### **Frequently Asked Questions**

#### Will I have to see the other parent in court?

Yes. If a hearing is scheduled and both parents come to court, you will see the other parent in court. While you can't request separate court dates, you can ask to talk with DOR staff without the other parent present.

#### Will DOR help me with parenting time issues?

No. We don't provide services to help with parenting time. If you need help with parenting time, contact your local Probate & Family Court for help.

#### Do I need to apply for full services if I want DOR to arrange for paternity testing?

Yes. If you want DOR to help you with paternity testing, you need to request full child support services on the application.

#### Can I choose how DOR handles my case?

No. You can't choose which actions DOR takes on your case. We will decide what services are best for your case. We may handle your case differently from what you would like. We offer child support services based on state and federal law and our own policies and procedures. There may be times when it is not possible to provide as much attention to your case as you or DOR would like.

# If I'm the custodial parent, will DOR tell me in advance before they take any action to enforce my child support order?

No. Most enforcement occurs outside of court and happens without notice to the custodial parent.

#### Why do I need to give DOR my Social Security number?

We use Social Security numbers to make sure that we have the right person and to find parents so that we can establish paternity, establish child support orders, and collect child support. Federal law requires that you give your Social Security number to DOR. 42 USC Section 405(c)(2)(C).

#### **Does DOR share my information?**

We keep your personal information as private as we can. Because of state and federal law, we must share your information with:

- **Other state agencies or entities:** This is so we can enforce child and medical support orders. For example, if there is a medical support order we may need to give your address to the other parent's employer so that the employer can enroll the children in a health care plan. The other parent may see these forms.
- **The court:** The other parent may see court documents that have your personal information on them. A judge may remove your address from court documents, but the county and state where you live may still be on the documents.

#### How will I get payment from DOR?

We'll send you payments by direct deposit into a bank account or by debit card. We don't usually send checks by mail – if you have a special reason why you can't use direct deposit or a debit card, call us to ask for a "hardship exemption."



# Child Support Intake Form & Application for Full Child Support Services Part 1

#### Who needs to fill out this form?

If you have a child support order, or want DOR to establish, modify or enforce a child support order for you, you need to fill out this form.

# Do I need to fill out this form even if I don't want to apply for DOR's full child support services?

Yes, you need to fill out this form if you have a child support order even if you don't want our child support services. The law says we need to keep a record of all Massachusetts child support orders. We use this form to get information about your child support order.

#### **Instructions**

- $\checkmark$  Fill out the form.
- ✓ At the top of the form, choose whether or not you want full child support enforcement services from DOR.
- $\checkmark$  Attach copies of the documents we need.
- ✓ If you are completing the form in court on the day your child support order is entered, make sure that you include a copy of the court order and any agreement.
- ✓ Mail the form to: DOR/CSE, P.O. Box 7057, Boston, MA 02204-7057.

### YOU MAY ALSO APPLY ONLINE AT MASS.GOV/CSE.

#### Safety and Applying for Child Support

You are in the best position to decide whether applying for child support will be safe for you and your child.

When we receive your application, we send a letter to the other parent explaining that we have opened a case to establish or enforce a child support order.

If you are not sure if child support services will be safe for you, before you submit your application, please call us at 800-332-2733 or email us at csesafety@dor.state.ma.us.

Massachusetts Department of Revenue Child Support Enforcement Division Telephone: 800-332-2733 (617-660-1234 for local callers in the Boston area) Fax: 617-887-7570

> Visit our website for more information www.mass.gov/cse

### What information do I have to give to DOR?

Whether or not you want our child support services, you must give us information, including your:

- Name
- Social Security number
- Home and mailing addresses
- Home and cell phone numbers
- Driver's license number
- E-mail address
- Employer's name and address
- Employer's phone number

You must also tell us if any of your information changes.

