

**FOR OFFICIAL USE ONLY**

**DATE STAMP**

DATE APPLICATION REQUESTED \_\_\_\_\_

DATE APPLICATION PROVIDED \_\_\_\_\_

DATE APPLICATION RECEIVED \_\_\_\_\_

**DIVISION OF WELFARE AND SUPPORTIVE SERVICES  
APPLICATION FOR CHILD SUPPORT SERVICES**

CASE NUMBER: \_\_\_\_\_

PLEASE CAREFULLY READ THE FOLLOWING INFORMATION.

**Child Support Enforcement (CSE) Program Services:**

- Locate all noncustodial parents and/or sources of income and/or assets;
- Establish paternity (determine who is the father of the child(ren));
- Establish financial and medical support;
- Enforce financial and medical support;
- Review and adjust existing child support orders;
- Collect and distribute financial and medical support payments.

The CSE program:

- must provide all the above services to all individuals, unless the individual is a Medicaid recipient and the Medicaid recipient notifies the CSE program in writing they only want medical support services;
- has sole discretion in determining which legal remedies are used to provide the above services and cannot guarantee success;
- may request assistance of another state and, thereby, be subject to the laws of that state. It may take ninety (90) days, or more, after the other state receives the request for services before any information is available;
- **does not** provide services involving custody, visitation or unpaid medical bills. However, these services may be available through a private attorney;
- will close your cases upon written request from you or when your case meets closure rules established by federal and state regulation.

**Important Information You Should Know:**

The CSE program:

- will impose a \$35 annual fee effective October 1, 2019 in each case where an individual has never received TANF cash assistance and for whom the State has collected at least \$550 of child support.
- represents the State of Nevada when providing services and no attorney-client privilege exists;
- is authorized to endorse and cash checks, money orders and/or other forms of payment made payable to you for support payments;
- child support payments will be made as a direct deposit into your bank account, or by a Nevada Debit Card. A Nevada Debit Card will be issued to you unless you request payments by direct deposit. For more information regarding direct deposit, please call toll free to the Child Support Customer Service Unit at (800) 992-0900 or check the Child Support Enforcement State Collections and Disbursement Unit (SCaDU) website at [https://dwss.nv.gov/uploadedFiles/dwssnv.gov/content/Home/Features/Forms/1116-MEC\\_Direct%20Deposit%20Info%20English.pdf](https://dwss.nv.gov/uploadedFiles/dwssnv.gov/content/Home/Features/Forms/1116-MEC_Direct%20Deposit%20Info%20English.pdf) to print a Direct Deposit Authorization Agreement.
- may collect past-due support by intercepting an IRS tax refund or other federal payment. If a tax intercept occurs, the CSE program has the authority to hold a joint tax refund for a period of six (6) months before distributing the funds. No interest is paid on the held funds. Funds collected from tax intercept are applied first to pay off any past-due support assigned to the State of Nevada. A nonrefundable fee is deducted by the federal government for any tax or federal payments intercepted by the CSE program.

By accepting cash or medical assistance for yourself or the child in your custody, you have made an assignment to the Division of Welfare and Supportive Services of all rights to support from any person. Any unpaid support assigned to the State of Nevada may be enforced and collected until paid in full.

If you receive cash assistance, support payments are kept by the State of Nevada to pay off any past-due support assigned to the state. When you are off cash assistance, support payments are sent to you until you request case closure in writing. However, any unpaid support assigned to the State of Nevada may be enforced and collected until paid in full.

All support payments are sent to and processed by the CSE program and distributed according to federal and state regulations.

The CSE program is required by Title 42 of the United States Code, federal regulations, and state laws that established the CSE program to obtain the social security numbers (SSN) for those individuals receiving child support services. The SSN is needed to properly establish and enforce child support obligations based on program services and comply with reporting requirements contained in the federal and state laws and regulations previously mentioned. Any individual who fails to disclose this information may be denied child support services. The CSE program will use these SSNs only for the purpose of providing services outlined in the federal law, federal regulations, state laws, and state regulations that govern the CSE program.

In accordance with federal law and U.S. Department of Health and Human Services (HHS) policy, the Division of Welfare and Supportive Services is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (800) 368-1019 (voice) or (800) 537-7697(TDD).

