



## Child Support Enforcement

Are you a parent (divorced, separated or never married) with children to support or a person responsible for a child? Do you need help to establish paternity and/or a child support order? Do you have a support order and need help to collect payments?

Child support is an obligation of a parent to provide emotional, financial, and medical support for child or children. DCFS offers parent locator and paternity establishment services, as well as assistance to establish and enforce child support orders and collection and distribution of child support payments.

### **Child Support Enforcement helps:**

- Locate non-custodial parents
- Establish paternity
- Establish child support and medical support
- Enforce child support, medical support, and spousal support
- Collect and distribute payments

### **Who can get help?**

Any parent or person responsible for a child who needs our services. Anyone who receives Family Independence Temporary Assistance Program (FITAP), Kinship Care Subsidy Program (KCSP) or Medicaid benefits automatically receives child support enforcement services. Anyone else may apply for Child Support enforcement Services and pay an application fee of \$25.

### **How is the Application Fee Paid?**

The \$25.00 Application fee may be paid by a cashier's check or money order made payable to DCFS (Department of Children and Family Services). For identification purposes, please include your name, address, and SSN on the payment instrument and mail it to the address of the Louisiana Child Support Office in your area. Please note that an application cannot be processed until the application fee is received and the fee must be postmarked within 30 days of submitting the application. Application fees are nonrefundable.

### **Do people who receive FITAP, KCSP, or Medicaid have to seek support from the noncustodial parent?**

To be eligible for FITAP, or KCSP, a person must give information to help identify and locate the non-custodial parent. A parent included in the Medicaid case also must cooperate in securing medical support in order to receive benefits. However, in some cases the FITAP, KCSP or Medicaid agency may determine there is good cause for not cooperating.

### **Is help available if the other parent lives in a different state?**

Yes. Child Support Enforcement works with all states and some foreign countries to help provide child support services.

### **How does the program work?**

Child support enforcement services are administered from 12 District Offices, which serve all 64 parishes. Offices of the District Attorney also provide child support services.



The fee for parent location services only is \$10 if the non-custodial parent's Social Security number is known or \$14 if it is unknown. Social Security numbers are released in connection with programs within DCFS and as required by state and federal law.

If you have a complaint regarding the way your child support case is being handled, you may request an administrative review of the actions taken on your case. If you wish to request an administrative review, call or write to the office that handles your case within 30 days of the date of the notice. You will be notified of the date, time and place of your administrative review.

### **How are payments made?**

Support payments are distributed as follows:

1. Current monthly support is paid to the family
2. Past due support is paid to the family.
3. Past due support assigned to the state is paid.

An exception is made for past due support collected through intercept of federal tax refunds. This support must be applied to support assigned to the state.

A small fee is deducted from payments received from federal administrative offset, federal tax intercept or state tax. The fee for full service IRS collection is 122.50.

### **Receiving Payments**

A check will be issued to you or the funds will be directly deposited into a checking, savings or Direct payment card account. To report a lost, stolen or damaged Direct Payment Card contact US Bank ReliaCard at 1 855-274-0374. If you have signed up for Direct Deposit, any lost, stolen or damaged card must be reported to your financial institution.

Access your case information, such as payment information and case status, online at [www.dcfsl.a.gov/cse](http://www.dcfsl.a.gov/cse) or by calling 1888-LAHELP-U (1888-524-3578) to receive automated information 24 hours a day, 7 days a week, as well as speak to a customer service representative if needed between the hours of 7:30am to 6 p.m. Monday through Friday.

To report a lost, stolen, or damaged Direct Payment Card contact US Bank ReliaCard at 1-855-274-0374.

