



Colorado Division of Child Support Services – Application for Child Support Services

Please complete this application to the best of your ability. Some sections highlighted in yellow are required. Providing as much information as possible will help us establish and enforce your child support order. If you're unable to answer a question please write unsure or not applicable (N/A). You can discuss your specific situation with your county.

Annual Service Fee

Federal law required CSS to charge an annual service fee. If you have never received TANF benefits and you receive at least \$550 in child support each year, you will be charged \$35. This fee will be deducted from your child support payment.

Tell Us About Yourself

Legal name _____

First Name _____

Middle Name _____

Last Name _____

Maiden Name _____

Other _____

CSS Tip: "Other" means different last names you may have used. This includes other married last names, or the name used before a legal name change.

Date of birth _____

Personal Identification Number _____

Social Security Number Taxpayer Identification Do Not Have One Do Not Know

Gender Male Female Other

Ethnicity Asian Black Hispanic Native American White Other _____

Where were you born?

City _____ State _____ Zip Code _____

Country _____

How can we reach you?

Home Phone _____ Work Phone _____

Cell Phone _____ Message Phone _____

Which number would you like us to use to contact you? Home Work Cell Message

Would you like to receive text messages about your child support case? Yes No

Email Address _____

Where do you live today? CSS Tip: You cannot use a PO Box as a residential address.

Street Address _____ Apartment/Unit Number _____

City _____ State _____ Zip Code _____

Country _____

Can you receive mail here? Yes No

IF NO - Please provide an address where you can receive mail

Street Address _____

Street Address _____ Apartment/Unit Number _____

City _____ State _____ Zip Code _____

Country _____

Are you currently working? Yes No I am a full-time student

IF YES - Where do you work? Please list the name of your current employer.

Name of employer _____

Address _____

City _____ State _____ Zip Code _____

Country _____

IF NO - What date did you last work? _____

Why are you currently unemployed? Please select at least one option.

Disability Laid Off Other

Please Explain: _____

When will you graduate? _____

Primary Contact - CSS Tip: This is someone who will always know where you are, even if you move. This person will only be contacted if you cannot be reached.

First Name _____

Last Name _____

Phone Number _____

Address _____

City _____ State _____ Zip Code _____

Tell Us About the Other Parent

This person is the child (ren's): Mother Father Possible Father (paternity has not been established)

Legal Name _____

First Name _____

Middle Name _____

Last Name _____

Maiden Name _____

Other _____

CSS Tip: "Other" means different last names a person may have used. This includes other married last names, or the name used before a legal name change.

Personal Identification Number _____

Social Security Number Taxpayer Identification Do Not Have One Do Not Know

Date of Birth _____

Approximate Age if Date of Birth is Not Known _____

Gender Male Female Other

Ethnicity Asian Black Hispanic Native American White Other _____

Where was the other parent born? _____

City _____ State _____ Zip Code _____

Country _____

How can we reach the other parent?

Home Phone _____ Work Phone _____

Cell Phone _____ Message Phone _____

Email Address _____

Where does the other parent live today? CSS Tip: You cannot use a PO Box as a residential address.

Street Address _____ Apartment/Unit Number _____

City _____ State _____ Zip Code _____

Country _____

Where does the other parent work? Please list the name of the current or last known employer. Only one is needed.

Name of employer _____

Address _____

City _____ State _____ Zip Code _____

Country _____

Tell Us More About the Other Parent So We Can Help Locate Him or Her

Ethnicity Asian Black Hispanic Native American White Other _____

Hair Color Black Blonde Brown Gray Red White Other _____

Eye Color Black Blue Brown Green Hazel Other _____

Height _____ Weight _____ CSS Tip: Height and weight can be estimated.

What other identifying markers does the other parent have? _____

CSS Tip: These could be tattoos, birthmarks or piercings.

Driver's License Number _____ Issuing State _____

List any vehicles owned by the other parent:

Model _____

Make _____

Year _____

Vehicle Color _____

Please provide information on any other assets the other parent may have. CSS Tip: Assets are defined as property (real estate), bank accounts or a professional services license.

