

CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES

P.O. Box 419064, Rancho Cordova, CA 95741-9064



June 25, 2004

CSS LETTER: 04-14

ALL IV-D DIRECTORS
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL BOARDS OF SUPERVISORS

SUBJECT: NONASSISTANCE APPLICATION FOR CHILD SUPPORT SERVICES

REFERENCE: ORANGE COUNTY PILOT PROJECT

The Orange County Department of Child Support Services (Orange County DCSS) has implemented a pilot program utilizing an abbreviated nonassistance application form. The pilot results indicate that the abbreviated application, coupled with the follow-up activities conducted by the Orange County DCSS, significantly improve customer participation. As a result, the Department of Child Support Services (DCSS) has utilized the Orange County DCSS form as the basis for development of an abbreviated version of the current nonassistance application form for optional use by local child support agencies (LCSAs).

This letter transmits the "Nonassistance Application for Support Services," (DCSS 0373) dated 5/26/04. This form may be used for nonassistance applicants as an alternative to the "Application for Support Services," CSS 2101, dated (01/02). The following DCSS forms must accompany the abbreviated nonassistance application form, DCSS 0373: CS 196, "Child Support Services Program Notice," dated (01/02); CSS 2111, "Health Insurance Information," dated (09/01/01); CSS 2115, "Request for Support Services," dated (02/02) and CSS 2142, "Child Support Domestic Violence Questionnaire," dated (01/02).

The LCSA must conduct the appropriate follow-up activities based on the information provided in the application. These activities consist of, but are not limited to, reviewing the forms for completion, determination of the existence of a child support order(s), interviewing the applicant to collect additional information, and providing the applicant the following forms, if appropriate: CSS 2105, "Child Care Verification," dated (09/01/01); CSS 2107, "Visitation Verification," dated (09/01/01); and CSS 2109, "Declaration of Support Payment History," dated (09/01/01).

Reason for this Transmittal

- State Law or Regulation Change
- Federal Law or Regulation Change
- Court Order or Settlement Change
- Clarification requested by One or More Counties
- Initiated by DCSS

CSS Letter: 04-14

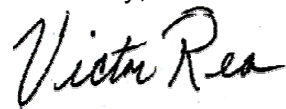
June 25, 2004

Page 2

LCSAs may begin using form DCSS 0373 effective with the date of this letter. However, any changes to the current consortia must be completed using existing funds and resources and must not interfere with the California Child Support Automation System (CCSAS) development. It is anticipated that the abbreviated application will be incorporated by DCSS into CCSAS. A Protected Document Format (PDF) copy of the form, as well as a JetForm version are attached.

We would like to thank the Orange County DCSS for its efforts to develop and pilot the abbreviated application form. If you have any questions or concerns regarding this matter, please contact Eddie Yamamoto, Manager of the Case Management Establishment Policy Unit, at (916) 464-5229.

Sincerely,

A handwritten signature in black ink that reads "Victor Rea". The signature is written in a cursive, flowing style.

VICTOR M. REA
Acting Deputy Director
Child Support Services Division

Attachment

cc: Outreach Coordinators

INSTRUCTIONS FOR COMPLETING THE NONASSISTANCE APPLICATION FOR CHILD SUPPORT SERVICES

DCSS 0373 (05/26/04)

The processing of your case depends upon the information you provide on this form. Please provide as much information as possible. Answer every question completely. If you do not know the answer, print "UNKNOWN." If the question does not apply, print "N/A."

Before you begin, please read the Child Support Handbook. This book explains the services available through the local child support agency. Also, read the Child Support Enforcement Program Notice. This notice explains your responsibility to the local child support agency and the local child support agency's responsibility to you. The local child support attorneys or Attorney General or any of their representatives are not your attorney or the child(ren)'s attorney.

Please complete all the forms in BLACK INK and PRINT clearly.

FACTS ABOUT CUSTODIAL PARTY OR GUARDIAN AND CHILD(REN)

This section is about the person or party who has primary custody of the child(ren). Please complete the entire section. If you are the custodial party, be sure to give us a telephone number where you may be reached during the day.

If the children named in the application have different noncustodial parents, a separate application must be completed for each noncustodial parent. If you need additional space for any section, attach a separate sheet of paper or use the Comment Section provided at the end of the first page.

Please list all the child(ren) of the parents named for whom support services are being requested. Complete the full name of each child, including first name, middle name, last name, and suffix (Jr., Sr., III, etc.)

There are several questions within this section related to determining the biological father of the child(ren) named in the application. One question asks whether a Declaration of Paternity has been signed. The Declaration of Paternity is a legal form that, when signed (usually at the hospital or clinic) by both parents, says the man is the legal father. Signing the form and submitting it to the Department of Child Support Services legally establishes the man as the child's father without having to go to court.

A second question asks whether a Paternity Judgment has been established. A Paternity Judgment is an order from the court that, through the legal process, determines the biological father of the child(ren). Determining the biological father is necessary before child support can be ordered by the court.

