

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

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**Non Public Assistance Child Support Application**

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

## MONTANA REGIONAL CHILD SUPPORT OFFICES

<p style="text-align: center;"><b>REGION 2</b></p> <p>Child Support Enforcement Division 201 First St. South, Suite 1A Great Falls MT 59405 (406) 727-7449</p> <p><b>Counties served by Region 2</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Blaine</td> <td style="width: 50%;">Petroleum</td> </tr> <tr> <td>Cascade</td> <td>Phillips</td> </tr> <tr> <td>Chouteau</td> <td>Pondera</td> </tr> <tr> <td>Glacier</td> <td>Teton</td> </tr> <tr> <td>Hill</td> <td>Toole</td> </tr> <tr> <td>Liberty</td> <td></td> </tr> </table>	Blaine	Petroleum	Cascade	Phillips	Chouteau	Pondera	Glacier	Teton	Hill	Toole	Liberty		<p style="text-align: center;"><b>REGION 4</b></p> <p>Child Support Enforcement Division 17 West Galena Butte MT 59701 (406) 497-6600</p> <p><b>Counties served by Region 4</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Beaverhead</td> <td style="width: 50%;">Lewis &amp; Clark</td> </tr> <tr> <td>Broadwater</td> <td>Madison</td> </tr> <tr> <td>Deer Lodge</td> <td>Meagher</td> </tr> <tr> <td>Fergus</td> <td>Park</td> </tr> <tr> <td>Gallatin</td> <td>Powell</td> </tr> <tr> <td>Golden Valley</td> <td>Silver Bow</td> </tr> <tr> <td>Granite</td> <td>Stillwater</td> </tr> <tr> <td>Jefferson</td> <td>Sweetgrass</td> </tr> <tr> <td>Judith Basin</td> <td>Wheatland</td> </tr> </table>	Beaverhead	Lewis & Clark	Broadwater	Madison	Deer Lodge	Meagher	Fergus	Park	Gallatin	Powell	Golden Valley	Silver Bow	Granite	Stillwater	Jefferson	Sweetgrass	Judith Basin	Wheatland
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<p style="text-align: center;"><b>REGION 3</b></p> <p>Child Support Enforcement Division 1500 Poly Drive, Suite 200 Billings MT 59102 (406) 655-5500</p> <p><b>Counties served by Region 3</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Big Horn</td> <td style="width: 50%;">Powder River</td> </tr> <tr> <td>Carbon</td> <td>Prairie</td> </tr> <tr> <td>Carter</td> <td>Richland</td> </tr> <tr> <td>Custer</td> <td>Roosevelt</td> </tr> <tr> <td>Daniels</td> <td>Rosebud</td> </tr> <tr> <td>Dawson</td> <td>Sheridan</td> </tr> <tr> <td>Fallon</td> <td>Treasure</td> </tr> <tr> <td>Garfield</td> <td>Valley</td> </tr> <tr> <td>McCone</td> <td>Wibaux</td> </tr> <tr> <td>Musselshell</td> <td>Yellowstone</td> </tr> </table>	Big Horn	Powder River	Carbon	Prairie	Carter	Richland	Custer	Roosevelt	Daniels	Rosebud	Dawson	Sheridan	Fallon	Treasure	Garfield	Valley	McCone	Wibaux	Musselshell	Yellowstone	<p style="text-align: center;"><b>REGION 5</b></p> <p>Child Support Enforcement Division 2675 Palmer St, Suite C Missoula MT 59808 (406) 329-7910</p> <p><b>Counties served by Region 5</b></p> <p>Flathead Lake Lincoln Mineral Missoula Ravalli Sanders</p>										
Big Horn	Powder River																														
Carbon	Prairie																														
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Musselshell	Yellowstone																														
<p><b>REGION 8</b></p> <p>Child Support Enforcement Division PO Box 202943 Helena MT 59620-2943 (406) 444-9767</p> <p><b>Non custodial parent in Montana, custodian and children out of state</b></p>																															

# 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. Services are provided to either parent, or to a third party with whom the child resides by court order or with the consent of the parent who has legal custody.

