



Colorado Department
of Human Services
people who help people

For Office Use Only:

Date Received _____/_____/_____

Fee paid by: CP NCP County CSE

How paid: Cash M.O. Check # _____

Receipt # _____

**APPLICATION FOR CHILD SUPPORT
ENFORCEMENT (CSE) SERVICES
Elbert County**

GETTING STARTED

A \$20.00 non-refundable application fee (check or money order, or exact cash if applying in person) is required to process this application. Please do not mail cash. **If you have applied for or are receiving TANF, this fee may not be required.**

WHAT WE NEED FROM YOU:

To start the process, please supply the following legal documents:

1. One (1) application for each non-custodial/custodial parent
2. Copy of a state-issued birth certificate and social security card for all children.
3. Copy of personal identification (i.e., driver's license)
4. A photo of the other parent, if available; it will be returned to you
5. Verification of your income (3 monthspay stubs, and 3 years of tax returns or W-2)
6. Copy of Marriage Certificate (if not available, supply date of marriage and/or other evidence of marital status)
7. Copy of Court Orders signed by a judge or magistrate (if not available, supply date, county, state of filing, and court case number):

- Petition and/or Divorce Decree and/or Separation Agreement
- Paternity Orders
- Certified Copy of Child and/or Spousal Support Order
- All modified orders
- Allocation of Parental Responsibility Orders
- Probate Orders
- Dependency and Neglect Orders
- Adoption Orders
- Orders Terminating Parental Rights

8. Complete payment records of all support paid to the custodial party directly, through court, or a state disbursement unit

Note: Your application may be delayed if you do not provide the necessary documentation.

SERVICES PROVIDED BY CSE:

CSE is authorized by law to provide the following services:

1. Establish child/medical support orders and paternity
2. Modify child/medical support orders
3. Enforce child/medical support orders, including spousal maintenance when combined with child support
4. Process payments through the Family Support Registry (FSR); once an FSR account number is assigned to you, you will be able to register on the CSE website (www.childsupport.state.co.us) to view your account information online
5. Collect past due child support from the non-custodial parent's federal and state tax refunds and lottery winnings:
 - If a federal intercept occurs, a \$25 fee will be deducted from the intercept
 - Federal joint tax refunds can be held for up to six (6) months
 - Interest will not be paid on funds that are held
6. Collect past due child support from the non-custodial parent through other enforcement measures
7. Ask another state's child support agency to establish, modify, or enforce an order on our behalf

GETTING STARTED

Please read and initial each of the following statements. By initialing each statement, you understand and agree:

HOW WE WORK TOGETHER

INITIAL

_____ CSE represents the People of the State of Colorado. No attorney-client relationship or privilege exists between either party and the CSE staff.

INITIAL

_____ CSE does **not** handle parental responsibility (custody), parenting time (visitation), or property settlement.

INITIAL

_____ CSE will not accept the application for services if all the children associated with the applicant are emancipated.

INITIAL

_____ CSE determines the appropriate actions to be used when providing services.

INITIAL

_____ If you believe that there is a change that could cause an adjustment to the amount of the order (e.g. financial, medical, etc.), you may submit a written request for a review.

INITIAL

_____ A written request from the applicant to stop CSE services may be made. However, if you are receiving TANF or assigned arrears are owed, the case may remain open. CSE may also close your case by using criteria established by current state and federal regulations (e.g. not being able to locate you, you do not supply a forwarding address, you do not provide required documents to take the next step to work your case, etc.).

INITIAL

_____ Each individual county determines optional services. Inquire about services available in the county of application.

YOUR RESPONSIBILITIES

INITIAL

_____ You are the best source of information regarding the other party. The information you provide may help in the progress of your case. There may be a delay in the progress of your case due to lack of information and/or involvement with another state.

INITIAL

_____ You are required to cooperate with CSE in the processing of your case. Failure to do so may result in closure.

INITIAL

_____ If you are a caretaker/relative (e.g. grandparent, aunt, uncle, adult sibling, stepparent, etc.) you are required to open a child support case against both biological parents. CSE will not close only one of the two cases against the biological parents at your request.

INITIAL

_____ You may be required to complete and sign an affidavit agreeing to the amount of child support arrears owed (if there is a current child support order).

INITIAL

_____ If you have special needs or need special accommodations under the Americans With Disabilities Act, contact the county of application.