Is the other parent disabled? Yes No Do not know

IF YES Does the other parent receive Supplemental Social Security Income (SSI) or other assistance? Yes No Do not know?

IF YES. please provide more information on the additional support the other parent receives, if known.

Has the other parent ever been sentenced to prison? Yes No Do not know?

IF YES

Please provide the name of the facility. _____

Department of Corrections Number _____

When was the other parent released from prison? _____

Has the other parent served in the military? Yes No Do not know?

IF YES - Military Branch

Air Force Army Coast Guard Marines Navy Space Force

Tell Us More About the Other Parent's Family

Do you have information about the other parent's mother? Yes No

IF YES:

Mother's First Name _____

Mother's Last Name or Maiden Name _____

Mother's Phone Number _____

Address _____

City _____ State _____ Zip Code _____

Country _____

Do you have information about the other parent's father? Yes No

IF YES:

Father's First Name _____

Father's Last Name _____

Father's Phone Number _____

Address _____

City _____ State _____ Zip Code _____

Country _____

Tell Us More About Your Relationship with the Other Parent

Were you ever married to the other parent? Yes No

IF YES

What was the date of the marriage, common law marriage or civil union? _____

Where did the marriage take place? _____

Date of separation _____

Date of divorce _____

In what city was the divorce filed? _____

In what state was the divorce filed? _____

When did you last have contact with the other parent? _____

Does the other parent have other biological children? Yes No Do not know

IF YES

Please provide the names of the biological child (ren), if known.	Please provide the name of the other parent of the biological child (ren), if known.

Is there any other information that will help us locate the other parent?

Tell Us About the Child (ren) Who Need Support

	Child 1	Child 2	Child 3
Legal First Name			
Legal Last Name			
Date of Birth			
Personal Identification Number (SSN or TIN, none, unknown)			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
What city was the child born in?			
What state was the child born in?			
What country was the child born in?			
What county was the child conceived in?			
What city was the child conceived in?			
What state was the child conceived in?			
Who is the mother on the birth certificate?			
Who is the father on the birth certificate?			
Has parentage (paternity) been established?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know

	Child 1	Child 2	Child 3
How was paternity established?	<input type="checkbox"/> DNA Testing <input type="checkbox"/> Acknowledgment <input type="checkbox"/> Court Order	<input type="checkbox"/> DNA Testing <input type="checkbox"/> Acknowledgment <input type="checkbox"/> Court Order	<input type="checkbox"/> DNA Testing <input type="checkbox"/> Acknowledgment <input type="checkbox"/> Court Order
Has the other parent ever lived with or provided support for the child in Colorado?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know
When did the other parent provide support for this child?			
Where did the other parent provide support for this child?			
What type of support did the other parent provide for this child?	<input type="checkbox"/> Money <input type="checkbox"/> Clothing <input type="checkbox"/> Food <input type="checkbox"/> Medical Bills <input type="checkbox"/> Daycare Bills <input type="checkbox"/> Transportation <input type="checkbox"/> Other	<input type="checkbox"/> Money <input type="checkbox"/> Clothing <input type="checkbox"/> Food <input type="checkbox"/> Medical Bills <input type="checkbox"/> Daycare Bills <input type="checkbox"/> Transportation <input type="checkbox"/> Other	<input type="checkbox"/> Money <input type="checkbox"/> Clothing <input type="checkbox"/> Food <input type="checkbox"/> Medical Bills <input type="checkbox"/> Daycare Bills <input type="checkbox"/> Transportation <input type="checkbox"/> Other
Has the child ever received public assistance from a state or tribe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know
Where did the child receive public assistance? (list the county, state or tribe)			
What type of public assistance did the child receive?	<input type="checkbox"/> Foster Care <input type="checkbox"/> TANF <input type="checkbox"/> Medicaid	<input type="checkbox"/> Foster Care <input type="checkbox"/> TANF <input type="checkbox"/> Medicaid	<input type="checkbox"/> Foster Care <input type="checkbox"/> TANF <input type="checkbox"/> Medicaid
Do you have an existing court order for child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know

If YES: For what child(ren)? Child 1 Child 2 Child 3

Name of the court where the order was established _____

Child support order number _____

City _____

State _____

When did you last receive support? _____

Is an attorney already involved in your case? CSS Tip: You are not required to have an attorney to apply for or receive child support services. Yes No

IF YES - Please provide contact information for your attorney.

