

South Carolina Department of Social Services
NON-CUSTODIAL PARENT'S APPLICATION FOR CHILD SUPPORT SERVICES
(PLEASE READ INSTRUCTIONS BELOW)

The disclosure of your Social Security Number is mandatory, in accordance with section 466(a)(13) of the Social Security Act. Social Security Numbers are used by the South Carolina Child Support Enforcement program to assist in locating individuals for the purposes of establishing paternity and establishing, modifying and enforcing child support obligations.

Date Application Requested: _____

Date Application Mailed: _____

Date Application Received: _____

Instructions for Completing the Application

The South Carolina Department of Social Services, Child Support Services Division (CSSD), offers to Non-Custodial Parents (NCPs) the service of **“Establishing Paternity”** for the child or children in question. It is important that you carefully read the entire application and complete it to the best of your ability. If the application is not fully completed, we will return it to you for completion. Information about the Custodial Parent (CP) is completed at the bottom of this page. Information about yourself is completed on pages 2 and 3. Information about the child or children is completed on page 4. Please be sure to read and detach Part II, “What to Expect,” and keep it for your records.

To obtain services, mail the completed application to South Carolina Department of Social Services, to:

South Carolina Department of Social Services
Child Support Services Division
P.O. Box 1469
Columbia, South Carolina 29202

Under the penalty of perjury I declare that the information given in this application is true and complete to the best of my knowledge and belief. I have read Part II, “What to Expect,” and agree to the conditions of this application.

Applicant's Signature: _____ **Date:** _____

PART I

Custodial Parent Information
(Person with whom child or children is/are living)

Name: Last: _____ First: _____ Middle: _____ Suffix: _____

Maiden Name: _____ SSN: _____ Race: _____ Sex: _____ Current Marital Status: _____

Place of Birth: City: _____ State: _____ Birthdate: _____

Residential Address: _____ Home Telephone: _____ Cell Phone: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: c/o Last: _____ First: _____ Middle: _____ Suffix: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Employer's Name: _____ Work Telephone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Work Start Time: _____ Work End Time: _____

If Currently Married, Spouse's Name/Address: _____

Place of Marriage: City: _____ State: _____ Date of Marriage: _____

If not currently married, has he/she ever been married? Yes No If yes, provide:

Name of Former Spouse: _____ Date and Place of Marriage: _____

If Divorced, Date and Place of Divorce: _____

Non-Custodial Parent Information

(Your information)

Name: Last: _____ First: _____ Middle: _____ Suffix: _____
Sex: _____ Race: _____ SSN: _____ Date of Birth: _____
Place of Birth: City: _____ State: _____ Alias: _____
Nickname: _____ Maiden Name: _____ Driver's License Number: _____
Driver's License Date: _____ Driver's License State: _____
Current Marital Status: _____ If Married, Your Spouse's Name: _____
Last School Attended by You: _____
Address: _____ City: _____ State: _____ Date: _____

Current Address: _____ City: _____ State: _____ Zip Code: _____
Home Telephone: _____ Cell Phone: _____

Give directions to and a description of your home: _____

Mailing Address: c/o Last: _____ First: _____ Middle: _____ Suffix: _____
Address: _____ City: _____ State: _____ Zip Code: _____

Please furnish the following information on your current or last employer:
Type of Employment: _____ Are you currently employed? Yes No
Employer's Name: _____ Work Telephone: _____
Employer's Address: _____ City: _____ State: _____ Zip Code: _____
Date You Last Worked: _____ What is your monthly salary? \$ _____ Shift Worked: _____
Usual Occupation: _____ Other Skills: _____

Please list the names and addresses of any other past employers:

Name:	Address:	Date Last Worked:
_____	_____	_____
_____	_____	_____

What are the names of your parents? (Please indicate their names even if they are deceased.)