GETTING STARTED

INITIAL

_____ You must notify the CSE office in writing if any of the following changes occur. Failure to do so may affect your child support payments or medical support payments.

1. Change to your legal name, residence/ mailing address, telephone or contact numbers, place of employment, or health insurance, or if you know of changes about the other party.
2. If child support payments are made directly to the custodial party instead of through the FSR.
3. When a child no longer lives with the custodial party.
4. If parenting time (visitation) changes for longer than one month.
5. If you retain a private attorney or private collection agency regarding child support, parenting time (visitation) or parental responsibility (custody).
6. If an action has been filed with a court that CSE was not involved with (e.g. separation, divorce, parental responsibility, etc.).

INITIAL

_____ Arrears owed to the custodial party are paid before TANF arrears are paid to the State of Colorado, unless there is a federal tax intercept.

INITIAL

_____ If a payment is sent in error or is unfunded (i.e. bounced check), it is your responsibility to pay back the unfunded amount. You may repay in full, or CSE will deduct 10% or \$10.00 (whichever is greater) from each payment received until the balance is paid in full. The non-custodial parent will still owe the unfunded amount.

INITIAL

_____ Once a Family Support Registry (FSR) account number has been assigned, sending or receiving direct payment may result in case closure. Note: the FSR is the central payment processing center for Colorado.

INITIAL

_____ Federal law requires CSE to withhold \$25.00 one time each year from the child support collected on a non-public assistance case, if over \$500.00 is collected during the year.

The provision of your Social Security Number (SSN) is mandatory (§42 U.S.C. 666(a) (13)). However, if you do not have a SSN, your application for services will not be denied. SSNs are used by the CSE Program to locate individuals to establish paternity or support obligations, modify and enforce support obligations, and to distribute child support payments.

Confidentiality laws protect all information provided to CSE. CSE offices throughout the United States and some countries have access to this information through State and Federal Child Support Case Registries. If family/domestic violence is an issue, you must alert CSE to further safeguard this information.

Print Legal Name: _____

Signature of applicant: _____ Date: _____

For more child support information and additional forms you may visit our website at:

www.childsupport.state.co.us

MANDATORY DISCLOSURE FORM

To participate in the State Child Support Enforcement Program, it is mandatory that you disclose your Social Security number on Child Support enforcement program forms requesting it. The disclosure is required by section 205 (c)(2) (C) of the Social Security Act [42 U.S.C. & 405 (c)(2)(c)]. It will be used by the State's Child Support Enforcement program to identify you for purposes of establishing paternity and establishing, modifying, and enforcing support obligations.

For the same reasons, you might be asked for your Social Security Number again when you contact the local Child Support office.

Social Security number : _____

Printed Name: _____

Street address: _____

City, State and Zip : _____

Signature: _____

Date: _____

CUSTODIAL PARTY (CP) INFORMATION

Legal Name: _____
Last First Middle Maiden/Other

Social Security #: _____ Date of Birth: _____ Gender: M F

Place of Birth: _____
City State County

Residence address: _____
Street Apt/Unit City State Zip

Mailing address (if different): _____
Street Apt/Unit City State Zip

Phone Numbers:

Home	Work	Cell	Fax

Message #: _____ Email address: _____

Employer and/or Union: _____
Name

_____ Address City State Zip

Occupation or Trade: _____

Is it ok to contact you at work? Yes No Work Schedule: _____

Relationship to the child(ren): Mother Father Other, explain:

When was custody of the child(ren) obtained? _____

What was the situation (leading to obtaining custody)? _____

Is there currently an attorney involved in this child support case? Yes No

If yes: Attorney's Information: _____
Name

_____ Address City State Zip Phone

Have the child(ren) received public assistance? Yes No

If yes: Type received TANF Medicaid Foster Care

What County/State? _____ Begin/End Date _____

If you are the mother, are you pregnant? Yes No, if yes what is the due date? _____

Who is the father? _____

Emergency Contact (if CP can't be reached): _____
Name

_____ Address City State Zip Phone

NON-CUSTODIAL PARENT (NCP) INFORMATION

Legal Name: _____
Last First Middle Maiden/Other

Relationship to the child(ren): Mother Father Alleged Father (paternity not established)