Name of Law Firm _____

First Name _____

Last Name _____

Phone _____

Address _____

City _____ State _____ Zip Code _____

Does the other parent have an attorney? Yes No

IF YES - Please provide contact information for your attorney.

Name of Law Firm _____

First Name _____

Last Name _____

Phone _____

Address _____

City _____ State _____ Zip Code _____

Tell Us About Your Child (ren)'s Health Insurance Coverage

Colorado law requires health insurance to also be ordered when a new child support order is established. In the order, the mother, father or either parent will be listed as the person required to provide medical coverage. Please answer the following questions to help us establish your medical support order.

Is your child(ren) enrolled in Colorado Medicaid? Yes No

IF NO - Does your child(ren) have other health insurance coverage? Select all that apply.

Private Insurance Medicaid from another state Medicaid and private insurance

No Do not know

IF YES - Please provide information on your child's(ren) insurance provider.

Name of insurance company _____

Street Address _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Policy Number _____

Group Number/Member ID _____

Date coverage began _____

Type of Coverage Dental Medical Vision Other Do not know

Who pays for the health insurance coverage? You Other Parent Other

OTHER:

First Name _____

Last Name _____

Phone _____

Address _____

City _____ State _____ Zip Code _____

Personal Identification Number _____

Social Security Number Taxpayer Identification Number Do Not Have One

Do Not Know

How is this person related to the children receiving health insurance? _____

Terms and Conditions

By signing my name below, I am submitting my application for child support services to the Colorado Division of Child Support Services. By submitting this form, I understand:

CSS represents the People of the State of Colorado. No attorney-client relationship or privilege exists between either party or the CSS staff.

CSS does not handle custody arrangements, parenting time (visitation) or property settlements.

CSS will not accept the application for services if all the children associated with the applicant have emancipated (left home).

CSS will not enforce spousal maintenance once the current child support order ends.

If there is a change that could cause the amount of the order to be adjusted (e.g. financial or medical), a modification (change) may be initiated by CSS or by any one of the parties involved.

CSS determines the appropriate actions to be used when providing services. Each Colorado county child support office determines how specific child support cases are handled.

If I have a disability or need additional support under the Americans with Disabilities Act, I must contact my county child support office for assistance.

I must notify CSS in writing to stop child support services. The case may remain open if my children receive public assistance or if assigned arrears (outstanding payments) are owed. CSS may also close my case if required by state and federal regulations.

I must provide CSS with the information needed to establish and enforce my child support order. My case may be delayed if this information is not received and/or if another state becomes involved.

I am required to cooperate with CSS. If I do not, my case may be closed.

Caretaker/relatives (e.g., grandparent, aunt, uncle, adult sibling, stepparent, etc.) applying for child support, must open a case against both biological parents. CSS is unable to close only one of the two cases against the biological parents.

I may be required to complete and sign a legal document agreeing to the amount of child support arrears owed (if there is a current child support order).

I will notify CSS in writing if any of the following occurs. If I do not, my medical or child support payments may be affected.

1. Change to legal name, residence or mailing address, telephone or contact numbers, place of employment or health insurance.
2. Any similar changes about the other party.
3. If child support payments are made directly to the custodial parent instead of through the Family Support Registry (FSR).
4. If a child no longer lives with the custodial parent, or if the child is now living with the other parent or a caretaker.
5. If parenting time (visitation) changes for longer than one month.
6. If a private attorney or private collection agency is hired for help with child support collection, parenting time or parental custody.
7. If an action has been filed with a court that CSS was not involved with (e.g., separation, divorce, custody, etc.).

I am required to return any money I receive from CSS by mistake.

Once I receive an FSR account number, sending or receiving direct payment may result in my case being closed.

CSS will provide a yearly statement summarizing the amount of child support that has been collected. I have an opportunity to receive the information through email if I choose this option.

I hereby certify that I personally have provided all information in this document and it is true and correct to the best of my knowledge and belief.