Comments: You may use this section as extra space, if needed, or add any additional information you think might help us establish or enforce an order for the child(ren). You may include information about the other person's temper, whether they own rifles or handguns, if they have made threats against you or the child(ren), etc.

FACTS ABOUT NONCUSTODIAL PARENT

If you are the Custodial Party, this section may require you to look through old papers to find some of the information requested. The more information we have in this section the better and faster we will be able to serve you.

If at all possible, please provide the noncustodial parent's Social Security Number or numbers. If you do not know the exact date of birth, provide the approximate age.

Please provide any and all financial information about the noncustodial parent. Attach additional page(s) as needed or use the Comment Section on the first page.

If you are the noncustodial party, be sure to give us a telephone number where you may be reached during the day.

SIGNATURE OF APPLICANT

We will not be able to open this case without your signature. Your signature indicates that you have answered the questions on the application to the best of your ability and that you want to open this case. It also indicates that you have read the information provided above the signature line carefully.

NONASSISTANCE APPLICATION FOR CHILD SUPPORT SERVICES

DCSS 0373 (05/26/04)

I AM THE: CUSTODIAL PARTY NONCUSTODIAL PARENT

APPLICANT NAME (PERSON COMPLETING THIS FORM)

NOTE: The custodial party is the person or party who has primary custody of the minor children.

FACTS ABOUT CUSTODIAL PARTY OR GUARDIAN AND CHILD(REN)

FULL NAME (LAST, FIRST, MIDDLE)		TELEPHONE NUMBERS		BEST TIME TO BE REACHED	
MAIDEN NAME (IF APPROPRIATE)		RELATIONSHIP TO CHILD(REN)		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
NAME OF CURRENT SPOUSE		<input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> OTHER (SPECIFY)		BEST NUMBER TO BE REACHED AT	
ADDRESS (STREET, CITY, STATE AND ZIP CODE)		E-MAIL ADDRESS		<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/> OTHER	

Does the custodial party currently live with the noncustodial parent? YES NO (If "NO", give date and address last lived together)

DATE	ADDRESS (STREET, CITY, STATE AND ZIP CODE)						
SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	STATE	BIRTHDATE OR APPROXIMATE AGE	PLACE OF BIRTH	RACE	PRIMARY LANGUAGE SPOKEN IN HOME	GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE

NAME OF PRESENT EMPLOYER - IF NOT CURRENTLY WORKING, PRINT "UNEMPLOYED" HERE		JOB TITLE OR OCCUPATION		GROSS MONTHLY EARNINGS \$	
ADDRESS OF PRESENT EMPLOYER (STREET, CITY, STATE, AND ZIP CODE)		IS HEALTH INSURANCE AVAILABLE FOR CHILDREN? <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME AND TELEPHONE NUMBER OF A RELATIVE OR FRIEND	

Date and place of marriage (If never married, check "None")				Date and place of divorce (If no divorce, check "None")			
DATE OF MARRIAGE TO NONCUSTODIAL PARENT	COUNTY	STATE	<input type="checkbox"/> NONE	DATE OF DIVORCE	COUNTY	STATE	<input type="checkbox"/> NONE

If parents were NOT married, please answer questions 1-5 below.

- Has noncustodial parent ever lived in California? YES NO If "YES", When? _____ Where? _____
- Has noncustodial parent ever worked in California? YES NO If "YES", When? _____ Where? _____
- In which state were the child(ren) conceived?
(Use number for each child listed below). Child # ___ State ___ Child # ___ State ___ Child # ___ State ___
- Was a Declaration of Paternity signed at a California hospital or agency? YES NO DON'T KNOW If "YES", Where? _____
- Was a Paternity Judgment established? YES NO DON'T KNOW If "YES", Where? _____

Have services been provided by another child support agency? (If "YES", please give the date, city and state)

DATES OF SERVICES From: To:	CITY AND STATE WHERE SERVICES RECEIVED	HAVE THE MINOR CHILDREN RECEIVED CASH AID? (WELFARE) <input type="checkbox"/> YES <input type="checkbox"/> NO
--------------------------------	--	--

Is the noncustodial parent court ordered to pay child support for the child(ren) named below? YES NO PENDING

COURT ORDER #	AMOUNT OF ORDER \$ <input type="checkbox"/> PER WEEK <input type="checkbox"/> PER MONTH	DATE OF ORDER	COUNTY	STATE
---------------	--	---------------	--------	-------

List full names of all minor children by this noncustodial parent (If child is not yet born, write "unborn", and expected date of birth). (A separate application is required for children from another noncustodial parent)

IF CHILD IS NOT YET BORN, WRITE "UNBORN" HERE			EXPECTED DATE OF BIRTH FOR UNBORN CHILD(REN)			
NAME	SEX	BIRTHDATE	BIRTHPLACE (CITY AND STATE)	SOCIAL SECURITY NUMBER	CHILD(REN) LIVING WITH YOU	
1.					<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.					<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.					<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.					<input type="checkbox"/> YES	<input type="checkbox"/> NO

List full names of other minor child(ren) NOT related to this noncustodial parent

