STATE OF MONTANA
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
CHILD SUPPORT ENFORCEMENT DIVISION

Non Public Assistance Child Support Application

This application packet contains the following forms:

- General Information Sheet - explains child support services
- Terms and Conditions - outlines your rights and responsibilities
- Application for Child Support Enforcement Division (CSED) services
- Affidavit of Support Received or Paid - lists support payments that you received or made
- Authorization to Act - gives the CSED authorization to work your case
- Authorization for Release of Information - allows you to authorize the CSED to speak to another person (for example, your spouse, parent or attorney) about your case
- Information about Electronic Payments – explains how child support payments are issued
- Direct Deposit Authorization Form - allows you to have support payments deposited to your bank account

Have you included the following items with your application?

1. Application for Child Support Services - **Signature required**
2. **Certified copy** of your support order and **all** modifications
3. Affidavit of Support Received or Paid - **Signature must be notarized**
4. **Money order or cashier's check** for application fee
5. Authorization to Act - **Signature must be notarized**
6. Copies of children's birth certificates and any Acknowledgments of Paternity
7. Direct Deposit Authorization Form (Optional)
8. Authorization for Release of Information (Optional)

Where to send your application:

Send your application to the child support office that serves the county where you reside. See other side for a list of offices and the counties they serve.

REGION 2

Child Support Enforcement Division
201 First St. South, Suite 1A
Great Falls MT 59405
(406) 727-7449

Counties served by Region 2:

Blaine	Liberty
Cascade	Pondera
Chouteau	Teton
Glacier	Toole
Hill	

REGION 3

Child Support Enforcement Division
2121 Rosebud Drive, Suite E
Billings MT 59102
(406) 655-5500

Counties served by Region 3:

Big Horn	Phillips
Carbon	Powder River
Carter	Prairie
Custer	Richland
Daniels	Roosevelt
Dawson	Rosebud
Fallon	Sheridan
Garfield	Treasure
McCone	Valley
Musselshell	Wibaux
Petroleum	Yellowstone

REGION 4

Child Support Enforcement Division
17 West Galena
Butte MT 59701
(406) 497-6600

Counties served by Region 4:

Beaverhead	Lewis & Clark
Broadwater	Madison
Deer Lodge	Meagher
Fergus	Park
Gallatin	Powell
Golden Valley	Silver Bow
Granite	Stillwater
Jefferson	Sweetgrass
Judith Basin	Wheatland

REGION 5

Child Support Enforcement Division
2675 Palmer St, Suite C
Missoula MT 59808
(406) 329-7910

Counties served by Region 5:

Flathead	Missoula
Lake	Ravalli
Lincoln	Sanders
Mineral	

REGION 8

Child Support Enforcement Division
PO Box 202943
Helena MT 59620-2943
(406) 444-9767

Region 8 works cases in which the children reside outside Montana.

GENERAL INFORMATION ABOUT SERVICES PROVIDED BY THE CHILD SUPPORT ENFORCEMENT DIVISION

KEEP THIS FOR YOUR RECORDS

The Montana Child Support Enforcement Division (CSED) provides child support services under the Federal and State Child Support Program. These services are provided to either parent, or to a third party with whom the child resides by court order or consent of the parent having legal custody.

Locate Services

The CSED will attempt to locate addresses and assets through automated computer matches.

Order Establishment

The CSED will try to establish the paternity of children who are born out of wedlock.

Once paternity is established, the CSED will try to establish an order for child support and medical support. The order will address each parent's share of the total obligation.

Order Review and Modification

Either parent or a caretaker/guardian of the children may ask the CSED to review the support order. **The request for review must be made in writing.** Orders will be reviewed based on current laws, rules and regulations.

Support Order Enforcement

Actions the CSED may take to enforce a support obligation include, but are not limited to, the following:

- Issue income withholding orders.
- Intercept federal and state income tax refunds.
- Impose liens on real and personal property.
- Seize cash assets.
- Report past-due amounts to credit bureaus.
- Suspend licenses.

Medical Support Enforcement

The CSED automatically provides medical support enforcement services.

If medical insurance coverage is not ordered in the support order, the CSED may require the order to be modified to include a provision for medical insurance.

Payments

The CSED issues payments electronically, either to a Montana Access account or to a bank account. (See Electronic Payments insert.) Payments are distributed according to state and federal rules, regulations and laws.