SIGNATURE _____ DATE _____

Complete for additional child(ren) not listed on page 7

	Child 4	Child 5	Child 6
Legal First Name			
Legal Last Name			
Date of Birth			
Personal Identification Number (SSN or TIN, none, unknown)			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
What city was the child born in?			
What state was the child born in?			
What country was the child born in?			
What county was the child conceived in?			
What city was the child conceived in?			
What state was the child conceived in?			
Who is the mother on the birth certificate?			
Who is the father on the birth certificate?			
Has parentage (paternity) been established?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know

	Child 4	Child 5	Child 6
How was paternity established?	<input type="checkbox"/> DNA Testing <input type="checkbox"/> Acknowledgment <input type="checkbox"/> Court Order	<input type="checkbox"/> DNA Testing <input type="checkbox"/> Acknowledgment <input type="checkbox"/> Court Order	<input type="checkbox"/> DNA Testing <input type="checkbox"/> Acknowledgment <input type="checkbox"/> Court Order
Has the other parent ever lived with or provided support for the child in Colorado?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know
When did the other parent provide support for this child?			
Where did the other parent provide support for this child?			
What type of support did the other parent provide for this child?	<input type="checkbox"/> Money <input type="checkbox"/> Clothing <input type="checkbox"/> Food <input type="checkbox"/> Medical Bills <input type="checkbox"/> Daycare Bills <input type="checkbox"/> Transportation <input type="checkbox"/> Other	<input type="checkbox"/> Money <input type="checkbox"/> Clothing <input type="checkbox"/> Food <input type="checkbox"/> Medical Bills <input type="checkbox"/> Daycare Bills <input type="checkbox"/> Transportation <input type="checkbox"/> Other	<input type="checkbox"/> Money <input type="checkbox"/> Clothing <input type="checkbox"/> Food <input type="checkbox"/> Medical Bills <input type="checkbox"/> Daycare Bills <input type="checkbox"/> Transportation <input type="checkbox"/> Other
Has the child ever received public assistance from a state or tribe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know
Where did the child receive public assistance? (list the county, state or tribe)			
What type of public assistance did the child receive?	<input type="checkbox"/> Foster Care <input type="checkbox"/> TANF <input type="checkbox"/> Medicaid	<input type="checkbox"/> Foster Care <input type="checkbox"/> TANF <input type="checkbox"/> Medicaid	<input type="checkbox"/> Foster Care <input type="checkbox"/> TANF <input type="checkbox"/> Medicaid
Do you have an existing court order for child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know

If YES: For what child(ren)? Child 4 Child 5 Child 6

Please complete only if you have concerns for you or your child(ren)'s safety.

Request for Nondisclosure of Personal Information

If you have safety concerns for you or your family because your personal information including address, date of birth or social security number is shared with a court and is available to the other party, or you have had domestic violence issue and/or a restraining order, you may request an Affidavit of Nondisclosure of Personal Information (NDI).

You will be required to provide an alternate address at which you can receive mail. This address must be in Colorado. You must keep the county child support enforcement office informed of any change to this address. This address will be provided to the court and the other party.

Requesting NDI is a very serious matter and the Division of Child Support Services strongly encourages anyone experiencing domestic violence issues to contact the State of Colorado's Address Confidentiality Program. Their web site is www.acp.state.co.us for more information. This program provides an alternate address for qualified recipients. The address is located in Denver, Colorado and is a legal address at which service of process can be accomplished.

If you wish to request an Affidavit of Nondisclosure, complete the following information which is needed to prepare an affidavit. When your case has been initiated, you will receive an affidavit in the mail which you need to complete and return to the Child Support Enforcement Unit immediately. This only keeps information out of the court file, nothing else. If the other party knows where you live, this will NOT help you in keeping your current address confidential. A request for nondisclosure of personal information on court documents is NOT A PROTECTIVE ORDER.

I, understand that I must provide an alternate address where I am willing to accept service of process and can receive mail. This address will be provided to the court and the other party. The address must be in Colorado. All legal documents will be sent to this alternative address.

