



Commonwealth of Massachusetts
Department of Revenue
Child Support Services Division (DOR)
Child Support Intake Form & Application for Full Child Support Services
Part 2 of 2

We encourage you to apply online on our website at www.mass.gov/css

Do you want full child support services?

If **YES**:

- All child support payments must be paid to DOR from now on.
- **Do not make payments directly to or accept payments directly from the other parent.**
- Check a box below to tell us what services you are asking DOR to do:
 - Establish paternity and/or a child support order
 - Enforce an existing child support order
 - Locate the other parent

If **NO, and** support is to be paid by wage assignment:

- Fill out sections 1, 2, 3, 4 and 8 below.
- All child support paid by wage assignment must come through DOR.
- The only action DOR will take is to collect and send out child support payments received from an employer.
- You are responsible for telling DOR when your order ends.

If **NO, and** support is NOT to be paid by wage assignment:

- The parents must make their own payment arrangements.

Important! If you are submitting this form on the same day that you are in court getting a child support order, you must make sure the court gives us a copy of the court order.

Please print all responses.



Do you want full child support enforcement services? (Check one.) Yes No

SECTION 1 - INFORMATION ABOUT YOU

Your First Name Your Middle Name

Your Last Name Gender Male Female

Social Security Number - - Driver's License # State

Date of Birth (mm/dd/yyyy) / / Place of Birth: City

Place of Birth: Country Place of Birth: State

Home Address (Number & Street/Apt. Unit Number)

Home Address: City State

Home Address: Zip Code Home Address: Country

Mailing Address (Number & Street or P.O. Box) *if different from home address*

Mailing Address: City *if different* State

Mailing Address: Zip Code Mailing Address: Country

Home Phone Number <input type="text"/> - <input type="text"/> - <input type="text"/>	Cell Phone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
Work Phone Number <input type="text"/> - <input type="text"/> - <input type="text"/>	Fax Number <input type="text"/> - <input type="text"/> - <input type="text"/>

Number to leave a message (select only one) home work cell

E-Mail Address

Preferred method of communication (check all that apply) mail phone text email



Employer Business Name (Main Office)

[Empty grid for Employer Business Name (Main Office)]

Employer Address (Number & Street)

[Empty grid for Employer Address (Number & Street)]

P.O. Box #

[Empty grid for P.O. Box #]

Employer Address: City

[Empty grid for Employer Address: City]

State

[Empty grid for State]

Employer Zip Code

[Empty grid for Employer Zip Code]

Employer Country

[Empty grid for Employer Country]

Employer Phone Number

[Empty grid for Employer Phone Number]

Applicant's relationship to the children

Do the children live with you?

Yes No

What is the applicant's (your) relationship to the children?

Mother Father Guardian Other, explain:

If no, provide child's address:

[Empty grid for child's address]

Child Address: Number & Street

[Empty grid for Child Address: Number & Street]

Child Address: City

[Empty grid for Child Address: City]

State

[Empty grid for State]

Child Country

[Empty grid for Child Country]

Safety Concerns

- 1. Does the other parent know that you are applying for child support services? Yes No
- 2. Do you have concerns that your request for child support services could create a safety risk? Yes No
- 3. Does the other parent know the home address that you provided for yourself on this application? Yes No
- 4. Has a court ordered that your address not be disclosed (Impounded)? Yes No
- 5. Do you have a restraining order against the other parent? Yes No

Call if you have safety concerns and then complete the appropriate circle below.

- I called DOR/CSE and want them to start working on my case.
- I did not call DOR/CSE but still want them to start working on my case.

6. Please provide any details that will explain your answers above.

[Empty box for details explaining answers]



SECTION 2 - OTHER PARENT INFORMATION

If there is more than one other parent, submit a 2nd application.

Other Parent First Name

Other Parent Middle Name

Other Parent Last Name

Gender

Male

Female

Maiden Name (if applicable)

Mother's Maiden Name

Social Security Number

Driver's License #

State

Date of Birth (mm/dd/yyyy)

Place of Birth: City

Place of Birth: Country

Place of Birth: State

Home Address (Number & Street/Apt. Unit Number)

Home Address: City

State

Home Address: Zip Code

Home Address: Country

Home Phone Number

Cell Phone Number

Work Phone Number

E-Mail Address

Last time you had contact with the other parent

less than 30 days

more than 60 days and less than a year

more than 30 days and less than 60 days

more than a year

Employer Name

Current

Last Known

Employer Address (Number & Street)



Employer Address: City State

Employer Zip Code Employer Country

Employer Phone Number: - - What type of work does the other parent usually do?

What is the other parent's relationship to the children? Mother Father Guardian
 Other, explain:

SECTION 3 - CHILDREN INFORMATION

- List only the children you have with the other parent named in this application.
- If you have more than three children with the other parent named in this application, continue on the last page.

Child 1

Gender Male Female

First Name Middle Name

Last Name Date of Birth (mm/dd/yyyy) / /

Place of Birth: City Social Security Number - -

State Place of Birth: Country

Is father listed on birth certificate? Yes No If yes, name of father on birth certificate:

Child 2

Gender Male Female

First Name Middle Name

Last Name Date of Birth (mm/dd/yyyy) / /

Place of Birth: City Social Security Number - -

State Place of Birth: Country



Country

Currently married but living apart: Yes No Date last lived together: / /
(mm/dd/yyyy)

Location last lived together:

City State

Country

Was the mother ever married to someone other than the child's other parent? Yes No
If yes, complete questions below.

First Name Middle Name

Last Name

SECTION 6A - LEGAL REPRESENTATION

Do you have an attorney? Yes No

If you have an attorney, provide the information about your attorney below.

Attorney First Name Attorney Middle Name/Initial

Attorney Last Name P.O.Box

Attorney Street Address (Apt./Floor or Suite Number)

Attorney Address: City

State Attorney Address: Country Zip Code

SECTION 6B - AUTHORIZATION FOR RELEASE OF INFORMATION

Do you want to allow someone else to ask for and get information about your case? Yes No

I authorize the Department of Revenue to release and disclose information about my child support case or cases to the following person:

First Name Middle Name/Initial

Last Name



SECTION 6B - AUTHORIZATION FOR RELEASE OF INFORMATION

What is the relationship of this person to you?

[Grid for relationship information]

Phone Number

[Grid for phone number] - [Grid for phone number] - [Grid for phone number]

Street Address (Apt./Floor or Suite Number)

[Grid for street address]

City

[Grid for city]

State

[Grid for state]

Zip Code

Country

[Grid for zip code and country]

SECTION 7 - ANY OTHER INFORMATION

Do you have any other information you would like to provide?
If yes, provide information below.

Yes No

SECTION 8 - IMPORTANT INFORMATION ABOUT YOUR RIGHTS

By signing below, you state the following:

- I declare under the penalty of perjury that the information I provide on this form is true and complete to the best of my knowledge and belief.
- If I am requesting full services from DOR:
 - I have read Part 1 of the Child Support Intake Form and Application for Full Child Support Services and understand my responsibilities and agree to cooperate with DOR.
 - I understand that DOR will decide what services may be available and best suited to my case.
- I understand that by signing this form I am authorizing DOR to share with the person indicated, in Section 6B, any and all information about any and all of my child support cases that DOR would be able to share with me.

Your First Name

[Grid for first name]

Your Middle Name

[Grid for middle name]

Your Last Name

[Grid for last name]

Today's Date: (mm/dd/yyyy)

[Grid for date] / [Grid for date] / [Grid for date]

Your Signature _____