Automated Payment Information

- Voice Response Unit (VRU) 1-406-444-9855
- Website http://app.discoveringmontana.com/csed

While the case is open, payments must come through the CSED to receive credit. (See Terms and Conditions.)

Send all payments to:

CSED
PO Box 5955
Helena, MT 59604

Additional Services

- Website www.dphhs.state.mt.us
- Direct deposit of support payments

Interstate Cases

The CSED may request assistance from another state's child support agency to work your case. Once the case is referred to another state, that state controls the actions taken in the case.

Release of Information

Information (including names, addresses and social security numbers) provided in this application or through other means may become part of the public record and may be shared with others.

If you are concerned that the release of case information could result in physical or emotional harm to you or the children, or if you have a protective or restraining order against a receiver of the information, you must notify the CSED.

Services NOT Provided

The CSED cannot:

- Enforce property settlements.
- Decide custody disputes.
- Enforce custody and visitation provisions of an order.
- Collect attorney's fees.
- Collect spousal support when no child support is owed.
- Collect payments on medical bills that are NOT part of a judgment.
- Calculate and collect interest unless it has been reduced to a judgment.

Limit services at your request. Once a case is opened, the CSED is required to take certain actions.

STATE OF MONTANA
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
CHILD SUPPORT ENFORCEMENT DIVISION

*** * I M P O R T A N T * ***

Keep this Form for Your Files

TERMS AND CONDITIONS FOR CHILD SUPPORT ENFORCEMENT DIVISION SERVICES

INTRODUCTION:

Either parent or a caretaker/guardian of a child may open a case with the Child Support Enforcement Division (CSED) by completing an application. Families receiving certain types of public assistance may automatically receive CSED services.

The Terms and Conditions explain your rights and responsibilities and the services the CSED will provide. **Please read this form carefully and keep it.**

You may retain your own attorney, at your expense. The CSED represents the public interest. Your objectives, goals and financial interest may be different from the interest of the CSED. The CSED and the CSED attorney do not represent any individual.

YOUR RESPONSIBILITIES

1. You must keep the CSED informed of any change in your address, phone number, employment, or marital status. You must also provide updated information about other participants in the case.

2. You must promptly inform the CSED of any changes in the physical custody of the children, modification of the support order, other collection actions, adoption proceedings, and any other matter that may affect or change the services the CSED is providing.

3. You must forward any information that adds to, differs from, or contradicts information in the CSED case so that it may be considered.

4. You must provide certified copies of all orders concerning your case. This includes actions that occur after CSED services begin.

5. You must immediately forward any support payment you receive that has not been issued by the CSED (or any payment you are required to make) to the CSED.
   (a) You may be liable if the CSED takes an enforcement action because you failed to timely forward a payment.
   (b) Credit may not be given unless payments are made through the CSED.
   (c) Send all child support payments to:
   Child Support Enforcement Division
   PO Box 5955
   Helena, Montana 59604

CSED SERVICES

1. The CSED will enter an order setting **both** parents' support obligation when establishing or modifying a support order. Enforcement of the support order will be determined by the custody arrangement.

2. The CSED will collect medical support if it has been reduced to a judgment which is to be paid in a specific dollar amount.

3. The CSED, not a case participant, will determine the proper action or remedy to apply and the sequence of events, including the time frames, within which each case will proceed. This includes attempts to establish paternity when necessary, secure financial and medical support and modify orders when appropriate.

CONTINUED

4. The CSED will intercept federal and state income tax refunds when appropriate and apply them to the unpaid support debt. Persons receiving support may be required to repay intercepts if federal and state adjustments occur.

5. The CSED may charge an application fee. If another agency or entity charges collection fees, the CSED will pass on the cost to the person receiving support.

6. The CSED will collect interest on support debts only when the amount of unpaid interest is reduced to a lump sum judgment by an order. The CSED does not have the ability to calculate the amount of interest that may be due or that may become due. This limitation is not to be construed as a waiver of any right to collect interest independent of the CSED.

7. The CSED may seek reimbursement from persons who receive money to which they are not entitled. The CSED will provide an opportunity to repay or deny that money should be repaid to the State of Montana. Failure to repay or deny within 10 days of notification allows the CSED to keep a portion of current support (and any amount that exceeds current support) to reimburse the State. The CSED may also take action to recover these amounts either administratively or through a court order. The CSED is not required to collect amounts owed to the parent who paid the support.