Social Security #: _____ Date of Birth: _____ Gender: M F

Place of Birth: _____
City State County

Current or Last Known residence address: _____
Street Apt/Unit

City State Zip

Mailing address (if different): _____
Street Apt/Unit City State Zip

Phone Numbers:

Home	Work	Cell	Fax

Message #: _____ Email address: _____

Employer and/or Union: _____
Name

Address City State Zip

Occupation or Trade: _____

Physical Description: Height _____ Weight _____ Hair Color _____ Eye Color _____
Identifying Marks (i.e., scars, tattoos, piercing ...) _____

Race: Caucasian African American Hispanic Asian Other _____

In prison? Yes No Date of release: _____

Which facility: _____ DOC# _____

In the military? Yes No Branch of service _____

Disabled? Yes No If yes, receives Social Security? Yes No

List any assets (i.e., real estate, bank accounts, and license to work a profession ...)

List any vehicles (model, make, year, and color) _____

Driver's License Number: _____ State: _____

List any other biological child(ren) _____

Child(ren)'s other biological parent

NCP's Mother's information _____
Name Address Phone

NCP's Father's information _____
Name Address Phone

Is there any other information that may help us locate the other party? _____

Emergency Contact (if NCP can't be reached) _____
Name

Address City State Zip Phone

CHILD(REN)'S INFORMATION

	Child 1	Child 2	Child 3
Legal Name			
Gender (M or F)			
Date of Birth			
Social Security Number			
City & State of Birth			
State or County of Conception			
Who are listed as the Parents on the Birth Certificate?			
Child Support Order #, County and State			
	Child 4	Child 5	Child 6
Legal Name			
Gender (M or F)			
Date of Birth			
Social Security Number			
City & State of Birth			
State or County of Conception			
Who are listed as the Parents on the Birth Certificate?			
Child Support Order #, County and State			

GETTING STARTED

PARENT RELATIONSHIP STATUS

Were the parents of the child(ren) ever married? Yes No Date of Marriage: _____

Date separated: _____ Date divorced: _____ In what city, county, state? _____

_____. Date of last contact with other parent: _____

If paternity has been established, how? Genetic testing Acknowledgement of paternity Court

Did this person ever live with the child(ren) in the State of Colorado? Yes No

If so, where and when? _____

Is domestic violence a concern? Yes No Is there a restraining order? Yes No

MEDICAL INSURANCE INFORMATION

A copy of the benefit card used to process medical claims MUST be provided.

Is/are your child(ren) on MEDICAID? Yes No

Does/do your child(ren) have health insurance coverage other than Medicaid? Yes No

If yes, name of child(ren) covered by other insurance: _____

Other insurance company's information:

- Name: _____
- Address: _____
- Phone number: _____
- Policy number: _____
- Group number: _____
- Date insurance began: _____
- Type of coverage(s) provided: Medical Dental Vision Other _____

Who provides other insurance coverage?

- Name: _____
- Social Security Number: _____
- Relation to the covered child(ren): _____
- Address: _____
Street City State Zip
- Phone Numbers: _____
Work Home Cell Message

APPLICANT ADVISEMENT

I hereby acknowledge that I have been advised of the following and understand the following:

_____ An attorney for the CSE Unit represents the People of the State of Colorado. An attorney for the CSE Unit does not represent the Obligee, the Obligor, or the child(ren).

_____ CSE staff or an attorney for the CSE Unit can never provide you legal advice.

_____ You have the right to consult with or retain private legal counsel at any time.

_____ No attorney-client relationship exists between you and the attorney for the CSE Unit. No attorney-client privilege exists between you and the attorney for the CSE Unit.

I have read and understood this advisement:

Signature of Applicant

Date

MEDICAL SUPPORT ADVISEMENT

Medical support is a service offered by all child support agencies. The Child Support Enforcement (CSE) Unit will establish and enforce an order for medical support on your child(ren)'s behalf.

In this area, the CSE Unit's scope of services is limited. The CSE Unit is obligated to obtain and enforce an order for medical insurance coverage for your children, if such coverage can be obtained at a reasonable cost to the non-custodial parent and if such coverage is available to him/her. Our enforcement remedies include an income assignment, wherein medical insurance premiums would be deducted from the amount of any child support obligation charged against the wages of the non-custodial parent. We also have the ability to file a contempt action against the non-custodial parent for failure to pay such medical insurance coverage, if ordered. Please note, however, that we cannot offer you any guarantee that such coverage will be in place and effective when your child(ren) might need it. In addition, we may not by law pursue reimbursement for past medical bills, co-payments, or judgments against you for same.