### Locate Services

The CSED will search for addresses and assets using available automated resources.

### Order Establishment

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

Once paternity is established, the CSED will move to establish an order for child 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 for possible modification. **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 and other government payments.
- 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 medical insurance provisions.

### Automated Payment Information

Interactive Voice Response Unit  
In-state 1-800-346-KIDS (5437)  
Helena area 444-9855  
Out-of-state 1-406-444-9855

Website <http://app.mt.gov/csed>

### Payments

Payments are issued electronically, either to a prepaid debit card or to a bank account. See attached Electronic Payments information.

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

### Send all payments to:

**CSED**  
**PO Box 5955**  
**Helena, MT 59604**  
or

**Make payments online at**  
**<http://app.mt.gov/csp>**

Payments are distributed according to state and federal rules, regulations and laws.

**Visit CSED on the web**  
**<http://childsupport.mt.gov>**

### 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 social security numbers, names and addresses) 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 your family, 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**

\* \* \* \* \* **IMPORTANT** \* \* \* \* \*

**Keep this Form for Your Records**

**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 receive CSED services automatically.

The Terms and Conditions explain your rights and responsibilities and the services the CSED will provide. **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, or employment. 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.

## OTHER INFORMATION

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.
  4. The CSED will intercept federal and state income tax refunds when appropriate and apply them to unpaid support debt with state debt taking priority. 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.
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 your family 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 to other parties in the future. Also, if you have a protective or restraining order, you must 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:

- |  |   |
|--|---|
| <input type="checkbox"/> Greater than \$20,000 (Fee is \$25) | <input type="checkbox"/> Less than \$10,000 (Fee is \$5)  |
| <input type="checkbox"/> \$10,000 to \$20,000 (Fee is \$15)  | <input type="checkbox"/> 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 from the clerk of court of the county that filed the order. A photocopy of a certified copy is not acceptable.

## 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. 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 from the clerk of court of 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: \_\_\_\_\_

If no, 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: \_\_\_\_\_ Date: \_\_\_\_\_

City, county and state where the order was entered: \_\_\_\_\_

Is there an order for support?  Yes  No

Cause Number: \_\_\_\_\_ Date: \_\_\_\_\_

City, county and state where the order was entered: \_\_\_\_\_

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 there is 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'S / 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'S / 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? \_\_\_\_\_



**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) .....	_____	_____	_____
Child lives with .....	With: _____	With: _____	With: _____
Since what date .....	Since: _____	Since: _____	Since: _____
Covered under any insurance plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Company Name .....	_____	_____	_____
Address .....	_____	_____	_____
City, State, Zip .....	_____	_____	_____
Phone Number .....	_____	_____	_____
Plan Name .....	_____	_____	_____
Group Number and Policy Number .....	_____	_____	_____
Who provides the insurance?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other
If other, list name and relationship to child.	_____	_____	_____

**If child is covered by more than one insurance, provide information about the additional insurance at the end of Part G.**

Is child receiving Social Security benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide a copy of the results.	_____	_____	_____
Has any man signed an Acknowledgment of Paternity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide a copy and list the city, county and state where filed .....	_____	_____	_____

Additional Information: \_\_\_\_\_

**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 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) .....	_____	_____	_____
Child lives with .....	With: _____	With: _____	With: _____
Since what date .....	Since: _____	Since: _____	Since: _____
Covered under any insurance plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Company Name .....	_____	_____	_____
Address .....	_____	_____	_____
City, State, Zip .....	_____	_____	_____
Phone Number .....	_____	_____	_____
Plan Name .....	_____	_____	_____
Group Number and Policy Number .....	_____	_____	_____
Who provides the insurance?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other
If other, list name and relationship to child.	_____	_____	_____

**If child is covered by more than one insurance, provide information about the additional insurance at the end of Part G.**

Is child receiving Social Security benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide a copy of the results.	_____	_____	_____
Has any man signed an Acknowledgment of Paternity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide a copy and list the city, county and state where filed .....	_____	_____	_____

Additional Information: \_\_\_\_\_

**INFORMATION ABOUT OTHER CHILDREN OF THE PARENTS**

**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?
			<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Amount / Month
			<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Amount / Month
			<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Amount / Month
			<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Amount / Month
			<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Amount / Month
			<input type="checkbox"/> Yes <input type="checkbox"/> 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?
			<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Amount / Month
			<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Amount / Month
			<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Amount / Month
			<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Amount / Month
			<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Amount / Month
			<input type="checkbox"/> Yes <input type="checkbox"/> 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.