8. The CSED will close a case:
   (a) upon your request if there has been no other application for services.
   (b) when you fail to cooperate or fail to abide by these Terms and Conditions.

   Note: A case may not be eligible for closure if a child receives Medicaid services or state provided public assistance.

OTHER INFORMATION

1. The CSED cannot guarantee success in establishing paternity, establishing a support order, or collecting support. The CSED may not be able to continue to provide services because of circumstances outside the CSED's control. All warranties, expressed or implied, are specifically disclaimed. Please be aware the enforcement of child support is a complex undertaking. It will take time to process your case thoroughly.

2. The CSED requests your social security number and the social security numbers of the children and the children's parents. The numbers are necessary for case processing. The CSED may not be able to work your case without them. They are used as identifiers on the child support computer system. They are also used to credit payments, locate persons, and track case activities. The CSED will not release the numbers unless it is in the course of a CSED action to establish paternity or support; to enforce a financial or medical support obligation; or to modify a support obligation. The CSED cannot guarantee confidentiality in these instances.

3. Information received becomes a part of the case record. The CSED may disclose this information, including your name, address, and phone number, to other parties in the case. If you believe the release of this information may put you or the children at risk, you **must** contact the CSED immediately. If the CSED determines there is clear evidence of risk, your address and phone number will be removed from documents issued in the future. Additionally, if you have a protective or restraining order, please provide the CSED with a copy.

4. These Terms and Conditions govern all child support enforcement services. Any changes to the Terms and Conditions will not be binding until the CSED notifies you.

5. It is the policy of the Montana Department of Public Health and Human Services to provide equal agency services to all persons regardless of race, color, religion, creed, sex, national origin, age, physical or mental disability, marital status, or political belief.

6. Alternative accessible formats of this document will be provided upon request.

State of Montana Department of Public Health and Human Services Child Support Enforcement Division	**APPLICATION FOR CHILD SUPPORT SERVICES** **Please print or type all information**

FEES AND SERVICES — PART A

The Child Support Enforcement Division (CSED) is required to charge an application fee to individuals applying for child support services. The fee is based on your ability to pay and will not exceed $25. It is **non-refundable**, even if the CSED determines your case is unworkable.

Use the table below to determine the amount of the application fee you owe. Send your payment to the CSED along with your application for services. Payment must be in the form of a cashier's check or money order. **The CSED cannot accept cash or personal checks.**

My gross annual household income is:

☐ Greater than $20,000 (Fee is $25)
☐ $10,000 to $20,000 (Fee is $15)
☐ Less than $10,000 (Fee is $5)
☐ I am receiving Medicaid (No Fee)

I understand the CSED will provide complete child support services.
☐ I also request modification of the child support order.

I am the ☐ Mother ☐ Father ☐ Other

I am applying to receive child support from the ☐ Mother ☐ Father ☐ Both

The information I am providing in this application is true to the best of my knowledge.

_____ _____
Date Signature

If you are not the mother or father, you must complete Part B before continuing to the next page. If you are the mother or father, go directly to Part C.

NON-PARENT APPLICANT INFORMATION — PART B

Your Full Name: _____

Your Relationship to the Child(ren): _____

Social Security Number: _____ Date of Birth: _____ Race: _____

Mailing Address: _____ City, State, Zip: _____

Home Telephone Number: _____ Work Telephone Number: _____

Other Telephone Number: _____ E-mail Address: _____

Are you a member of an Indian tribe? ☐ Yes ☐ No If yes, which tribe? _____
Do you live on a reservation? ☐ Yes ☐ No If yes, which reservation? _____

Do you have a document or order giving you custody or the right to collect support for the child(ren) from either of the parents? ☐ Yes ☐ No

If yes, **YOU MUST ATTACH A CERTIFIED COPY**. A certified copy bears an original stamp by the clerk of court for the county that filed the order. A photocopy of a certified copy is not acceptable.

