, check one: ☐ SSI ☐ SSDI Amount: $______ / per month

SECTION 6: HEALTH/MEDICAL INSURANCE INFORMATION

Who is the PRIMARY policy holder for the child(ren)'s health insurance? ______ (Name) ______ (Relationship to child(ren))

Name, Address and Phone Number of MEDICAL Insurance company:	Policy Number: ______ Group Number:	Effective Date: ______
Name, Address and Phone Number of DENTAL Insurance company:	Policy Number: ______ Group Number:	Effective Date: ______
Name, Address and Phone Number of OPTICAL Insurance company:	Policy Number: ______ Group Number:	Effective Date: ______

What dependent insurance coverage is available to you at no cost? ☐ Medical ☐ Dental ☐ Optical

What dependent insurance coverage is available to you by payment of a premium? (specify cost per pay period)

☐ Medical $______ per ______ ☐ Dental $______ per ______ ☐ Optical $______ per ______

List all the individuals currently covered by your insurance and check which type of insurance is available to each:

Name	Birth Date	Relationship	Medical	Dental	Optical
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐

SECTION 7: ADDITIONAL INFORMATION THAT MAY BE HELPFUL TO LOCATE THE OTHER PARENT(S) OR INFORMATION YOU WOULD LIKE YOUR CASEWORKER TO KNOW:

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SECTION 8: INSTRUCTIONS FOR DOCUMENTATION AND FINALIZING YOUR APPLICATION.

Please provide a copy of the following documents when you submit this application:

- ☐ **All orders currently in place for each child listed (Divorce, Custody or any Orders related to the children)**
- ☐ **Your driver's license or other government issued ID;**
- ☐ **Your tribal enrollment card;**
- ☐ **Your social security card;**
- ☐ **Your four (4) most recent paycheck stubs (or a statement from your employer(s) of year to date earnings.**
- ☐ **Child(ren)'s social security card(s);**
- ☐ **Child(ren)'s birth certificate(s);**
- ☐ **Child(ren)'s tribal enrollment card(s) (if enrolled).**

SECTION 9: STATEMENT OF UNDERSTANDING:

I understand that by submitting this application to Lac Courte Oreilles Child Support Services, I am requesting child support services under Title IV-D of the Social Security Act. I further understand that some enforcement services, such as tax offset, may be provided through a referral to the State of Wisconsin or other state IV-D agency.
I understand that information I may provide will be kept from the general public but may be used as needed to collect support or locate the parent.
I understand that LCO Child Support Services is an equal opportunity service provider and that if I need assistance in completing this application, accommodations can be made to assist me upon my request.
I understand that the LCO Child Support Services Attorney does not represent either party but rather represents LCO Child Support Services interest in establishing and enforcing a support order.
I understand that information provided on this form and attachments will be maintained for services with LCO Child Support Services.
I understand all questions asked on this Application for Services.
I understand I have the right to have my case marked with Privacy Protection when I complete a request for it be done.
I understand that if I do not respond to requests for information, appointment scheduling or the like from LCO Child Support within thirty (30) days from the date of this application, my case will be closed following the lapse of thirty (30) days and I will need to submit a new application should I wish to apply for services again in the future.

I declare that the information I provided in this application is true and accurate to the best of my knowledge.

______________________________________ ______________________

Applicant Signature Date

Please attach copies of all court orders, judgments, decrees or stipulations involving child support or child custody. Whenever there are changes in the information in the future, please send copies to LCO Child Support.