### **Responsibilities:**

You are responsible for:

- providing all available information requested by the CSE program. This may include certified copies of a divorce decree and/or all existing support orders, copies of the children's birth certificates, and a photograph of the noncustodial parent;
- participating in genetic testing to establish paternity. If the genetic test proves the person named is not the father, you may be required to pay the cost of the genetic test;
- reporting when any of the following changes happen;
  1. Name change, new address or telephone number for home or work;
  2. A private attorney or collection agency is hired;
  3. Another child support or paternity legal action is filed;
  4. Filing for divorce;
  5. Receive support payments directly from the noncustodial parent;
  6. New address, telephone number, employment or health insurance for the noncustodial parent;
  7. Child(ren) no longer live with you;
  8. Child(ren) still in high school **after** age 18;
  9. Child(ren) become disabled **before** age 18;
  10. Child(ren) come to live with you or birth of another child;
  11. A child marries, is adopted, joins the armed forces or is declared an adult by court order.
- requesting a review and adjustment of the existing support order once every three years or if there is a significant change in circumstances;
- turning in support payments you receive directly from the noncustodial parent when you are receiving cash assistance;
- repayment of support amounts received in error, including support payments from an IRS tax refund which are adjusted by the IRS. If you fail to enter into a repayment agreement with the CSE program, the outstanding balance may be reported to a credit reporting agency and money collected on your behalf by the CSE program may be withheld for repayment. Additionally, legal action may be initiated against you.

### **Application Instructions:**

You must answer all questions. Please PRINT OR TYPE answers in black or blue ink. Check Yes, No, Unknown or write N/A (not applicable) in any space which does not apply. Use a separate sheet of paper if you need more room for any answer or if you have additional information regarding the noncustodial parent which is not covered by the questions on this form. **(Attach copies of all support court orders.) The application must be signed on pages 6 and 7. Services could be delayed if your application is not complete and signed.**

U.S. Bank ReliaCard® Pre-Acquisition Disclosure  
Program Name: Nevada Child Support

Monthly fee	Per purchase	ATM withdrawal	Cash reload
<b>\$0</b>	<b>\$0</b>	<b>\$0</b> in-network <b>\$1.50</b> out-of-network	<b>N/A</b>
ATM Balance Inquiry (in-network or out-of-network)			\$0
Customer Service (automated or live agent)			\$0 per call
Inactivity (after 365 days with no transactions)			\$1.50 per month
<b>We charge 3 other types of fees. One of them is:</b>			
Card Replacement (standard or expedited delivery)			\$0 or \$10.00
<b>No overdraft/credit feature.</b> Your funds are eligible for FDIC insurance.			
For general information about prepaid accounts, visit <a href="http://cfpb.gov/prepaid">cfpb.gov/prepaid</a> . Find details and conditions for all fees and services inside the card package or call <b>1-833-366-0952</b> or visit <a href="http://usbankreliacard.com">usbankreliacard.com</a> .			

## U.S. Bank ReliaCard® Fee Schedule

Program Name: Nevada Child Support

All fees	Amount	Details
<b>Getcash</b>		
ATM Withdrawal (in-network)	\$0	This is our fee per withdrawal. "In-network" refers to the U.S. Bank or MoneyPass® ATM networks. Locations can be found at <a href="http://usbank.com/locations">usbank.com/locations</a> or <a href="http://moneypass.com/atm-locator.html">moneypass.com/atm-locator.html</a> .
ATM Withdrawal (out-of-network)	\$1.50	This is our fee per withdrawal. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass ATM networks. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Teller Cash Withdrawal	\$0	This is our fee for when you withdraw cash off your card from a teller at a bank or credit union that accepts Visa®.
<b>Information</b>		
ATM Balance Inquiry (in-network)	\$0	This is our fee per inquiry. "In-network" refers to the U.S. Bank or MoneyPass ATM networks. Locations can be found at <a href="http://usbank.com/locations">usbank.com/locations</a> or <a href="http://moneypass.com/atm-locator.html">moneypass.com/atm-locator.html</a> .
ATM Balance Inquiry (out-of-network)	\$0	This is our fee per inquiry. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass ATM networks. You may also be charged a fee by the ATM operator.
<b>Using your card outside the U.S.</b>		
International Transaction	3%	This is our fee which applies when you use your card for purchases at foreign merchants and for cash withdrawals from foreign ATMs and is a percentage of the transaction dollar amount, after any currency conversion. Some transactions, even if you and/or the merchant or ATM are located in the United States, are considered foreign transactions under the applicable network rules, and we do not control how these merchants, ATMs and transactions are classified for this purpose.
International ATM Withdrawal	\$1.50	This is our fee per withdrawal. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
<b>Other</b>		
Card Replacement	\$0	This is our fee per card replacement mailed to you with standard delivery (up to 10 business days).
Card Replacement Expedited Delivery	\$10.00	This is our fee for expedited delivery (up to 3 business days) charged in addition to any Card Replacement fee.
Inactivity	\$1.50	This is our fee charged each month after you have not completed a transaction using your card for 365 consecutive days.