R: _____ S: _____

INSTRUCTIONS

Respond to all questions in this application as completely as possible. Although it may seem that many do not apply to your situation, please realize that child support cases are complex and enduring. Information you provide will be used now and over the lifetime of your case. Your responses help the CSED to locate parties, to determine jurisdiction, to calculate the amount of support due and to determine to whom it is owed, and to establish orders when necessary. As a basis for these services, the same questions are asked about both the mother and father. Please print or type your responses. Parts F and H provide space for additional information.

ORDER AND MARITAL INFORMATION ABOUT THE PARENTS OF THE CHILDREN — PART C

Attach certified copies of all orders and modifications. A certified copy bears an original stamp by the clerk of court for the county that filed the order. A photocopy of a certified copy is not acceptable.

Marital Information: Were the parents married? ☐ Yes ☐ No Date of marriage: _____

City, county and state of marriage: _____

Did the parents hold themselves out as husband and wife? ☐ Yes ☐ No

Did the parents ever file joint tax returns? ☐ Yes ☐ No

If yes, which years? _____ What states? _____

Divorce / Order Information: Are the parents divorced? ☐ Yes ☐ No Cause Number: _____

City, county and state where the order was entered: _____ Date: _____

Is there an order for support? ☐ Yes ☐ No Cause Number: _____

City, county and state where the order was entered: _____ Date: _____

Who is ordered to pay support? _____ Amount: _____

Have any verbal or written changes been made to the terms of the order? ☐ Yes ☐ No

If yes, describe the changes: _____

_____

You must attach copies of all written changes to the order.

If no support order or divorce, has any legal action (divorce, custody, support, paternity) been started?
☐ Yes ☐ No City, county and state of action: _____ Date: _____

MOTHER'S INFORMATION — PART D

Mother's Full Name: _____ Maiden Name: _____

Other Names Used: _____

Street Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

How long has the mother lived in the above-named state? _____

Date last known to be at street address: _____ Home Phone Number: _____

Other Phone Number (cell, message, etc.): _____ E-mail Address: _____

Social Security Number: _____ Date of Birth: _____

Place of Birth (City, County, State): _____ Race: _____

MOTHER'S INFORMATION (continued) PART D

Mother's Employer: _____ Phone Number: _____

Address: _____

Work Hours: _____ Current Salary: _____

Mother's usual occupation: _____

Does the mother belong to a union? ☐ Yes ☐ No ☐ Unknown

Union Name and Phone Number: _____

Is health insurance available to the mother through employment, union or another group? ☐Yes ☐No

Insurance Company Name: _____ Phone Number: _____

Address: _____

Policy Number: _____ Group Number: _____

List all persons insured under the policy: _____

Mother's Parents (Children's Grandparents) If deceased, list name and indicate deceased on address line.

Mother's Father's Name: _____ Phone Number: _____

Address: _____

Mother's Mother's Name: _____ Phone Number: _____

Maiden Name: _____

Address: _____

List names and phone numbers of friends or other relatives who may know where the mother is:

Attempts to Collect Child Support and Public Assistance:

Does the mother have an attorney? ☐ Yes ☐ No

Name and address of attorney: _____

_____

Has the mother received child support enforcement services from an agency in another state?

☐ Yes ☐ No Name and address of agency: _____

_____

Has the mother applied for collection services from a private agency? ☐ Yes ☐ No

Name and address of agency: _____

_____

Has the mother received public assistance in any state? ☐ Yes ☐ No

Types of assistance: _____

Dates of assistance: _____ City, County, State: _____

General Information

Is the mother a student? ☐ Yes ☐ No Expected graduation date: _____

Course of study or classes taken: _____

List high schools, trade schools and/or colleges the mother has attended. Give dates, locations, courses and degrees received: _____

_____

Is the mother a member of an Indian tribe? ☐ Yes ☐ No If yes, which tribe? _____

Does she live on a reservation? ☐ Yes ☐ No If yes, which reservation? _____

MOTHER'S INFORMATION (continued) PART D

Is the mother:

Yes	No		
☐	☐	A member or former member of the Armed Forces?	
		Branch of Service: _____	Rank: _____ Years of Service: _____
		Date Entered: _____	Date Discharged: _____
☐	☐	Receiving military retirement?	Amt per Month $_____
☐	☐	Receiving military disability income?	Amt per Month $_____
☐	☐	Receiving Social Security benefits?	Amt per Month $_____
☐	☐	Disabled?	
☐	☐	Receiving Workers Compensation?	Amt per Month $_____
☐	☐	Receiving retirement income/pension?	Amt per Month $_____
			Source: _____
☐	☐	Currently incarcerated?	Where? _____
☐	☐	On parole or probation?	Name of parole/probation officer: _____
			Phone Number: _____