## What child support services does DOR offer?

- Locate a child's parents.
- **Establish paternity** (legal fatherhood) if your child is under 18 years of age. This may include DNA testing.
- Establish a child support and a medical support order in the Probate and Family Court.
- Enforce child support and medical support orders. This may include requiring the parent's employer to withhold child support from the parent's paycheck and to enroll a child in the parent's health insurance plan.
- Collect payments and send them out using direct deposit or a debit card.
- Collect past-due child support in any of these ways:
  - Withhold 25% more from the parent's paycheck (for example, if we were collecting \$100 of each paycheck for current support, we may start collecting \$125).
  - Collect child support from bank accounts, state and federal tax refunds, insurance claims, workers' compensation, unemployment compensation, or lottery winnings.
  - Suspend the parent's driver's license and other licenses, such as business, trade, recreational and professional licenses.
  - Suspend the parent's motor vehicle registrations.
  - Prevent the parent from getting or renewing a passport.
  - Place a lien on real estate and other property (for example, if the parent tries to sell a house, DOR may collect some of the money from the sale).
  - Notify credit reporting agencies the parent owes child support.
  - Ask the court to find the parent "in contempt" for not following the child support order (the court may send the parent to jail or order the parent to participate in a seek work program).
- Assist you in returning to court to change your child support order. You can ask for the amount to be higher or lower.
- Work with child support agencies in other states.

You can help! We are not successful when we don't have good location or asset information about parents or do not have copies of documents we need. Parents are often the best source of this information. If we're not with you in court when you get your child support order, make sure we get a copy so your child support payments aren't delayed.

## If you DO want full child support services from DOR:

## You will have to:

- Provide the information we need for your case.
- Sign forms when asked.
- Come to court and other appointments.
- Tell us **before** you agree to any changes that affect your child support order. This is so that we can give the court information about your child support case.
- Tell us if you get a new child support order or if your order changes.
- Look at the information on documents we send to you (such as checks, statements, court orders, direct deposit and debit card information) and tell us if you see anything wrong.
- Send us back a payment if we sent it to you in error.
- Give us copies of documents we may need such as birth certificates, marriage certificates, court orders, and divorce orders.
- Make payments to DOR, not the other parent directly.

## If you DO NOT want full child support services from DOR and the court DID order the parent to pay child support by income withholding (having money withheld from wages):

- We will send a bill to the parent's employer. Then we'll send the payments to the parent who gets child support.
- We won't take any actions if the parent doesn't pay.
- We won't keep track of how much is owed or when the order ends.
- You must tell us when the order ends.

## If you DO NOT want full child support services from DOR and the court DID NOT order the parent to pay child support by income withholding (having money withheld from wages):

- We won't collect child support payments or take any actions if the parent doesn't pay.
- We will keep a record of your child support order. The law requires us to keep a record.

# Frequently Asked Questions

# Do I have to pay for DOR's services?

No. There is no charge for our services.

# Do DOR lawyers represent me?

No. DOR lawyers represent only DOR. They do not represent either parent. They present facts to the court whether they benefit you or the other parent. You may want to hire your own lawyer to represent you. We will work with your lawyer, but your lawyer must tell us if he or she takes any action on your case.



# Commonwealth of Massachusetts Department of Revenue Child Support Enforcement 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/cse

# Do you want full child support enforcement 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 **<u>NO</u>**, *and* support is <u>NOT</u> 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
--

<b>SECTION 1 - INFORMATIO</b>	ON ABOUT YOU	
Your First Name	Your Middle Nar	ne
Your Last Name		Gender
		Male Female
Social Security Number	Driver's License #	State
Date of Birth (mm/dd/yyyy)	Place of Birth: City	
lllllll	Place of Birth: Country	
Place of Birth: State		
Home Address (Number & Stre	eet/Apt. Unit Number)	
Home Address: City		State
Home Address: Zip Code	Home Address: Country	
Mailing Address (Number & St	reet or P.O. Box) if different from home	address
Mailing Address: City if differe	ent	State
Mailing Address: Zip Code	Mailing Address: Country	
Home Phone Number	Cell Phone Number	
		Number to leave a message (select only one)
Work Phone Number	Fax Number	home work cell
E-Mail Address		