Your funds are eligible for FDIC insurance. Your funds will be held at U.S. Bank National Association, an FDIC-insured institution, and are insured up to \$250,000 by the FDIC in the event U.S. Bank fails. See [fdic.gov/deposit/deposits/prepaid.html](http://fdic.gov/deposit/deposits/prepaid.html) for details.

No overdraft/credit feature.

Contact Cardholder Services by calling **1-833-366-0952**, by mail at P.O. Box 551617, Jacksonville, FL 32255 or visit [usbankreliacard.com](http://usbankreliacard.com).

For general information about prepaid accounts, visit [cfpb.gov/prepaid](http://cfpb.gov/prepaid). If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit [cfpb.gov/complaint](http://cfpb.gov/complaint).

CR-19767864

# CHILD SUPPORT PAYMENT AUTHORIZATION

<b>PERSONAL INFORMATION: (Please Print)</b>			
Name (First, Middle, Last):			
Mailing Address:		Apartment Number:	
City:	State:	Zip Code:	
E-mail Address:			
Social Security Number:		Daytime Telephone:	
Whether you are electing direct deposit or debit card, address changes must be reported to the child support agency immediately. Failure to provide current address information may result in delayed or stopped payments to your account. Debit card providers and financial institutions must also be notified of any changes.			
<b>I WANT TO: (Select One)</b>			
<input type="checkbox"/> Sign up for Direct Deposit (any collections will be received via a debit card until this request is processed)			
<input type="checkbox"/> Change My Direct Deposit to a Different Account			
<input type="checkbox"/> Cancel Direct Deposit and Sign up for a Debit Card			
<input type="checkbox"/> Sign up for a Debit Card			
<b>DIRECT DEPOSIT:</b>			
Financial Institution Name:			
Branch Name:			
Address:			
Financial Institution Routing Number:			
Financial Institution Account Number:			
Type of Account: (Select Only One) <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
<b>***Remember to attach a voided check/copy of check to this form or a letter from your financial institution including your routing number and account number. Do not attach a deposit slip; the routing number is not always correct.***</b>			
By selecting Direct Deposit, I authorize the Division of Welfare and Supportive Services (DWSS) to make deposits to the above account until I cancel this authorization. If funds are deposited into my account in error, I authorize the DWSS to debit the amount from my account or from future payments. I acknowledge that a new authorization form must be completed if I choose to change financial institutions or account numbers. I further acknowledge that I must notify DWSS immediately, in writing, if my account is closed.			
<b>DEBIT CARD:</b>			
By selecting to receive payments via a debit card, I acknowledge that I have received and reviewed the debit card disclosure statements.			

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(FOR SCaDU USE ONLY)	
<b>DATE REQUEST RECEIVED</b>	
Date Pre-Note Completed:	_____
Initials of Person Processing:	_____
Date Direct Deposit Request Completed:	_____
Initials of Person Processing:	_____

## **DIRECT DEPOSIT VS. DEBIT CARD**

### **What is Direct Deposit?**

Direct Deposit, also known as electronic funds transfer (EFT), allows the Nevada State Division of Welfare and Supportive Services (DWSS) State Collection and Disbursement Unit (SCaDU) to electronically deposit your payments directly into your bank account.

### **What are the benefits of using Direct Deposit?**

- Payments are automatically deposited to the account.
- There are no fees associated with direct deposit.
- Funds are available faster.

### **How does Direct Deposit work?**

When a payment is made from DWSS, SCaDU electronically tells your bank to credit your account.

### **Who can sign up for Direct Deposit?**

Every recipient of funds through DWSS who has a bank account in their name can sign up for Direct Deposit.