Does the mother:

Yes	No		
☐	☐	Have a driver's license?	State and Number: _____
☐	☐	Own vehicles?	Description: _____
☐	☐	Own property?	Description: _____
☐	☐	Have investments?	Type and Amount: _____
☐	☐	Have a bank account?	Name and location of bank: _____
			_____
☐	☐	Have any state or county licenses or certificates?	List: _____
			_____

FATHER/ALLEGED FATHER'S INFORMATION PART E

Father's Full Name: _____

Other Names Used: _____

Street Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

How long has the father lived in the above-named state? _____

Date last known to be at street address: _____ Home Phone Number: _____

Other Phone Number (cell, message, etc.): _____ E-mail Address: _____

Social Security Number: _____ Date of Birth: _____

Place of Birth (City, County, State): _____ Race: _____

FATHER/ALLEGED FATHER'S INFORMATION (continued) PART E

Father's Employer: _____ Phone Number: _____

Address: _____

Work Hours: _____ Current Salary: _____

Father's usual occupation: _____

Does the father belong to a union? ☐ Yes ☐ No ☐ Unknown

Union Name and Phone Number: _____

Is health insurance available to the father through employment, union or another group? ☐Yes ☐No

Insurance Company Name: _____ Phone Number: _____

Address: _____

Policy Number: _____ Group Number: _____

List all persons insured under the policy: _____

Father's Parents (Children's Grandparents) If deceased, list name and indicate deceased on address line.

Father's Father's Name: _____ Phone Number: _____

Address: _____

Father's Mother's Name: _____ Phone Number: _____

Maiden Name: _____

Address: _____

List names and phone numbers of friends or other relatives who may know where the father is:

Attempts to Collect Child Support and Public Assistance:

Does the father have an attorney? ☐ Yes ☐ No

Name and address of attorney: _____

_____

Has the father received child support enforcement services from an agency in another state?

☐ Yes ☐ No Name and address of agency: _____

_____

Has the father applied for collection services from a private agency? ☐ Yes ☐ No

Name and address of agency: _____

_____

Has the father received public assistance in any state? ☐ Yes ☐ No

Types of assistance: _____

Dates of assistance: _____ City, County, State: _____

General Information

Is the father a student? ☐ Yes ☐ No Expected graduation date: _____

Course of study or classes taken: _____

List high schools, trade schools and/or colleges the father has attended. Give dates, locations, courses and degrees received: _____

_____

Is the father a member of an Indian tribe? ☐ Yes ☐ No If yes, which tribe? _____

Does he live on a reservation? ☐ Yes ☐ No If yes, which reservation? _____

FATHER/ALLEGED FATHER'S INFORMATION (continued) PART E

Is the father:

Yes	No		
☐	☐	A member or former member of the Armed Forces?	
		Branch of Service: _____	Rank: _____ Years of Service: _____
		Date Entered: _____	Date Discharged: _____
☐	☐	Receiving military retirement?	Amt per Month $_____
☐	☐	Receiving military disability income?	Amt per Month $_____
☐	☐	Receiving Social Security benefits?	Amt per Month $_____
☐	☐	Disabled?	
☐	☐	Receiving Workers Compensation?	Amt per Month $_____
☐	☐	Receiving retirement income/pension?	Amt per Month $_____
			Source: _____
☐	☐	Currently incarcerated?	Where? _____
☐	☐	On parole or probation?	Name of parole/probation officer: _____
			Phone Number: _____

Does the father:

Yes	No		
☐	☐	Have a driver's license?	State and Number: _____
☐	☐	Own vehicles?	Description: _____
☐	☐	Own property?	Description: _____
☐	☐	Have investments?	Type and Amount: _____
☐	☐	Have a bank account?	Name and location of bank: _____
☐	☐	Have any state or county licenses or certificates? List: _____	

OTHER INFORMATION PART F

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

CHILDREN'S INFORMATION — PART G

Provide the information requested for all children born of the relationship between the mother and father, even if they do not reside in your home. Each child will have his/her own column. If you have more than six children, copy this page and attach it to the application.