Medical Support Orders will be established in conjunction with any and all Child Support Orders established by the CSE Unit.

I have read and understood this Adviseement.

(Print your name)

(Your signature)

(Date)

ADVISEMENT OF INTEREST RIGHTS

1. I acknowledge that I have been advised by the Elbert County Child Support Enforcement Unit that pursuant to 14-14-106 C.R.S., I may be entitled to interest of 12% compounded monthly on any unpaid child support unless I waive my right to interest.
2. I acknowledge that I have been advised that the regulations of the Colorado Department of Human Services allow individual counties' Child Support Enforcement Units to elect whether or not to collect interest on unpaid child support.
3. I acknowledge that I have been advised that the Elbert County Child Support Enforcement Unit does not compute or collect interest on unpaid child support.
4. I acknowledge that I have been advised that the Elbert County Child Support Enforcement Unit's election not to compute or collect interest may affect my rights to collect interest on unpaid support.
5. I understand that I may choose to collect my unpaid child support on my own or may retain a private attorney to collect my unpaid child support on my behalf.
6. Having been advised of my rights, I direct the Elbert County Child Support Enforcement Unit to collect my unpaid child support without interest.
7. I acknowledge that I have received a copy of this advisement.

I have read and understood this advisement.

(Signature)

(Date)

NONDISCLOSURE OF INFORMATION

Attached to this document is an Affidavit of Nondisclosure of Information.

Non-Disclosure of Information (NDI) is available to applicants who believe the disclosure of certain personal information on pleadings and other court-filed documents may cause the applicant or applicant's children to be at a health or safety risk because of previous or current acts or threats by the other party in the child support case.

By completing the attached affidavit you are requesting that your home address, work address, daycare address, Social Security Number, and birth date and those of your child(ren) be withheld from the Court file and the other party.

NDI remains active on the case until the case is closed in our office and Child Support Services is no longer involved with the establishment or enforcement of the case.

Please indicate below your decision to request nondisclosure:

_____ Yes, I want to file for nondisclosure of information – **COMPLETE Attached Affidavit of Nondisclosure**. Please read the affidavit completely and consider the information contained in the affidavit.

_____ No, I do not want to file for nondisclosure of information – **DO NOT complete Affidavit of Nondisclosure**

Signature of person completing request

Date

DISTRICT COURT, ELBERT COUNTY, COLORADO Court Address: 751 Ute Avenue P.O. Box 232 Kiowa, Colorado 80117 Court Telephone: 303.621.2131	 ▲ COURT USE ONLY ▲
Attorney or Party Without Attorney:	Case No.: IV-D Case Number: 20-
AFFIDAVIT OF NONDISCLOSURE	

I understand that Colorado law requires that the complete address of all parties be included on all child support court orders. By completing and signing this document, I request an exception in my case.

I HEREBY STATE UNDER PENALTY OF PERJURY, and with the knowledge that this document will be used in a court of law that I have a reasonable belief that the health, safety, or liberty is at risk for me or my child (ren) if my location information is disclosed on court documents. THIS ALLEGATION IS BASED ON ACTUAL EVENTS OR THREATS, AND NOT MERELY A DESIRE TO AVOID CONTACT WITH THE OTHER PARTY OR TO PREVENT THE OTHER PARTY FROM EXERCISING PARENTAL RIGHTS.

Per Section 26-13-102.8 C.R.S. - "If a party alleges in an affidavit or a pleading under oath that the health, safety, or liberty of a party or child would be jeopardized by disclosure of specific identifying information, that information shall be sealed and may not be disclosed to the other party or the public. A party seeking disclosure of all or part of such identifying information may request a hearing before the court. After a hearing in which the court takes into consideration the health, safety, or liberty of the party or child, the court shall make findings based upon the considerations specified in this section and may order disclosure of all or part of the information if the court determines the disclosure to be in the interest of justice."

_____ Attached is an order from a court or administrative agency ordering that my location information is not to be disclosed to the other party

_____ Attached is a copy of a restraining order, no contact order or other protective order from a court.

_____ Attached are medical records, police records, court reports, psychological reports, child welfare documents or other evidence demonstrating that an actual danger exists.