Visit us online at:  
[www.dcfsl.a.gov/cse](http://www.dcfsl.a.gov/cse)

State of Louisiana  
Department of Children and Family Services  
Child Support Enforcement

APPLICATION OR  
DOCUMENTATION FOR  
CHILD SUPPORT SERVICES



LOCAL OFFICE BLOCK	
LASES NO.	_____
Date:	_____
Appl Requested	_____
Appl/Flyer 1 Provided	___
Appl/Rec/Fee Paid	_____
	Full Service - \$25
	Parent Locate Only
	SSN - \$10 / No SSN - \$14
Adding a Child	<input type="checkbox"/>

What services are you applying for?  Child and Medical Support  Medical Support  Locate

**Note:** The State will pursue child and medical support for Medicaid recipients unless the applicant indicates that child support services are not wanted. Once an order is established for Medicaid recipients, the choice of service provided no longer exists. Child Support Enforcement will continue to provide support services as long as Medicaid benefits are being provided.

**SECTION A. APPLICANT INFORMATION**

Name-First, Middle, Last, Suffix _____			
Maiden Name _____		Other Names Used _____	
Date of Birth _____	Social Security Number _____	Race _____	Sex _____
Street Address _____	Mailing Address _____	( ) _____	Home Phone Number _____
City, State, & Zip _____	City, State, & Zip _____	( ) _____	Cell Phone Number _____
Parish/County of Residence _____	Email address _____	( ) _____	Work Phone Number _____

Do you or any of the children listed receive:  MEDICAID  FITAP  KINSHIP CARE?

Your relationship to child(ren):  Mother  Father  Other (specify) \_\_\_\_\_

Does the child(ren) live with you?  Yes  No If no, where is the child(ren) living and with whom:

Name of Custodial Party: \_\_\_\_\_ Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone Number: ( ) \_\_\_\_\_

Cell Phone Number: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

IS THERE FAMILY VIOLENCE WITH ANYONE APPEARING ON THE APPLICATION?  YES  NO

**NONDISCLOSURE OF INFORMATION:** When the Department has reasonable evidence of family violence, either domestic violence or child abuse, the case record will include an indicator of family violence for any person who is a party to the case. The indicator will prohibit release of information except to a court or agent of a court that has authority to issue an order for support or to make or enforce custody or visitation determination.

**SECTION B. MOTHER OF CHILD(REN) INFORMATION:**

Name-First, Middle, Last, Suffix \_\_\_\_\_

Maiden Name \_\_\_\_\_

Other Names Used \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth (City, State) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

( ) \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

( ) \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Email address: \_\_\_\_\_

( ) \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Is the address listed above a current address?  Yes  No  Unknown

**SECTION C. FATHER OF CHILD(REN) INFORMATION:**

Name-First, Middle, Last, Suffix \_\_\_\_\_

Other Names Used \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth (City, State) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

( ) \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

( ) \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Email address: \_\_\_\_\_

( ) \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Is the address listed above a current address?  Yes  No  Unknown

**SECTION D.- CHILD 1 INFORMATION**

Name-First, Middle, Last, Suffix \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth (City & State) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Race/Sex \_\_\_\_\_

Current State of Residence \_\_\_\_\_

State of Residence Last Six Months \_\_\_\_\_

Were the father and mother of this child legally married to each other?  Yes  No  Unknown

Date of marriage \_\_\_\_\_

MM

DD

YY

City: \_\_\_\_\_

State: \_\_\_\_\_

Date of divorce \_\_\_\_\_

MM

DD

YY

City: \_\_\_\_\_

State: \_\_\_\_\_

Parish/County: \_\_\_\_\_

Is the father's name on the Birth Certificate?  Yes  No  Unknown If yes, provide a copy.

If no, has the biological father signed an Acknowledgment of Paternity?  Yes  No  Unknown

If yes, provide a copy.

Is there a court order establishing paternity?  Yes  No  Unknown If yes, provide a copy.

If yes, what state and parish/county established the order? State \_\_\_\_\_

Parish/County \_\_\_\_\_

Is there a court order for child and/or medical support for the child?  Yes  No  Unknown If yes, provide a copy.

If yes, what state and parish/county established the order? State \_\_\_\_\_

Parish/County \_\_\_\_\_

If yes, is past due support owed?  Yes  No

Is there a custody order?  Yes  No  Unknown If yes, provide a copy.