	Child 1	Child 2	Child 3
Child's Full Name:	_____	_____	_____
Other Names Used:	_____	_____	_____
Sex and Race:	Sex: _____ Race: _____	Sex: _____ Race: _____	Sex: _____ Race: _____
Social Security Number:	_____	_____	_____
Date of Birth:	_____	_____	_____
Place of Birth (City, County, State):			
Who does the child live with and since what date?	With: _____ Since: _____	With: _____ Since: _____	With: _____ Since: _____
Is this child covered under any insurance plan?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Insurance Company Name:	_____	_____	_____
Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
Phone Number:	_____	_____	_____
Plan Name:	_____	_____	_____
Group Number and Policy Number	_____	_____	_____
If more than one insurance, provide information about the additional insurance at the end of Part G.			
Who provides the insurance?	☐ Mother ☐ Father ☐ Other	☐ Mother ☐ Father ☐ Other	☐ Mother ☐ Father ☐ Other
If other, list name and relationship to child:			
Is this child receiving Social Security benefits?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If yes, list type and amount:			
Provide the following information if a support order does not exist and the parents were never married to each other.			
Place of conception (City, County, State):	_____	_____	_____
Has genetic testing been done? If yes, provide a copy of the results.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Has any man signed an Acknowledgment of Paternity? If yes, provide a copy and list the city, county and state where filed:	☐ Yes ☐ No _____	☐ Yes ☐ No _____	☐ Yes ☐ No _____

Additional Information: _____

CHILDREN'S INFORMATION (continued) PART G

Provide the information requested for all children born of the relationship between the mother and father, even if they do not reside in your home. Each child will have his/her own column. If you have more than six children, copy this page and attach it to the application.

	Child 4	Child 5	Child 6
Child's Full Name:	_____	_____	_____
Other Names Used:	_____	_____	_____
Sex and Race:	Sex: _____ Race: _____	Sex: _____ Race: _____	Sex: _____ Race: _____
Social Security Number:	_____	_____	_____
Date of Birth:	_____	_____	_____
Place of Birth (City, County, State):	_____	_____	_____
Who does the child live with and since what date?	With: _____ Since: _____	With: _____ Since: _____	With: _____ Since: _____
Is this child covered under any insurance plan?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Insurance Company Name:	_____	_____	_____
Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
Phone Number:	_____	_____	_____
Plan Name:	_____	_____	_____
Group Number and Policy Number	_____	_____	_____

If more than one insurance, provide information about the additional insurance at the end of Part G.

Who provides the insurance? ..... If other, list name and relationship to child: ...	☐ Mother ☐ Father ☐ Other	☐ Mother ☐ Father ☐ Other	☐ Mother ☐ Father ☐ Other
Is this child receiving Social Security benefits? If yes, list type and amount:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Provide the following information if a support order does not exist and the parents were never married to each other.

Place of conception (City, County, State):	_____	_____	_____
Has genetic testing been done? If yes, provide a copy of the results.....	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Has any man signed an Acknowledgment of Paternity? If yes, provide a copy and list the city, county and state where filed:	☐ Yes ☐ No _____	☐ Yes ☐ No _____	☐ Yes ☐ No _____

Additional Information: _____

_____

_____

OTHER CHILDREN INFORMATION — PART H

List all of the **mother's** children not previously listed.

Child's Full Name	Date of Birth Month/Day/Year	Who does the child live with?	Is the mother ordered to pay support for this child?
			☐ Yes ☐ No $_____ Amount/Month
			☐ Yes ☐ No $_____ Amount/Month
			☐ Yes ☐ No $_____ Amount/Month
			☐ Yes ☐ No $_____ Amount/Month
			☐ Yes ☐ No $_____ Amount/Month
			☐ Yes ☐ No $_____ Amount/Month

List all of the **father's** children not previously listed.