**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 \_\_\_\_\_ )

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.

**( S E A L )**

\_\_\_\_\_  
Notary Public for the State of \_\_\_\_\_

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, documentation and/or details 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 files 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 \_\_\_\_\_ )  
: ss.  
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.

**( S E A L )**

\_\_\_\_\_  
Notary Public for the State of \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Residing at: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

## **INFORMATION ABOUT ELECTRONIC PAYMENTS**

The Child Support Enforcement Division (CSED) issues child support payments electronically, either to your bank account through direct deposit or to a U.S. Bank ReliaCard® Visa® prepaid debit card. Generally, payments are available the second business day after the CSED processes them.

**Direct deposit** is the electronic transfer of payments to your bank or credit union account. To enroll, complete and return the attached Direct Deposit Authorization form.

**U.S. Bank ReliaCard Visa** is a prepaid debit card. It can be used to make purchases anywhere Visa debit cards are accepted or to withdraw cash at Visa/Plus® ATMs or any Visa bank or credit union. You may request cash back when making a purchase. The first time the CSED processes a payment for you, U.S. Bank will send you a card and instructions for using it.

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

**Fees.** For direct deposit, the only fees or restrictions are those that may be imposed by your financial institution.

With ReliaCard, the first two cash accesses per month (via either ATM or teller withdrawal) are free. There are fees for additional withdrawals, replacement cards, inactive accounts and various other items outlined in the information U.S. Bank will send you. Be sure to read and keep that information for future reference.

**Notification.** The CSED does not notify you of payments transferred to your bank account but payment information is available from our website or automated voice response unit. Contact information is listed below. Also, deposits can be verified with your financial institution and will appear on your bank statement.

U.S. Bank will send you a monthly statement showing your account activity and you may check their website for recent transactions.

Automated payment information from the CSED is available through the following:

**Payment website** <http://app.mt.gov/csed/>

**Interactive Voice Response Unit (IVR)**

In-state 1-800-346-KIDS (5437)

Helena area 444-9855

Out-of-state 1-406-444-9855

**You will need  
your case number  
and SSN  
to access payment  
information.**

**The Montana Access Card** will continue to be used for TANF and food stamp benefits.

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

**SIGNING UP FOR DIRECT DEPOSIT**

To authorize the Child Support Enforcement Division (CSED) to deposit payments directly to your bank account, complete and return 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 to change bank information, fax your request to 406-444-6934 or mail it to CSED EFT Disbursements, Fiscal Unit, PO Box 202943, Helena MT 59620.

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**DIRECT DEPOSIT AUTHORIZATION FORM**

Please print your responses.

Last Name: \_\_\_\_\_

First: \_\_\_\_\_ M Initial: \_\_\_\_\_

Soc Sec Number: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

I authorize the CSED to make deposits to the following account. (Your name must be on the account.)

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Phone Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type:    Checking    Savings  
(Select only one account type.)

I will promptly repay any amount that is overpaid to this account.

I will notify the CSED in writing if I want my payments sent to a different account or if I want direct deposit stopped. I will complete a new Authorization Form if I want payments sent to a different bank.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Forms returned  
without a signature will be rejected**

**Tape  
voided check blank  
or  
savings  
deposit ticket  
here.**

The CSED  
cannot implement  
direct deposit  
unless you  
provide  
**all the information**  
requested  
on the  
Authorization Form.

**For CSED Use Only**

Date Entered / Initials: \_\_\_\_\_

Date Verified / Initials: \_\_\_\_\_