NAME	BIRTHDATE	CHILD(REN) LIVING WITH YOU	
		<input type="checkbox"/> YES	<input type="checkbox"/> NO
		<input type="checkbox"/> YES	<input type="checkbox"/> NO

COMMENTS (Please attach a separate sheet if you need additional space)

FACTS ABOUT NONCUSTODIAL PARENT

FULL NAME (LAST, FIRST, MIDDLE)				TELEPHONE NUMBERS	
MAIDEN NAME (IF APPROPRIATE)		RELATIONSHIP TO CHILD(REN)		HOME:	
NAME OF CURRENT SPOUSE		<input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER		WORK:	
OTHER NAMES OR ALIASES OF NONCUSTODIAL PARENT				E-MAIL ADDRESS	
ADDRESS (STREET, CITY, STATE AND ZIP CODE)				<input type="checkbox"/> CURRENT NOW <input type="checkbox"/> CURRENT AS OF (DATE)	
SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	STATE	BIRTHDATE OR APPROXIMATE AGE	PLACE OF BIRTH	GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE

Currently on probation or parole? YES NO

Currently in jail or prison? YES NO If "YES", provide information below:

DATE	AGENCY	CITY	STATE	OFFENSE (REASON)
------	--------	------	-------	------------------

Is the noncustodial parent a US citizen? YES NO If "NO", Please provide country of citizenship here:

PHYSICAL DESCRIPTION: (PLEASE PROVIDE PHOTO)

RACE	COMPLEXION	PRIMARY LANGUAGE
HAIR	HEIGHT	IDENTIFYING FEATURES (MARKS, SCARS, TATTOOS, ETC.)
EYES	WEIGHT	

NAME OF PRESENT EMPLOYER (IF NOT WORKING, PRINT "UNEMPLOYED")	<input type="checkbox"/> CURRENT NOW <input type="checkbox"/> CURRENT AS OF (DATE)	IS HEALTH INSURANCE AVAILABLE FOR CHILDREN? <input type="checkbox"/> YES <input type="checkbox"/> NO	GROSS MONTHLY EARNINGS \$
ADDRESS OF PRESENT EMPLOYER (STREET, CITY, STATE AND ZIP CODE)			

If unemployed or present employer is unknown, give name, address and telephone number of last employment below.

NAME OF LAST EMPLOYER	ADDRESS OF LAST EMPLOYER (STREET, CITY, STATE AND ZIP CODE)	TELEPHONE NUMBER (INCLUDE AREA CODE)
-----------------------	---	--------------------------------------

USUAL OCCUPATION, TRADE, JOB TITLE OR SKILLS	ACTIVE MILITARY: <input type="checkbox"/> YES <input type="checkbox"/> NO WHAT BRANCH OF THE SERVICE?
--	--

IS THE NONCUSTODIAL PARENT A LABOR UNION MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME AND NUMBER OF UNION	ADDRESS OF UNION (STREET, CITY, STATE AND ZIP CODE)
---	--------------------------	---

IF SELF-EMPLOYED, WHAT IS THE NAME OF THE BUSINESS?	GROSS MONTHLY EARNINGS
STEADY WORKER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:	\$

List any other sources of income or assets. (For example, Veterans Affairs benefits, Social Security Disability, interest, dividends, trust, vehicles, boats, real estate, etc. Attach a separate sheet if necessary).

MOTHER'S MAIDEN NAME (LAST, FIRST)	MOTHER'S STREET ADDRESS, CITY, STATE AND ZIP CODE	MOTHER'S TELEPHONE NUMBER
FATHER'S NAME (LAST, FIRST)	FATHER'S STREET ADDRESS, CITY, STATE AND ZIP CODE	FATHER'S TELEPHONE NUMBER

Name and address of current spouse, friend, or relative.

NAME	RELATIONSHIP	STREET ADDRESS, CITY, STATE ZIP CODE	TELEPHONE NUMBER

Is there visitation with the children? YES NO If "YES", how many times per month?

Is there any other child support obligation(s)? YES NO If "YES", please provide amount: \$

Is there any other minor child(ren) in the home? YES NO If "YES", how many children?

Present marital status: Single Married Divorced Separated Living with another person

I request the services of the Department of Child Support Services to assist me in the following efforts: (Mark all that apply)

<input type="checkbox"/> Establish paternity	<input type="checkbox"/> Modify an existing child support order	<input type="checkbox"/> No medical insurance enforcement needed at this time. The children have satisfactory medical insurance coverage through: <input type="checkbox"/> Custodial Parent <input type="checkbox"/> Noncustodial Parent
<input type="checkbox"/> Obtain a child support order	<input type="checkbox"/> Obtain an order for medical insurance	
<input type="checkbox"/> Enforce an existing child and spousal support order (including past due)	<input type="checkbox"/> Enforce an existing medical insurance order	

I am applying for support services under the Child Support Program of Title IV-D of the Social Security Act. I declare under penalty of perjury (Penal Code, Section 118) that this questionnaire has been examined by me and to the best of my knowledge and belief it is true and correct.

SIGNATURE OF APPLICANT	DATE
------------------------	------