### **How do I sign up for Direct Deposit?**

Complete the Child Support Payment Authorization form along with verification from the bank showing the account number and routing numbers. **A voided check is acceptable verification for a checking account. For a savings account or on-line banking, please have your bank stamp and initial the request form to verify the bank routing and account number. A deposit slip is not acceptable verification.**

### **When will my Direct Deposit start?**

A Direct Deposit may not begin for at least 30 days from the date of your request. You will receive your child support payments via a debit card until your Direct Deposit application is processed.

### **What if I change or close my bank account?**

You must complete a new authorization form each time you change your banking information. When changing your bank account, SCaDU must close your previous direct deposit account and verify your new account information with your bank, a process that typically takes 10 business days. After the verification process is complete, all payments will be deposited into your new account, however, payments received during the verification period will be disbursed via a debit card. If your account has closed and you have NOT submitted a new Child Support Payment Authorization for processing as stated above, your child support payments will be disbursed via a debit card. **PLEASE NOTE:** If you have an existing debit card account, you will not automatically receive a new debit card. The debit card you initially received may still be used.

### **How do I stop Direct Deposit?**

You must notify SCaDU in writing by mailing or faxing a completed Child Support Payment Authorization form to SCaDU. You may select to change your direct deposit to a different account or cancel direct deposit and sign up to receive payments via a debit card.

**How many Direct Deposit accounts can I open?** Only one direct deposit account is allowed at a time. All payments will go into that one account until direct deposit is stopped.

### **How does the Nevada Child Support Debit Card work?**

Once you elect to receive your payments on the Nevada Child Support Debit Card, an account will be created in your name. Whenever a payment is received by the State Collection and Disbursement Unit (SCaDU), the funds will be sent by Electronic Funds Transfer (EFT) to your debit card. You can then use the debit card to make purchases or withdrawals until the funds are exhausted. You cannot make any additional deposits to the account. Only SCaDU can fund the debit card account.

### **What are the benefits of receiving payments on a debit card?**

- Safer than paper checks
- No trips to the bank or waiting in long lines
- Avoid check cashing fees
- A bank account is not required to receive payments

### **How long does it take to receive payments on the debit card?**

Once the first child support collection is received, it will be posted to your debit card. You should receive your card within 7-10 business days. Once you have your card, all future payments will be posted to your debit card unless you elect to receive payments via direct deposit.

If no payment is made on your case, you will not get a card.

### **How do I activate the debit card?**

You will receive your Nevada Child Support Debit Card along with instructions on how to activate and use it. Once you receive the card, you can activate online or by calling the toll-free number provided with the card. Once activated, you may use your card.

### **Where can I use the debit card?**

You can use your card anywhere Visa debit cards are accepted. You can also get cash withdrawals from your card.

### **How do I get a replacement debit card?**

If your card is lost or stolen, you need only contact the Debit Card Customer Service Center to report your card lost or stolen and to request a replacement card. Customer Service information will be provided to you with your initial card packet.

### **How do I know when I've received a payment?**

You may contact the DWSS voice response unit (VRU) toll free to find out whether a payment has been sent to you. The VRU is available 24 hours a day, 7 days a week. The telephone numbers are:

(775) 684-7200 – Northern Nevada

(702) 486-1646 – Southern Nevada

or call the Child Support Customer Service number toll free at 1-(800)-992-0900.

For more information, please visit our website: <https://dwss.nv.gov>.

**Mail or fax the completed Child Support Payment Authorization form to:**

**Nevada State Division of Welfare and Supportive Services  
Attention: SCaDU EFT  
PO Box 98950  
Las Vegas, Nevada 89193-8950  
FAX (702) 486-8592**

**COMPLETE THE FOLLOWING ABOUT YOU, THE CUSTODIAN (CST), OF THE CHILD(REN):**

Name ( Last, First, Middle)		Other Last Names Used	
Residential Address (Street Address, City, State & Zip Code)		Date applicant started living in Nevada?	
Mailing Address (If different than above)			
Home Phone No.		Work Phone No.	
Cell Phone No.		E-Mail Address:	
Social Security No.	Birth Date	Birth Place	<input type="checkbox"/> Male <input type="checkbox"/> Female
Height                  ft                  in	Weight                                  lbs	Hair Color: Eye Color:	Race:
Employer Name & Address (City, State, & Zip Code)			Job Title
Are you: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Living with a boyfriend or girlfriend			
What is <b>your</b> relationship to the children? (Mother, father, grandparent, etc.) Date children began living with you (month/year)?			