_____ Other (explain): _____

I, _____ understand that the Child Support Enforcement unit and its attorneys cannot make any guarantee that the other party may obtain my location information by some means regardless of the efforts of the Child Support Enforcement unit. I understand that court files may be public information and this request will not affect any information that is already in the court file. This request for nondisclosure of information will remain in effect until further ordered by a court in this matter. Upon case closure, the county has no authority to enforce the order. A new affidavit must be completed upon case reopening.

I, _____ understand that I must provide an alternate address where I am willing to accept service and can receive mail. This address will be provided to the Court and the other party. The address must be in the same state that I live. All legal documents will be sent to the alternative address.

Alternate Mailing Address: _____
Care of - if applicable: _____
City, State and Zip Code: _____

I HEREBY CERTIFY that the statements made in this document are true and that I have completely read and understand the above document.

Signed this _____ day of _____, 20____.

Applicant Signature

Sworn to before me in the County of _____, State of _____, this
_____ day of _____.

My Commission expires: _____

Notary Public

[SEAL]

YOUR ENTITLEMENT TO RETROACTIVE SUPPORT

Retroactive child support means the child support you may be entitled to for periods of time prior to entry of an order establishing paternity and/or current support. For your information:

1. Your retroactive child support order may include time periods when you received food stamp benefits or Medicaid benefits only;
2. Your retroactive child support order will not include any time periods during which you received cash assistance such as AFDC or TANF;
3. Your retroactive child support order may not include any time periods during which your child(ren) did not reside with you;
4. You are responsible for telling your child support specialist if you are or were married to and/or lived with the non-custodial parent and the date of your separation from him/her, if applicable.

Please be advised that if you state you do not want retroactive (past) child support, the CSE Unit will not request retroactive child support. If retroactive child support is not pursued by you at this time, you may be barred from requesting retroactive child support in the future and may be found to have waived any retroactive child support. Retroactive child support is child support for time periods prior to the commencement of the child support order.

_____ *I do wish to pursue retroactive child support and the required affidavit is completed and attached.*

_____ *I do not wish to pursue or have the CSE Unit pursue retroactive child support for time periods prior to the commencement of the child support order. I understand the CSE Unit will not pursue retroactive child support in the future.*

Print Your Name

Your Signature

Date

State of Colorado
County of Elbert

Subscribed and Sworn to Before Me This _____ Day of _____ 20____.
Witness My Hand and Official Seal.

Notary Signature

My Commission Expires: _____

RETROACTIVE SUPPORT AFFIDAVIT

I, the custodian of _____ request an order for retroactive child support
from _____ back to _____
(PRINT THE NONCUSTODIAL PARENT'S NAME) (date)

1. If you were married to the non-custodial parent, provide the following:

Date of Marriage: _____

Date of Separation: _____

Date of Final Decree of Dissolution (Divorce): _____

2. Did you and the non-custodial parent live together after the birth of the child(ren) of this action?

Yes No If Yes, please provide the dates you lived together:

From _____ to _____

From _____ to _____

From _____ to _____

3. Did the child(ren) of this action ever live with someone other than yourself? (ex. Other parent, grandparent, etc.) Yes No If Yes, please provide the dates the child(ren) did not reside with you and the name of the person with whom the child(ren) lived:

From _____ to _____ with _____

From _____ to _____ with _____

From _____ to _____ with _____

4. Has the non-custodial parent ever given you any money for the support of the child(ren) of this action?

Yes No If Yes, provide the total amount of money the non-custodial parent has given you for child support: \$ _____.

5. Have you ever received Aid to Families with Dependent Children (AFDC) or Temporary Aid for Needy Families (TANF)? If yes, provide the dates during which you received AFDC or TANF and the county in which it was received:

From _____ to _____ in _____ County

From _____ to _____ in _____ County

From _____ to _____ in _____ County

6. Did you advise the Respondent when you became pregnant? Yes No If Yes, provide the date on which the Respondent was told you were pregnant: _____.

7. Did you advise the Respondent when you gave birth to the minor child of this action? Yes No If Yes, provide the date on which the Respondent was told that the minor child of this action had been born: _____.