Father:	Mother:
_____	_____
Last/Suffix/First/Middle	Maiden Name/Last/First/Middle
_____	_____
Street or P.O. Box	Street or P.O. Box
_____	_____
City/State/Zip Code	City/State/Zip Code
_____	_____
Telephone	Telephone

Child Information

(Complete a separate section for each child)

Child's Name: Last: _____ First: _____ Middle: _____ Suffix: _____

Sex: _____ Race: _____ SSN: _____ Date of Birth: _____ Place of Birth: _____

Has paternity been established for this child? Yes No What is your relationship to this child? _____

In which state did the mother become pregnant? _____ When did she get pregnant? _____
(Month/Day/Year)

Were the parents married at the time of the child's birth? Yes No If no, describe the relationship: _____

If Married: Date of Marriage: _____ Place: _____ If Divorced: Date: _____ Place: _____

Child Information

(Complete a separate section for each child)

Child's Name: Last: _____ First: _____ Middle: _____ Suffix: _____

Sex: _____ Race: _____ SSN: _____ Date of Birth: _____ Place of Birth: _____

Has paternity been established for this child? Yes No What is your relationship to this child? _____

In what state did the mother become pregnant? _____ When did she get pregnant? _____
(Month/Date/Year)

Were the parents married at the time of the child's birth? Yes No If no, describe the relationship: _____

If Married: Date of Marriage: _____ Place: _____ If Divorced: Date: _____ Place: _____

Child Information

(Complete a separate section for each child)

Child's Name: Last: _____ First: _____ Middle: _____ Suffix: _____

Sex: _____ Race: _____ SSN: _____ Date of Birth: _____ Place of Birth: _____

Has paternity been established for this child? Yes No What is your relationship to this child? _____

In what state did the mother become pregnant? _____ When did she get pregnant? _____
(Month/Date/Year)

Were the parents married at the time of the child's birth? Yes No If no, describe the relationship: _____

If Married: Date of Marriage: _____ Place: _____ If Divorced: Date: _____ Place: _____

Child Information

(Complete a separate section for each child)

Child's Name: Last: _____ First: _____ Middle: _____ Suffix: _____

Sex: _____ Race: _____ SSN: _____ Date of Birth: _____ Place of Birth: _____

Has paternity been established for this child? Yes No What is your relationship to this child? _____

In what state did the mother become pregnant? _____ When did she get pregnant? _____
(Month/Date/Year)

Were the parents married at the time of the child's birth? Yes No If no, describe the relationship: _____

If Married: Date of Marriage: _____ Place: _____ If Divorced: Date: _____ Place: _____

PART II

What to Expect

(Please read this page and the next carefully and DETACH for your records.)

The South Carolina Department of Social Services (DSS) provides child support services to Custodial Parents (guardians) and Non-Custodial Parents through its Child Support Services Division (CSSD). You must complete the application to open a case with the CSSD.

All cases accepted by the CSSD are handled on a first come, first served basis. Claims for visitation, custody or other issues that are often associated with child support are not handled by CSSD.

You must complete this application as thoroughly and accurately as possible and return it to the address indicated so that the CSSD may determine your eligibility for child support services. When completing the application you may not know the answer to all of the questions, but you should provide as much accurate information as possible. Please double check any information about which you are not certain. The more accurate the information you provide, the faster and more efficiently CSSD can process your case.

South Carolina law requires that you notify the CSSD in writing when you move, change your name, change jobs or change your telephone number (at home or at work) so that staff will be able to contact you without delay. You must notify the CSSD of these changes within 10 days of the change. If you do not notify the CSSD as required, the court or the CSSD may take actions on your case without your knowledge.

If you do not have a court order for paternity, the regional office staff may bring legal action to obtain such a court order. The regional office will notify you in writing of any court hearings that you must attend.

Please understand that we need your full cooperation throughout this entire process. Your failure to cooperate could result in CSSD closing the case. Before CSSD takes any action to close a case, we will send you a letter indicating what will be required to avoid case closure. You may also close your case at any time by mailing to CSSD a written statement requesting case closure. As a state agency operating under state law and federal law, legal requirements and policies may conflict with what you request. If a conflict of interest arises, CSSD staff will contact you to discuss the situation.

You are protected by Title VI of the Civil Rights Act and can make written complaints to the Director, South Carolina Department of Social Services, P.O. Box 1520, Columbia, South Carolina 29202-1520, within 180 days, if at any time you believe you are denied services or otherwise discriminated against because of race, color, creed, sex, religion or national origin.

Listed below are the telephone numbers of CSSD offices.

Thank you for your cooperation. The Department of Social Services pledges to make every effort to help you obtain the child support owed to your family.

Central Inquiry: 1-800-768-5858

Tax Intercept Unit: (803) 898-9314/1-800-922-0852 or 1-888-454-5360

Additional information can be found on our website at: www.state.sc.us/dss/csed/index.html