



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Department of Human Services
OFFICE OF CHILD SUPPORT SERVICES
77 Dorrance Street
Providence, RI 02903
(401) 458-4400/www.cse.state.ri.us

Dear Applicant,

Enclosed is the application for child support services that you recently asked for from this office. To help us process your application as quickly as possible, please return the application to the above address along with the following information.

- The application filled out to the best of your ability
- Form DR6A Statement of Assets, Liabilities, Income and Expenses filled out, signed by you.
(**Note: your signature must be notarized**)
- a copy of each child's birth certificate
- a copy of your divorce decree; if you have one
- a \$20.00 personal check or money order application fee made out to:
Office of Child Support Services
- Signed waiver regarding legal representation
- Child Support Payment Notice
- Family Violence Indicator form (only if applicable)

If you are worried about a domestic violence issue and believe that you are in need of having your address and certain personal information protected from the non-custodial parent, please **fill out SECTION TWO** of the **Family Violence Status Form** enclosed with this application. If you believe that there is personal information in your COURT FILE that should also be protected, fill out **SECTION TWO AND SECTION THREE** of the **Family Violence Status Form**.

You have a **RESPONSIBILITY** to provide Social Security numbers for yourself and your household on your application. Your Social Security number, as well as the Social Security numbers of all members of your household will be used in computer matching with the Department of Labor and Training, the Social Security Administration, the Internal Revenue Service, and other governmental and non-governmental entities authorized by law, regulation or contract and they will be subject to verification by Federal, State and local officials.

Once your completed application is received, a child support agent will review your case to determine if any further information is needed. You may be contacted in writing, or by phone, to provide additional information. Our goal is to assist you in obtaining child support for your children.

NON-CUSTODIAL PARENT employment & physical description information (NCP)
Información de trabajo y física del PADRE/MADRE SIN LA CUSTODIA (NCP)

Are you and the Non-custodial parent currently married? YES NO
 (Está usted y el padre/madre sin custodia actualmente casados?)

Were you and the Non-Custodial parent ever married? YES NO
 (Estuvieron casados usted y el padre/madre sin custodia?)

Are you and the Non-Custodial parent divorced? YES NO
 (Estan usted y el padre/madre sin custodia divorciados?)

Date of Divorce _____ Divorce Number _____ Location _____
 Fecha del Divorcio _____ Numero del Divorcio _____ Lugar _____

Is the NCP employed? Check one: Full-time Part-time Temporary Unemployed
 Está el padre/madre sin custodia trabajando?

Place of Employment (Lugar de Empleo): _____

Employer Address: _____
 Dirección Street City State Zip code

Employer Phone Number: _____
 Telefono del empleador

Physical Description: Height(Altura) _____ Weight(Peso) _____ Complexion(Tono) _____
 Descripción Física

Eye Color _____ Hair Color _____ Race _____
 Color de Ojos Color del Cabello Raza

Physical Markings/ Scars (Marcas Fisicas/ Cicatricez) _____

Wears Eye glasses (Usa lentes)? YES NO

U.S. Citizen (Ciudadano Estaunidense)? YES NO Nicknames/Alias: _____
 Otros nombres usados/sobrenombres?

Driver's License: _____ State of _____ License Number: _____
 Licencia de Manejar Stado de: Numero de Licencia

Does NCP own a motor vehicle(Tiene el NCP carro?) YES NO If yes, describe below: (Describalo)

Year	Make	Model	Color	License Plate # / State
Año	Marca	Modelo	Color	Numero de Placas / Stado

MEDICAL COVERAGE Information (Información de COBERTURA MEDICA)

Are you and/or the children currently covered by medical insurance? YES NO
 Tienen seguro medico usted y sus hijos?

Medical coverage is provided by: Custodial parent Non-Custodial parent Other
 Cobertura medica proveida por: Padre/madre con custodia Padre/madre sin la custodia Otro

Medical Insurance Policy Number: _____
 Numero de Poliza del Seguro Medico

Medical Insurance Company _____ Type of coverage _____
 Compania de Seguro Medico Tipo de Cobertura

CUSTODIAL PARENT information (CP) Información del PADRE/ MADRE CON LA CUSTODIA(CP)

Your Address (Su Dirección): _____

City (Ciudad)

State (Estado)

Zip Code (Codigo Postal)

Your Mailing Address (if different from above): _____
Donde recibe correo si diferente a la de arriba:

City (Ciudad)

State (Estado)

Zip Code (Codigo Postal)

Your Telephone Number (Numero de Telefono) Home(casa): _____ Work(Trabajo): _____

Cell(Celular): _____ Other(Otro): _____

U.S. Citizen? YES NO
Ciudadano Estaunidense?

What is your relationship to the non-custodial parent?
Cual es su relación con el padre/madre sin la custodia?