8. Have you ever had a Court order regarding child support for the minor child(ren) of this action?
Yes No. If yes, please provide where the Order was issued and explain why that Order is no longer in effect:

9. Have you ever entered into an agreement with the Respondent regarding child support? Yes No If Yes, provide all of the details regarding the agreement, including the date of the agreement, the amount to be paid, etc.:

10. Has the Respondent ever offered to pay you child support and you refused the support or told her/him you did not want support? Yes No If Yes, please explain the circumstances, including why you refused to accept the support:

11. What contact have you had with the Respondent since the birth of the child and during the time period for which you are requesting retroactive child support?

12. Has the Respondent always known how to contact you? Yes No Please explain:

13. Please provide any other information you would like the Court to know about your request for retroactive child support:

PLEASE READ AND INITIAL EACH PARAGRAPH BELOW:

___ I understand that even though I have requested an order for Retroactive Child Support, an order for Retroactive Child Support is the decision of the Judge if my case goes to court.

___ I understand that an order for Retroactive Child Support will not change the amount of the current support order.

___ I understand that, if my case is scheduled for a court hearing, an order for Retroactive Child Support will not be requested by the Child Support Enforcement Unit if I do not go to the court hearing and the Court may deny any such request.

___ I understand that the Elbert County Child Support Enforcement Unit will attempt to establish an order of Retroactive Child Support, if requested to do so, and will negotiate the monthly amount to be paid toward Retroactive Child Support.

___ I understand that the Attorneys for the Elbert County Child Support Enforcement Unit do not represent me and will not provide me any legal advice. If I wish to be represented by an attorney or obtain legal advice, I must retain or consult with my own legal counsel.

I swear that the information I have provided above is true and accurate to the best of my knowledge and belief. THIS SIGNATURE MUST BE WITNESSED BY A NOTARY AND YOU MUST PROVIDE PHOTO IDENTIFICATION.

Print Your Name

Your Signature

Date

**State of Colorado
County of Elbert**

Subscribed and Sworn to Before Me This _____ Day of _____ 20____.
Witness My Hand and Official Seal.

Notary Signature

My Commission Expires: _____

PATERNITY TESTIMONY

****To be completed by Biological Mother only****

I, _____, hereby state and allege the following:

1. That I am the biological Mother of the following child:

Child's Full Legal Name	Date of Birth

2. I was married to the following individual at the time of the child's birth or conception:

Date of Marriage: _____
 Place of Marriage: _____ Date of Separation: _____

3. The following individual is named as father on the child's birth certificate:

4. A voluntary acknowledgement of paternity was signed by _____ on _____.

5. I had sexual intercourse with the following individual(s) during the time period of 45 days before or after the child was conceived:	6. The act of sexual intercourse which resulted in the conception of the child took place in the following State:

I state, under penalty of perjury, the statements in this document are true and correct to the best of my knowledge and belief. I understand that any false statements made in this document are punishable by law.

THIS SIGNATURE MUST BE WITNESSED BY A NOTARY AND YOU MUST PROVIDE PHOTO IDENTIFICATION

Applicant/Mother Date

STATE OF COLORADO
County of Elbert

Subscribed and Sworn to Before Me This _____ Day of _____
20____.

Witness My Hand and Official Seal.

My Commission Expires _____.

Notary Public

AFFIDAVIT OF CUSTODY

That I, _____ am the custodian of :

Child (ren) Name

Date of Birth

The child (ren) have been in my custody and resided with me at all times since the children's birth.

Yes ___ No ___ (If NO, please provide when and with whom the children resided, and their relationship)

I, _____ the custodial parent in the above-referenced child support action, have completed this document to the best of my knowledge and belief.

Date this _____ day of _____, 20 ____.

Custodial Parent's Signature

SWORN TO AND SIGNED BEFORE ME THIS _____ DAY OF _____,
20 ____, IN ELBERT COUNTY, COLORADO.

NOTARY PUBLIC, COURT/AGENCY OFFICIAL AND TITLE

COMMISSION EXPIRES

DISTRICT COURT, ELBERT COUNTY, COLORADO Court Address: 751 Ute Avenue P.O. Box 232 Kiowa, Colorado 80117 Court Telephone: 303.621.2131	<p style="text-align: center;">▲ COURT USE ONLY ▲</p>
Elbert County Department of Human Services Child Support Enforcement Unit P.O. Box 924 Kiowa, Colorado 80117 Telephone: 303.621.3203 Facsimile: 303.621.0122	Case No.: IV-D Case Number: 20-
AFFIDAVIT WITH RESPECT TO CHILD SUPPORT	