Alternate Mailing Address:

Care-of (if applicable): _____

Address _____

City _____ State _____ Zip Code _____

SIGNATURE _____ DATE _____

AFFIDAVIT OF PREVIOUS PUBLIC ASSISTANCE

Date: _____

Custodial Party Name (print): _____

SS#: _____ Provision of your SS# is voluntary. However, if you fail to provide your SS#, we will not be able to process your affidavit. Your SS# will be used to ensure that your affidavit is properly updated to your case so that a \$35 service is not charged on your case.

Non-Custodial Parent Name (print): _____

Custodial Party Address:

Address _____

City _____ State _____ Zip Code _____

Re: Self Authenticating Affidavit

Federal and State laws require state Child Support Enforcement offices to collect an annual \$25 fee for child support cases meeting the following conditions:

1. The custodial party has never received cash public assistance (AFDC or TANF) from Colorado or any other state. TANF or AFDC cash assistance does NOT include Food Stamps, WIC, child care, Medicaid, and/or Kid Care;
2. The custodial party has received at least \$500 in child support payments during the current federal fiscal year. The federal fiscal year starts October 1 and continues until September 30 of the following calendar year.

To aid us in determining if your case(s) should be assessed the \$35 fee, please answer the following questions:

Have you ever received TANF or AFDC case assistance from Colorado or any other state? TANF or AFDC (Cash assistance does NOT include Food Stamps, WIC, child care, Medicaid, and/or Kid Care.)

Yes, I have received TANF or AFDC cash assistance in the state of _____, from _____ (date) to _____ (date).

I certify under penalty of perjury and pursuant to the laws of the State of Colorado that the preceding is true and correct.

SIGNATURE _____ DATE _____

AFFIDAVIT OF ARREARS/DIRECT PAYMENTS

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		
TOTAL			TOTAL			TOTAL		
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		
TOTAL			TOTAL			TOTAL		

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 _____

Signed before me _____

Notary Public _____ My Commission expires _____

INCOME & EXPENSE AFFIDAVIT

Name: _____ SSN _____

Address: _____ DOB: _____

City: _____ State _____ Zip _____ Phone: _____

Identify your employer in box below. If you are not currently employed provide information about your most recent employer. Show your hourly wage or monthly income at the time your job ended.

Employer Name: _____ Phone: _____

Address: _____

City: _____ State _____ Zip _____ Date Terminated: _____

1. Monthly Gross Income: (HOURLY WAGE = \$ _____) \$ _____ per month

(Include income from salaries, wages, commissions, bonuses, dividends, pensions, interest trust income, Social Security benefits, worker's compensation benefits, independent contract payments, self-employment, proprietorship of a business, business draw, rental income, unemployment insurance, disability benefit payments and in-kind payments such as free rental or meals.) Attach pay-stubs and most recent year's I.R.S. income tax return including Form 1040 and all attachments submitted with it to the I.R.S.

A. Pre-existing court-ordered child support paid by you monthly \$ _____

B. Court-ordered spousal support paid by you monthly \$ _____

2. MONTHLY ADJUSTED GROSS INCOME \$ _____

3. Number of all children whom you are legally obligated to support (not including step children) and there is no court-ordered child support obligation. Attach birth certificates showing your parenthood. _____

4. Number of overnights the children in this matter spend with you each year as stated in your custody or visitation court order (if ordered) _____

5. CREDITS PERMITTED BY COLORADO CHILD SUPPORT GUIDELINES

A. Monthly Amount of work-related Child Care costs—monthly average. Attach proof. \$ _____

B. Extraordinary Medical Expenses—monthly average. Attach proof (include uninsured expenses costing over \$100.00 monthly for The children of this matter only). \$ _____

C. Medical and/or Dental insurance payment—monthly average (include amount paid monthly for children of this matter only). Attach proof of enrollment and of cost \$ _____

I affirm this information is true and complete to the best of my knowledge: _____

Signed before me _____

Notary Public _____ My Commission expires _____



Mail or deliver the application form to the following address.

Otero County
215 Raton,
La Junta, CO 81050

Local Number: (719) 383-3100
Fax Number: (719) 383-3102
Office Hours: 8:00 AM - 5:00 PM

Tech availability: Monday – Thursday: 8:00 AM - 5:00 PM

State Child Support Website: <https://childsupport.state.co.us/>