Married Separated Divorced Never Married Legally Separated Loco Parentis
Casados Separados Divorciados Nunca Casados Legalmente Separados

Your Place of Employment: _____
Donde Trabaja usted:

Employer Address: _____
Dirección de su empleador:

HAVE YOU EVER RECEIVED ASSISTANCE IN ANOTHER STATE? YES ___ NO ___

A recibido usted ayuda publica en otro estado?

IF YES, NAME OF STATE _____

El nombre del otro Estado:

**CHILDREN information (List only the children of the NCP named in this application)
Información de los Niños (Ponga solo los hijos/as del NCP que nombro en esta aplicación)**

**Please enclose copy of birth certificate for each child.
Por favor enviar copias del Certificado de Nacimiento de cada niño.**

Child #1. Name (Nombre): _____
Niño #1 Last First Middle Jr., Sr., III, etc.

Social Security Number: _____ Sex (Sexo) : Female Male
Numero de Seguro Social:

Date of Birth: _____ Birthplace: _____
Fecha de Nacimiento: Lugar City State

Ethnic Background (Origen étnico): _____ US Citizen? YES NO

Does the Non-Custodial Parent's name appear on the birth certificate? YES NO
Aparece el nombre del padre sin la custodia en el certificado de nacimiento?

Has paternity ever been established through the court for this child? YES NO
A sido establecida la paternidad para este niño/a a travez de una corte ?

If yes, court location(lugar de la corte): _____ Date (Fecha): _____

Is there a court order for support for this child? YES NO
Hay una orden de Manutención para este niño/a?

If yes, amount of support ordered (cantidad de la orden) \$ _____ Frequency (Frecuencia): _____

Date of order: _____ Court Docket No. _____ Court Location: _____

CHILDREN information (List only the children of the NCP named in this application)
Información de los Niños (Ponga solo los hijos/as del NCP que nombro en esta aplicación)

Fecha
de la orden:

Numero de la orden: _____ Lugar donde se ordeno la orden _____

Child #2. Name(Nombre) _____
Last First Middle Jr., Sr., III, etc.

Social Security Number: _____ Sex (Sexo) : Female Male
Numero de Seguro Social: _____

Date of Birth: _____ Birthplace: _____
Fecha de Nacimiento: _____ Lugar City State

Ethnic Background (Origen étnico): _____ US Citizen? YES NO

Does the Non-Custodial Parent's name appear on the birth certificate? YES NO
Aparece el nombre del padre sin la custodia en el certificado de nacimiento?

Has paternity ever been established through the court for this child? YES NO
A sido establecida la paternidad para este niño/a a travez de una corte ?

If yes, court location(lugar de la corte): _____ Date (Fecha): _____

Is there a court order for support for this child? YES NO
Hay una orden de Manutención para este niño/a?

If yes, amount of support ordered (cantidad de la orden) \$ _____ Frequency (Frecuencia): _____

Date of order: _____ Court Docket No. _____ Court Location: _____
Fecha de la orden: _____ Numero de la orden: _____ Lugar donde se ordeno la orden

Child #3. Name(Nombre) _____
Last First Middle Jr., Sr., III, etc.

Social Security Number: _____ Sex (Sexo) : Female Male
Numero de Seguro Social: _____

Date of Birth: _____ Birthplace: _____
Fecha de Nacimiento: _____ Lugar City State

Ethnic Background (Origen étnico): _____ US Citizen? YES NO

Does the Non-Custodial Parent's name appear on the birth certificate? YES NO
Aparece el nombre del padre sin la custodia en el certificado de nacimiento?

Has paternity ever been established through the court for this child? YES NO
A sido establecida la paternidad para este niño/a a travez de una corte ?

If yes, court location(lugar de la corte): _____ Date (Fecha): _____

Is there a court order for support for this child? YES NO
Hay una orden de Manutención para este niño/a?

If yes, amount of support ordered (cantidad de la orden) \$ _____ Frequency (Frecuencia): _____

Date of order: _____ Court Docket No. _____ Court Location: _____
Fecha de la orden: _____ Numero de la orden: _____ Lugar donde se ordeno la orden

IF MORE THAN 3 CHILDREN, ATTACH ADDITIONAL INFORMATION ON A SEPARATE SHEET OR MAKE A COPY OF THIS PAGE. (Si tiene más de 3 niños, escriba la información en otra hoja o haga una copia de esta pagina)

Applicant's Signature (Firma del Apicante)

Date(Fecha)

Rhode Island Department of Administration
FAMILY COURT
 Division of Taxation-Child Support Enforcement
 77 Dorrance Street, Providence, RI 02903
 Hours: Mon-Fri, 8:30 a.m.-4:00 p.m., Telephone (401) 222-2847

STATEMENT OF ASSETS – LIABILITIES – INCOME – EXPENSES II

(FOR EACH ITEM LISTED, FILL IN ONLY THE WEEKLY, MONTHLY, OR YEARLY COLUMN.)