**MEDICAL/HEALTH INSURANCE INFORMATION:**

Do you and the children have satisfactory medical/health insurance (not Medicaid)? <input type="checkbox"/> Yes <input type="checkbox"/> No      Monthly cost?	
Is medical/health insurance available with your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No      Monthly cost?	<b>Please attach a copy of your medical/health insurance card.</b>

**PUBLIC ASSISTANCE (DIVISION OF WELFARE AND SUPPORTIVE SERVICES) INFORMATION:**

Did you apply for TANF cash assistance? <input type="checkbox"/> No      Yes      If Yes, where? (City, State) When? (Month/Year)
Have you or the children received TANF cash assistance in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where? (City, State)      What year(s)?

**CHILDREN INFORMATION:**

Child's Name (Last, First, Middle)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnancy began in what state?
Social Security No.	Birth Place: Birth Date:	Race	Date child started living in Nevada?
Child's Parents: <input type="checkbox"/> Never married <input type="checkbox"/> Lived together <input type="checkbox"/> Married <input type="checkbox"/> Divorced			
Date mother stopped living with child:		Date father stopped living with child:	
Date Parents Married: City, State:		Date Parents Divorced: City, State:	
Mother's Name:		Father's Name: On birth record? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**CHILDREN INFORMATION Continued:**

Child's Name (Last, First, Middle)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnancy began in what state?
Social Security No.	Birth Place: Birth Date:	Race	Date child started living in Nevada?
Child's Parents: <input type="checkbox"/> Never married <input type="checkbox"/> Lived together <input type="checkbox"/> Married <input type="checkbox"/> Divorced			
Date mother stopped living with child:		Date father stopped living with child:	
Date Parents Married: City, State:		Date Parents Divorced: City, State:	
Mother's Name:		Father's Name: On birth record? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Child's Name (Last, First, Middle)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnancy began in what state?
Social Security No.	Birth Place: Birth Date:	Race	Date child started living in Nevada?
Child's Parents: <input type="checkbox"/> Never married <input type="checkbox"/> Lived together <input type="checkbox"/> Married <input type="checkbox"/> Divorced			
Date mother stopped living with child:		Date father stopped living with child:	
Date Parents Married: City, State:		Date Parents Divorced: City, State:	
Mother's Name:		Father's Name: On birth record? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Child's Name (Last, First, Middle)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnancy began in what state?
Social Security No.	Birth Place: Birth Date:	Race	Date child started living in Nevada?
Child's Parents: <input type="checkbox"/> Never married <input type="checkbox"/> Lived together <input type="checkbox"/> Married <input type="checkbox"/> Divorced			
Date mother stopped living with child:		Date father stopped living with child:	
Date Parents Married: City, State:		Date Parents Divorced: City, State:	
Mother's Name:		Father's Name: On birth record? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Child's Name (Last, First, Middle)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnancy began in what state?
Social Security No.	Birth Place: Birth Date:	Race	Date child started living in Nevada?
Child's Parents: <input type="checkbox"/> Never married <input type="checkbox"/> Lived together <input type="checkbox"/> Married <input type="checkbox"/> Divorced			
Date mother stopped living with child:		Date father stopped living with child:	
Date Parents Married: City, State:		Date Parents Divorced: City, State:	
Mother's Name:		Father's Name: On birth record? <input type="checkbox"/> Yes <input type="checkbox"/> No	