INSTRUCTIONS:

PLEASE PRINT IN INK OR TYPE. COMPLETE EACH QUESTION WITH A CHECK MARK OR AN X IN THE BOX PROVIDED OR ENTER THE INFORMATION REQUESTED. IF YOU HAVE NO KNOWLEDGE OF THE INFORMATION REQUESTED, ENTER "DON'T KNOW." **DO NOT** LEAVE ANY QUESTIONS UNANSWERED, EXCEPT AS INSTRUCTED. IF ANY INFORMATION CHANGES AFTER THE AFFIDAVIT IS COMPLETE, NOTIFY THE CHILD SUPPORT ENFORCEMENT (CSE) UNIT OF THE CHANGES. ATTACH REQUESTED DOCUMENTS OR PROOF.

YOUR PERSONAL DATA

Name: _____

Social Security Number: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

YOUR PRIMARY EMPLOYMENT

 Attached are IRS Tax returns for the last 3 years.

 Attached are pay statements for the last three months.

 If self-employed, attached are personal and business income tax returns, including all schedules and forms (especially Form K-1, Form 1065, Form 1120S, or Form 1120C) for the last three tax years.

 If self-employed, attached are income and expense balance sheets for each month since last business tax return filed.

Current/Previous [Employer] [Business]: _____

Address: _____

City, State Zip: _____

Phone Number: _____

Date Employment (Business) began: _____

Current Position began on: _____

Hours worked each week: _____ Hourly wage \$ _____ Salary \$ _____

How often do you get paid? weekly every 2 weeks twice a month monthly

Monthly Gross Income: \$ _____

Bonus: \$ _____ Frequency: _____

Tips: \$ _____ Frequency: _____

Commission: \$ _____ Frequency: _____

Overtime is \$ _____ per hour. Frequency (weekly, monthly, every 2 weeks): _____

 Overtime is not available. Overtime is required.

Year to date Total Gross Income: \$ _____

If unemployed, what date did you last work? _____

I am unemployed due to disability involuntary layoff at work other. Please Explain; _____

Are you receiving unemployment compensation? Check one: Yes No

- If you are unemployed due to disability, please attach documentation of your disability and/or disability insurance or Social Security benefit.
- If you are receiving unemployment compensation, please attach documentation of the weekly benefit.

 I am a full time student. Expected graduation date: _____ (Attach proof of status).

 I am incarcerated. Attach proof of expected release date and/or parole date.

DOC Number: _____

My inmate average monthly account balance is \$ _____

INCOME FROM OTHER SOURCES

Information which may affect my monthly income status. Check all that apply.

<u>SOURCE</u>	<u>MONTHLY AMOUNT</u>	<u>EFFECTIVE DATE</u>
Maintenance (Spousal Support)	\$ _____	
Interest, Dividends	\$ _____	
Pension Income (Retirement)	\$ _____	
Rental Income	\$ _____	
Social Security Disability	\$ _____	
Social Security Retirement	\$ _____	
Social Security Survivors	\$ _____	
Supplemental Security Income	\$ _____	
Aid to the Needy and Disabled	\$ _____	
Public Assistance (TANF)	\$ _____	
Unemployment Compensation	\$ _____	
Veterans Benefits	\$ _____	
Workers Compensation	\$ _____	
Private Disability Insurance	\$ _____	
Other:	\$ _____	

PARENTING TIME

The child(ren) born or adopted of this marriage/relationship reside primarily with me the other parent. Number of overnights with me _____ the other parent _____

DAYCARE

Is/Are the child(ren) born or adopted of this marriage/relationship in daycare while one or both parents work? yes no

The charge for such daycare is \$ _____ per hour week month.

If hourly, the child(ren) are in daycare _____ hours per week.

The average monthly cost for daycare is \$ _____

Work-related daycare expenses are paid by me the other parent both other person.

I personally pay \$ _____ or _____ %
 The other parent pays \$ _____ or _____ %
 Other person pays \$ _____ or _____ %
 Daycare assistance \$ _____ or _____ %

Education related daycare expenses are \$ _____ per hour _____ per week.

Education related daycare expenses are paid by me the other parent both other person.