**SECTION D.- CHILD 2 INFORMATION**

Name-First, Middle, Last, Suffix \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth (City & State) \_\_\_\_\_  
Current State of Residence \_\_\_\_\_ State of Residence Last Six Months \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Race/Sex \_\_\_\_\_

Were the father and mother of this child legally married to each other?  Yes  No  Unknown

Date of marriage MM DD YY City: \_\_\_\_\_ State: \_\_\_\_\_

Date of divorce MM DD YY City: \_\_\_\_\_ State: \_\_\_\_\_ Parish/County: \_\_\_\_\_

Is the father's name on the Birth Certificate?  Yes  No  Unknown If yes, provide a copy.  
If no, has the biological father signed an Acknowledgment of Paternity?  Yes  No  Unknown If yes, provide a copy.  
Is there a court order establishing paternity?  Yes  No  Unknown If yes, provide a copy.  
If yes, what state and parish/county established the order? State \_\_\_\_\_ Parish/County \_\_\_\_\_  
Is there a court order for child and/or medical support for the child?  Yes  No  Unknown If yes, provide a copy.  
If yes, what state and parish/county established the order? State \_\_\_\_\_ Parish/County \_\_\_\_\_  
If yes, is past due support owed?  Yes  No  
Is there a custody order?  Yes  No  Unknown If yes, provide a copy.

**SECTION D.- CHILD 3 INFORMATION**

Name-First, Middle, Last, Suffix \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth (City & State) \_\_\_\_\_  
Current State of Residence \_\_\_\_\_ State of Residence Last Six Months \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Race/Sex \_\_\_\_\_

Were the father and mother of this child legally married to each other?  Yes  No  Unknown

Date of marriage MM DD YY City: \_\_\_\_\_ State: \_\_\_\_\_

Date of divorce MM DD YY City: \_\_\_\_\_ State: \_\_\_\_\_ Parish/County: \_\_\_\_\_

Is the father's name on the Birth Certificate?  Yes  No  Unknown If yes, provide a copy.  
If no, has the biological father signed an Acknowledgment of Paternity?  Yes  No  Unknown If yes, provide a copy.  
Is there a court order establishing paternity?  Yes  No  Unknown If yes, provide a copy.  
If yes, what state and parish/county established the order? State \_\_\_\_\_ Parish/County \_\_\_\_\_  
Is there a court order for child and/or medical support for the child?  Yes  No  Unknown If yes, provide a copy.  
If yes, what state and parish/county established the order? State \_\_\_\_\_ Parish/County \_\_\_\_\_  
If yes, is past due support owed?  Yes  No  
Is there a custody order?  Yes  No  Unknown If yes, provide a copy.

**SECTION D.- CHILD 4 INFORMATION**

Name-First, Middle, Last, Suffix \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth (City & State) \_\_\_\_\_  
Current State of Residence \_\_\_\_\_ State of Residence Last Six Months \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Race/Sex \_\_\_\_\_

Were the father and mother of this child legally married to each other?  Yes  No  Unknown

Date of marriage MM DD YY City: \_\_\_\_\_ State: \_\_\_\_\_

Date of divorce MM DD YY City: \_\_\_\_\_ State: \_\_\_\_\_ Parish/County: \_\_\_\_\_

Is the father's name on the Birth Certificate?  Yes  No  Unknown If yes, provide a copy.  
If no, has the biological father signed an Acknowledgment of Paternity?  Yes  No  Unknown If yes, provide a copy.  
Is there a court order establishing paternity?  Yes  No  Unknown If yes, provide a copy.  
If yes, what state and parish/county established the order? State \_\_\_\_\_ Parish/County \_\_\_\_\_  
Is there a court order for child and/or medical support for the child?  Yes  No  Unknown If yes, provide a copy.  
If yes, what state and parish/county established the order? State \_\_\_\_\_ Parish/County \_\_\_\_\_  
If yes, is past due support owed?  Yes  No  
Is there a custody order?  Yes  No  Unknown If yes, provide a copy.