Child's Full Name	Date of Birth Month/Day/Year	Who does the child live with?	Is the father ordered to pay support for this child?
			☐ Yes ☐ No $_____ Amount/Month
			☐ Yes ☐ No $_____ Amount/Month
			☐ Yes ☐ No $_____ Amount/Month
			☐ Yes ☐ No $_____ Amount/Month
			☐ Yes ☐ No $_____ Amount/Month
			☐ Yes ☐ No $_____ Amount/Month

Additional Information: _____

_____

_____

_____

_____

_____

STATE OF MONTANA
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
CHILD SUPPORT ENFORCEMENT DIVISION

AFFIDAVIT OF SUPPORT RECEIVED OR PAID

Children: _____ Mother: _____

_____ Father: _____

Read all the choices carefully **before** you check the box or boxes that apply. Please put your initials next to each box you check. The Child Support Enforcement Division (CSED) will collect ordered maintenance or alimony if the CSED is also collecting support.

STATE OF _____)
:ss.
County of _____)

I, the undersigned, having been first duly sworn upon my oath, say:

☐ I received payments **directly** from the ☐ father ☐ mother. I listed the payments on the other side of this form.

☐ I received payments from another state agency or court. I listed the payments on the other side of this form. (Provide name, address and phone number of other state agency or court below.) **You must provide a certified copy of any pay records from the agency or court.**

_____

_____

☐ I have never received a support payment.

☐ I made payments **directly** to _____. (Name of individual, not an agency or court.) I listed the payments on the other side of this form.

☐ I made payments to another state agency or court. I listed the payments on the other side of this form. (Provide name, address and phone number of other state agency or court below.) **You must provide a certified copy of any pay records from the agency or court.**

_____

☐ I have never made a support payment.

COMPLETE OTHER SIDE

PAYMENTS

Year: _____ **Year:** _____ **Year:** _____

Month	Amount Due	Amount Paid	✓ If Paid To or Rec'd From Court/Agency	Month	Amount Due	Amount Paid	✓ If Paid To or Rec'd From Court/Agency	Month	Amount Due	Amount Paid	✓ If Paid To or Rec'd From Court/Agency
Jan				Jan				Jan			
Feb				Feb				Feb			
Mar				Mar				Mar			
Apr				Apr				Apr			
May				May				May			
June				June				June			
July				July				July			
Aug				Aug				Aug			
Sept				Sept				Sept			
Oct				Oct				Oct			
Nov				Nov				Nov			
Dec				Dec				Dec			

Year: _____ **Year:** _____ **Year:** _____

Month	Amount Due	Amount Paid	✓ If Paid To or Rec'd From Court/Agency	Month	Amount Due	Amount Paid	✓ If Paid To or Rec'd From Court/Agency	Month	Amount Due	Amount Paid	✓ If Paid To or Rec'd From Court/Agency
Jan				Jan				Jan			
Feb				Feb				Feb			
Mar				Mar				Mar			
Apr				Apr				Apr			
May				May				May			
June				June				June			
July				July				July			
Aug				Aug				Aug			
Sept				Sept				Sept			
Oct				Oct				Oct			
Nov				Nov				Nov			
Dec				Dec				Dec			

Attach additional pages if needed.

_____ _____ _____

Date Print Name Signature

Subscribed and sworn to before me, a Notary Public for this state, on the date written above.

_____ Print Name: _____ _____

Notary Public Residing at: _____ Commission Expires

STATE OF MONTANA
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
CHILD SUPPORT ENFORCEMENT DIVISION

AUTHORIZATION TO ACT

Children: _____ Mother: _____

_____ Father: _____

I have applied for Montana Child Support Enforcement Division (CSED) services. The CSED is authorized by law to take all actions necessary to work my case.

I am the ☐ Mother ☐ Father ☐ Other (list relationship) _____

This authorization is effective until I ask the CSED to close my case or until the CSED notifies me it has closed my case, whichever is later.

_____ _____

Date Signature

_____

Print your name

STATE OF _____)
:ss
County of _____)

Before me, a Notary Public for this State, personally appeared the person named above and executed the same in my presence.

IN WITNESS WHEREOF, I set my hand and affixed my official seal, the day, month and year written above.

(SEAL)

_____
Notary Public for the State of Montana
Print Name: _____
Residing at: _____
My Commission Expires: _____

STATE OF MONTANA
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
CHILD SUPPORT ENFORCEMENT DIVISION

Children: _____ Mother: _____

_____ Father: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, (print your name) authorize the Child Support Enforcement Division of the Montana Department of Public Health and Human Services (CSED), its employees or its agents to release any and all information about this case orally or in writing to _____ (name), my _____ (relationship; ie, current spouse, attorney, etc.).

