



INDICATOR NAME:	Family Violence Indicator
SETTING CRITERIA:	<u>IV-D</u> -- Self-report (Written) Good cause status (TANF; domestic violence situations only) <u>IV-D & Non IV-D</u> -- Protection order
ELIGIBLE PEOPLE:	<u>People Directly Protected</u> -- Victims <u>Others Protected</u> -- All household members involved in the victim's MD child support cases or orders (Automatic)
IMPACT:	Sends FV Indicator to FCR Prompts greater worker care with case data and processing Permits county-specific safeguards to begin
DURATION:	Indefinite
REMOVAL CRITERIA:	Victim request (Written)
OVERRIDE:	Preliminary procedure in place/draft materials available

Materials

In Maryland, the Family Violence (FV) Indicator appears on both the “IV-D Case Member” screen and on the “Case Status” screen. Samples of those screens are included below with the FV Indicator highlighted in **bold**.

SCREEN NAME: IV-D CASE MEMBERS
 SCREEN ID: MESI010U

1	2	3	4	5	6	7	8
01234567890123456789012345678901234567890123456789012345678901234567890							
1MESI010U		CASE MANAGEMENT			CISXXX	/	/
2CASE:		IV-D CASE MEMBERS				:	:

4CASE JURISDICTION: XX		AGENCY: X					
5							
6ACT SEQ LAST NAME		FIRST NAME		MIDDLE NAME	SUF	CLIENT ID	
7 SSN	SEX	DOB		TYPE	RACE	FV	PO
8							
9 X	XX	XXXXXXXXXXXXX		XXXXXXXXXX	XXXX	XXXXXXXXXX	
10		XXX-XX-XXXX	X	XXXXXXXXXX	XX	X	X
1							
2 X	XX	XXXXXXXXXXXXX		XXXXXXXXXX	XXXX	XXXXXXXXXX	
3		XXX-XX-XXXX	X	XXXXXXXXXX	XX	X	X
4							
5 X	XX	XXXXXXXXXXXXX		XXXXXXXXXX	XXXX	XXXXXXXXXX	
6		XXX-XX-XXXX	X	XXXXXXXXXX	XX	X	X
7							
8 X	XX	XXXXXXXXXXXXX		XXXXXXXXXX	XXXX	XXXXXXXXXX	
9		XXX-XX-XXXX	X	XXXXXXXXXX	XX	X	X
20							
1							
2							
3							
4F1	F3			F7	F8	F9	
5HELP	EXIT			SCR UP	SCR DN		POPUP

MARYLAND DEPARTMENT OF HUMAN RESOURCE
Child Support Enforcement Administration

APPLICATION FOR SUPPORT ENFORCEMENT SERVICES

Support enforcement services include:

- ☆ Searching for the other parent
- ☆ Legally establishing paternity
- ☆ Establishing a court order for child support and health insurance coverage
- ☆ Collecting support payments
- ☆ Enforcing the court order
- ☆ Reviewing and modifying the court order *(All court orders established or modified are subject to periodic review for modification in accordance with the child support guidelines.)*

SECTION I: CASE INFORMATION
APPLICANT

Your Name (First, Middle, Last)	Home Phone	Business Phone
Your Address	City	State Zip Code
Your Social Security Number	Your Date of Birth	
Name of Other Parent (First, Middle, Last)	Home Phone	Business Phone
Other Parent's Address	City	State Zip Code
Other Parent's Social Security Number	Other Parent's Date of Birth	<input type="checkbox"/> I believe that disclosure of my address or other identifying information might result in physical or emotional harm to me or my child.

CHILDREN

Name	Date of Birth	Social Security Number
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

SECTION II: LEGAL REPRESENTATION

An attorney working in the child support enforcement program represents the Child Support Enforcement Administration of the State of Maryland. The attorney **does not** represent you or your personal interest and there is no attorney-client relationship between you and the attorney, between you and the child support office, or any employees thereof. Any information you provide may not be treated as confidential, except as provided by law. You may be required to appear as a witness in court. Your failure to appear for court pursuant to an order or subpoena could result in your arrest.

I am applying for support enforcement services on behalf of the child(ren) listed above. I understand that I may have to pay a \$25.00 application fee which will not be refundable even if the agency does not succeed in getting support for the child(ren).

Signature	Date
-----------	------

DO NOT WRITE BELOW THIS LINE

SECTION III: SERVICES REQUIRED

- | | |
|---|--|
| <input type="checkbox"/> All establishment/enforcement services | <input type="checkbox"/> Collection/enforcement |
| <input type="checkbox"/> Location of other parent | <input type="checkbox"/> Modification |
| <input type="checkbox"/> Establishment of paternity | <input type="checkbox"/> Establishment/enforcement of health insurance |
| <input type="checkbox"/> Establishment of court order | only |

SECTION IV: VALIDATION

- | | |
|---|---|
| <input type="checkbox"/> \$25 application fee paid. | <input type="checkbox"/> Medical Assistance client. Fee does not apply. |
| <input type="checkbox"/> Fee previously paid. | <input type="checkbox"/> TCA applicant-fee deferred. |
| <input type="checkbox"/> No fee paid. Explanation: | |

Validator's Signature (Child Support Staff Person)	Title	Date
--	-------	------

DHR/CSEA 980-A (Revised 3/99) *Previous editions are obsolete.*

WHITE -- CSE Case Record Copy YELLOW -- CSE Fiscal Copy PINK -- Custodial Parent Copy