I personally pay \$ _____ or _____ %
 The other parent pays \$ _____ or _____ %
 Other person pays \$ _____ or _____ %
 Daycare assistance \$ _____ or _____ %

____ Attached is proof of current daycare enrollment.

____ Attached is proof of payment of daycare for the school year and summer months.

____ Attached is a summary of yearly daycare expenses.

OTHER PARENT'S INCOME INFORMATION

To the best of my knowledge _____ is/was employed as _____
Other Parent's Name job title/occupation
and earned \$ _____ /hour/week/month.
He/she worked was/is employed at _____
Employer Name

Employer Address City/State/Zip Phone #

HEALTH INSURANCE INFORMATION

Includes: Medical, Dental and Vision

Health insurance is is not maintained for the child(ren) born or adopted of this marriage/relationship.
I pay \$ _____ as a monthly cost to cover only the child(ren) of this action on my health insurance.

Name of Insurance Company: _____
Address: _____

Telephone Number: _____
Group Number: _____
Policy Number: _____
Name(s) of all Individual(s) covered: _____

Effective Date of Coverage: _____

If the child(ren) are not covered the monthly cost to add the child(ren) of this action would be \$ _____.

OTHER DEDUCTIONS

The child(ren) born adopted during this marriage/relationship have uninsured health expenses in excess of \$100.00 on a routine basis. yes no

The cost of such expense on a routine basis per single illness or condition is \$ _____ per month.

Explain: _____

Attach documentation.

The child(ren) have extraordinary needs, which require payment on a monthly basis. Explain the needs and itemize the cost of them on a monthly basis: \$ _____

Attach documentation.

CASE NO.

OTHER SUPPORT ORDERS

I pay Maintenance (spousal support) to a former spouse in the amount of \$ _____ per month
(Attach a copy of the order and proof of payments).

I pay child support for a child(ren) not of this marriage/relationship, in the amount of \$ _____
(Attach a copy of the order and proof of payments).

I am legally responsible for child(ren) not of this relationship who currently reside with me.
____ Yes ____ No

If yes, list the child(ren)'s name(s) and date of birth and attach birth certificate(s) and proof of residence
(e.g., school records).

NAME (First, Middle, Last)

Date of birth

<u>NAME (First, Middle, Last)</u>	<u>Date of birth</u>

IF YOU FAIL TO HAVE THIS FORM NOTARIZED AND/OR FAIL TO PROVIDE DOCUMENTATION, YOUR CASE PROCESSING COULD BE DELAYED.

I declare under penalty of perjury that I have completed this affidavit and the statements contained herein are true and correct.

Name

Date

Sworn to before me in the County of _____, State of _____,

this _____ day of _____, 20_____.

My commission expires: _____.

Notary Public

[SEAL]

AFFIDAVIT OF CUSTODY AND DIRECT SUPPORT

That I, _____, am the custodian of:

Child's Name

Date of Birth

The child(ren) have been in my custody and resided with me at all times since the children's birth Yes _____
 No _____. (If no, please provide dates when and with whom the children resided and their relationship.)

That _____, the non-custodial parent has been ordered by the District Court to pay child support for the above-named children in the amount of \$ _____ per month. The non-custodial parent has been ordered to pay spousal maintenance (alimony) in the amount of \$ _____ per month. To the best of my knowledge and belief, I have received the following amount of support directly from the non-custodial parent on behalf of the children. (**Directly is defined as the non-custodial parent handing you the money personally, mailing it to your address, or depositing it directly into your bank account in the form of a military allotment, cashier's check, wire transfer, money order, personal check, cash, direct deposit or any other method. PLEASE DO NOT INCLUDE PAYMENTS YOU RECEIVED THROUGH ANY COURT, THE FAMILY SUPPORT REGISTRY OR OTHER STATE DISTRIBUTION UNIT.**)

YEAR	CHILD SUPPORT PAID	SPOUSAL SUPPORT PAID
JAN		
FEB		
MAR		
APR		
MAY		
JUNE		
JULY		
AUG		
SEPT		
OCT		
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DEC		

YEAR	CHILD SUPPORT PAID	SPOUSAL SUPPORT PAID
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YEAR	CHILD SUPPORT PAID	SPOUSAL SUPPORT PAID
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I, _____, Oblige in the above-referenced child support action, have completed this document under penalty of perjury to the best of my knowledge and belief.

Dated this ____ day of _____, 20__ . _____

Obligee

Sworn to and signed before me this ____ day of _____, 20 __, in Elbert County, Colorado.

Notary Public

My Commission Expires