Information that may be released includes all information available to the CSED pertaining to the above case. Such information includes, but is not limited to: details and/or documentation regarding the status of the CSED action in the case, specifics regarding payments and status of accounts, social security numbers, any negotiations or settlements made in the case, dates of hearings, paternity information and other sensitive information, and any other information that the CSED or its authorized agents or employees maintain in the case file(s) or obtain through investigation. This information may be released to the above named individual or agency as if it were being released to me.

This release does not allow the undersigned, or any individual or agency named above, to receive access to information that is determined to be confidential under state or federal law, or that is otherwise protected from disclosure by law.

This authorization shall remain in effect until I revoke the authorization in writing, and the CSED acknowledges that it has received my written request.

_____ _____
Date Signature

State of _____

County of _____

Signed or attested before me on the above date by the person named in the foregoing document, whose identity was known or proved to me.

_____
Notary Public for the State of Montana
(S E A L) Print Name: _____
Residing at: _____
My Commission Expires: _____

INFORMATION ABOUT ELECTRONIC PAYMENTS

The Child Support Enforcement Division (CSED) issues child support payments electronically, either by direct deposit or to a Montana Access account. The CSED does this to save money and to safeguard child support payments. Paper checks are expensive to issue. Electronic transfers are less costly and are not subject to slow mail service or mail theft. Funds are available to the payee sooner.

Direct deposit is the electronic transfer of payments to your bank account. Once you sign up, all payments will be sent to your account automatically and can be spent in the same manner as any other money in your account.

Montana Access is a cash account accessed by a debit-type card. The first time the CSED processes a payment for you, a card and instructions on using it will be mailed to you. The card can be used to make purchases at certain businesses or to withdraw cash from certain automated teller machines (ATMs).

If you do not sign up for direct deposit, your payments will automatically go to Montana Access.

Which option is better? That's a personal choice. Here are some facts that may help you decide.

Accessibility: Payments added to a Montana Access account may be more difficult to spend than those deposited to your bank account. Currently, the card can be used only at stores that accept food stamps or at participating ATMs.

Fees: The card can be used to withdraw cash at many ATMs but you will be charged a fee, usually $1 - $2 per transaction. ATMs limit the amount of cash that can be withdrawn in a day and only dispense cash in set denominations, such as $20 bills. Individual ATM rules apply to all transactions. With direct deposit, there are no additional fees or restrictions.

If you need a replacement card, a $2 fee will be deducted from your account.

Availability: Payments added to a Montana Access account are available the day after the CSED processes a payment, even on weekends and holidays. Direct deposits are generally available the second business day after processing.

Notification: With either option, the CSED will send you a notice that a payment has been processed. Only the direct deposit notice will list the amount of the payment.

Exceptions: If you receive payments through Montana Access, in some situations you will still receive a check. For example, if you are entitled to a payment of $2500 or more, the CSED will send a check since it may be difficult to withdraw this amount of money from an ATM. Payments resulting from interceptions of federal tax refunds will also be issued by check. These exceptions do not apply to direct deposit.

STATE OF MONTANA
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
CHILD SUPPORT ENFORCEMENT DIVISION

RECEIVING YOUR CHILD SUPPORT THROUGH DIRECT DEPOSIT

Direct deposit is the electronic transfer of funds from one bank to another. You may authorize the Child Support Enforcement Division (CSED) to deposit payments directly to your bank account by completing and returning this form with your application.

The first payment the CSED receives after processing your request for direct deposit is used as a test transaction to be sure everything works properly. You will receive a check for that payment. Subsequent payments will be credited to your account.

To cancel direct deposit or change bank information, fax your request to 406-444-1370 or mail it to:

Child Support Enforcement Division
EFT Disbursements / Fiscal Unit
PO Box 202943
Helena MT 59620

DIRECT DEPOSIT AUTHORIZATION FORM

Name:_____ SSN: _____
Last First M

I authorize the CSED to make deposits to the ☐ checking account ☐ savings account listed here. I will promptly repay any amount that is overpaid to this account.

I will notify the CSED in writing if I want to cancel direct deposit or change my bank information.

_____ _____
Signature Date

Attach a voided check blank for a checking account or a deposit ticket for a savings account.

The CSED needs your account number and your bank's routing number in order to establish direct deposit.