**COMPLETE THE FOLLOWING ABOUT THE NONCUSTODIAL PARENT (NCP)** (parent who is absent from the children)

Name (Last, First, Middle)			Other Names Used:		
Residential Address (Street Address, City, State & Zip Code)					<input type="checkbox"/> Current Address
					<input type="checkbox"/> Last Known Address
					<input type="checkbox"/> Relative's Address
Mailing Address (If different than above)					<input type="checkbox"/> Current Address
					<input type="checkbox"/> Last Known Address
					<input type="checkbox"/> Relative's Address
Home Phone No.			Work Phone No.		
Cell Phone No.			E-Mail Address		
Social Security No.		Birth Date		Birth Place City, State	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
Height                  ft                  in		Weight                  lbs		Hair Color Eye Color	
				Race	
Describe any scars, birthmarks or tattoos:					
Is the parent: <input type="checkbox"/> Mother <input type="checkbox"/> Father           Is the parent: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Living with a boyfriend or girlfriend					
Has the parent been in jail or prison? <input type="checkbox"/> Yes <input type="checkbox"/> No           If Yes, where? (City, State) _____ When? _____					
At any time was the mother married to this non-custodial parent? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of Marriage		Date of Divorce
Was the mother married to someone else? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are there other possible fathers? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Existing Child Support Order? <input type="checkbox"/> Yes <input type="checkbox"/> No           If Yes, from what City, State? _____					
<b>Attach a copy</b>					
Last support payment date: <input type="checkbox"/> direct to you <input type="checkbox"/> from another child support office; City, State: _____					

**EMPLOYMENT/INCOME INFORMATION:**

Employer Name & Address (City, State) <input type="checkbox"/> Current Employer <input type="checkbox"/> Former Employer	Type of work:
Union Member <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, what union? Union Address (City, State) and phone no.:	Local #:
Military Service <input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, what branch? <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> Reserves	
Other Income: <input type="checkbox"/> Unemployment <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement <input type="checkbox"/> Self-employed	

**MEDICAL/HEALTH INSURANCE INFORMATION:**

Does the parent have medical/health insurance for the children? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are the children covered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name & address of insurance company (City, State)			
Policy No.		Group No.	

**RESOURCE INFORMATION:**

Vehicles (car, boat, trailer, RV, etc.)? Make:	Model:	Year:	License #:	State:
Property Owned (home, land, buildings, etc.)? Address/Location (City, State):				
Bank Accounts (Checking, Savings, CD, IRA, Retirement, etc.)? Location (Bank name, City, State)				

**PAYMENT HISTORY FOR NONCUSTODIAL PARENT (NCP)** (starting with most recent month)

NCP's Name: \_\_\_\_\_

YEAR: \_\_\_\_\_

YEAR: \_\_\_\_\_

YEAR: \_\_\_\_\_

Month	Amount Due	Amount Paid	Month	Amount Due	Amount Paid	Month	Amount Due	Amount Paid
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		
<b>TOTAL</b>			<b>TOTAL</b>			<b>TOTAL</b>		

YEAR: \_\_\_\_\_

YEAR: \_\_\_\_\_

YEAR: \_\_\_\_\_

Month	Amount Due	Amount Paid	Month	Amount Due	Amount Paid	Month	Amount Due	Amount Paid
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		
<b>TOTAL</b>			<b>TOTAL</b>			<b>TOTAL</b>		

**DECLARATION**

I declare under penalty of perjury the information I have provided on this application is true and correct to the best of my knowledge and belief and the statements contained herein are made for the purposes stated herein including, but not limited to, obtaining assistance in paternity and order establishment, and the enforcement and distribution of child support. By signing this application, I acknowledge the responsibilities as listed and agree to the services the Child Support Enforcement Program provides.

\_\_\_\_\_  
Name of Applicant (please print)\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Date

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

## DOMESTIC OR FAMILY VIOLENCE STATEMENT

I believe the release of my and/or the child(ren)'s address and/or other identifying information would unreasonably put me and/or the child(ren)'s health, safety, or liberty at risk.

☐ NO

☐ YES. Explain fully and attach filed copies of all relevant court orders and other documentation.

[illegible]

(If additional space is needed, continue on a separate sheet of paper.)

### Disclosure of Information:

Any information contained in this application can be used in other cases in which you are involved, such as a change in child custody where you become a noncustodial parent. Information contained in CSE program cases is not given to anyone not directly involved in the administration of the program.

If the CSE program requests assistance of another state, the Uniform Interstate Family Support Act of 1996 (UIFSA) requires personal identifying information be provided to that state about you and the children in your custody, such as resident address. Nevada law provides protection for you and the children in your custody if there is serious risk of family violence or child abduction. A court can order personal identifying information not be given if the health, safety or liberty of you or the children in your custody would be at risk.

**Declaration:**

**I declare under penalty of perjury that the information I have provided on this statement is true and correct.**

Name of Applicant (Please Print)

Signature of Applicant

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Date \_\_\_\_\_