NEEDS AND EXPENSES	WEEKLY	MONTHLY	YEARLY	AMT. LAST PAID
28. Rent				
29. Grocery, canned goods, meat				
30. Dairy products, bread, rolls				
31. Heat (coal, gas, oil)				
32. Electricity				
33. Propane/bottled gas				
34. Telephone				
35. Clothing				
36. Medical, medicines				
37. Dental				
38. Personal, cosmetics, haircut				
39. Laundry, dry cleaning				
40. Car insurance, registration				
41. Gas, oil, maintenance – auto				
42. Spending money				
43. Traveling expenses				
44. Life insurance				
45. Cigarettes				
46. Union dues				
47. Blue Cross				
48. Legal fees				
49. OTHER EXPENSES				
50. Mortgage				
51. House taxes				
52. Home insurance				
53. Upkeep for house				
54. Water bill				
55. LOANS AND OBLIGATIONS				
56. Auto loan balance				
Auto year				
Auto make				
57.				
58.				
59. TOTAL				
60. Divide monthly by 4.3				
61. Divide yearly by 52				
62. GRAND TOTAL				

 Signature plaintiff/defendant

Subscribed and sworn to me on this _____ day of _____, 20____

 Notary public



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NOTICE AND WAIVER REGARDING LEGAL REPRESENTATION

I understand that the Department of Human Services – Office of Child Support Services attorneys are not my attorneys and do not represent me, even though I may benefit from the work of those attorneys. I understand that the only client of the Department of Human Services – Office of Child Support Services is the State of Rhode Island. Because I do not have an attorney / client relationship, it means that any information I share with the Department of Human Services – Office of Child Support Services or their attorneys is not privileged or confidential, except as otherwise provided by law. It also means that the Department of Human Services – Office of Child Support Services may provide services to the other parent of my child or another person, agency or department having custody / physical possession of my child and in need of the agency’s services.

(Yo entiendo que los abogados del Departamento de Servicios Humanos, Oficina de Servicios para el Sustento de Menores, no son mis abogados y no me representan a mi, aunque yo me beneficie del trabajo hecho por estos abogados. Yo entiendo que el unico cliente del Departamento de Servicios Humanos, Oficina de Servicios para el Sustento de Menores es el estado de Rhode Island. Por lo que yo no tengo una relación de cliente/abogado, cualquier información que yo de al Departamento de Servicios Humanos, Oficina de Servicios para el Sustento de Menores no es privilegiada o confidencial, excepto como es proveido por la ley. Tambien significa que el Departamento de Servicios Humanos, Oficina de Servicios para el Sustento de Menores puede proveer servicios al otro padre/madre de mi hijo/a o a cualquier otra persona, agencia, departamento que tenga la custodia o posesión fisica de mi hijo/a y que necesite los servicios de esta agencia.

Please Print your name: _____
Escriba su nombre:

Signature: _____
Su firma:

Your Social Security Number: _____
Su numero de Seguro Social

Please return with your application – Por favor devuelva junto con su aplicación.



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FAMILY VIOLENCE QUESTIONNAIRE

YOUR NAME: _____ **Your Social Security #** _____ - _____ - _____

OTHER PARTY'S NAME: _____ **Case#** _____

SECTION ONE: SAFETY ISSUES - Please answer each question

YES or NO Have you or a child care ever been a victim of domestic violence or child abuse committed by the other party in your child support case?

YES or NO Have you ever obtained a restraining order, emergency protective order or no contact order against the other party to your child support case?

In what county/state: _____ Court Case Number: _____

Is the order still in effect? No _____ Yes _____, until _____ (date)

YES or NO Does the other party know your address?

SECTION TWO: At this time are you in fear of the other party for your safety or your child(ren)'s safety? **YES or NO**

A. IF YOU ANSWERED NO TO THIS QUESTION, please read the following statement and sign your name and date. (Do not complete Section Three on the back of this page; simply return this form to your child support agent,)

The disclosure of my address or other information identifying my location is not harmful to me or the child(ren) in my care. I understand this information will be made available to the federal government, courts, child support agencies and sometimes to the other parent of the child(ren).

Date: _____

 Name

B. IF YOU ANSWERED YES TO THIS QUESTION, please read, date and sign the following statement. OCSS will not share your address information on the OCSS computer system with the other courts, child support agencies, or the other parent without a court order. After signing below, complete SECTION THREE on the back of this page.

The disclosure of my address or other information identifying my location could be harmful to me or the child(ren) in my care. I am requesting that my address or other identifying information not be given to the other party in this case. This request for non-disclosure of information can be removed if I notify the local child support agency in writing, and the office that manages my case acknowledges that they have received my request. This request for non-disclosure will be reviewed periodically by OCSS and I understand that may be required to renew my request. I understand that under federal law, an authorized person may submit a written request to the court which has jurisdiction to make or enforce child custody or visitation determinations. I will be notified in writing by the local child support agency if the court orders the release of information on my case.

Date: _____ Name: _____