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

Employer Business Name (Main Office)		
Employer Address (Number & Street)	P.O.	Box #
Employer Address City	C+	
Employer Address: City	SL	ate
Employer Zip Code Employer Country		
Employer Phone Number – – –		
Applicant's relationship to the children		
Do the children live with you?What is the applicant's (your) relationship toYesNoMotherFatherGuardianOther, explain		uildren?
If no, provide child's address:		
Child Address: Number & Street		
Child Address: City	State	3
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	O No
5. Do you have a restraining order against the other parent?	⊖ Yes	O No
Call if you have safety concerns and then complete the appropriate circle below.		
$\bigcirc$ I called DOR/CSE and want them to start working on my case.		
$\bigcirc$ 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.		

Other Parent Middle Name         Other Parent Last Name       Gender         Maiden Name (if applicable)       Female         Mother's Maiden Name       Female         Mother's Maiden Name       Female         Social Security Number       Driver's License #       State         Date of Birth (mm/dd/yyyy)       Place of Birth: City       Female         Place of Birth: State       Female       Female         Home Address: City       State       State         Home Address: Zip Code       Home Address: Country       Mork Phone Number         Cell Phone Number       Work Phone Number       Cell Phone Number	<b>SECTION 2 - OTHER PARENT</b> If there is n	nore than one other parent, submit a .	2nd application.
Onlier Factor Facto	Other Parent First Name		
Onlier Factor Facto			
Maiden Name (if applicable)   Mother's Maiden Name   Mother's Maiden Name   Social Security Number   Driver's License #   State   Oate of Birth (mm/dd/yyyy)   Place of Birth: City   Place of Birth: Country   Place of Birth: State   Home Address: City   Home Address: City   State   Home Address: City   Cell Phone Number   Cell Phone Number   Cell Phone Number	Other Parent Last Name		
Maiden Name (if applicable) Mother's Maiden Name Mother's Maiden Name  Social Security Number Driver's License # State  Driver's License # State D			—
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: Country Place of Birth: State   Home Address (Number & Street/Apt. Unit Number)   Home Address: Zip Code   Home Address: Zip Code   Home Address: Country   Work Phone Number   Cell Phone Number   Work Phone Number	Maidan Nama (if annliachta)		Female
Social Security Number Driver's License # State     Date of Birth (mm/dd/yyyy) Place of Birth: City   Place of Birth: State 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: Zip Code   Home Address: City   Cell Phone Number   Work Phone Number   -   -   -	Maiden Name (II applicable)		
Social Security Number Driver's License # State     Date of Birth (mm/dd/yyyy) Place of Birth: City   Place of Birth: State 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: Zip Code   Home Address: City   Cell Phone Number   Work Phone Number   -   -   -			
Date of Birth (mm/dd/yyyy) Place of Birth: City   Place of Birth: State Place of Birth: Country   Place of Birth: State Place of Birth: Country   Home Address (Number & Street/Apt. Unit Number) State   Home Address: City State   Home Address: Zip Code Home Address: Country   Home Phone Number Cell Phone Number	Mother's Maiden Name		
Date of Birth (mm/dd/yyyy) Place of Birth: City   Place of Birth: State Place of Birth: Country   Place of Birth: State Place of Birth: Country   Home Address (Number & Street/Apt. Unit Number) State   Home Address: City State   Home Address: Zip Code Home Address: Country   Home Phone Number Cell Phone Number			
/ /   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: Zip Code   Home Address: City   Cell Phone Number   Work Phone Number   -   -	Social Security Number	Driver's License #	State
/ /   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: Zip Code   Home Address: City   Cell Phone Number   Work Phone Number   -   -			
/ /   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: Zip Code   Home Address: City   Cell Phone Number   Work Phone Number   -   -	Date of Birth (mm/dd/vvvv)	Place of Birth: City	
Place of Birth: State   Home Address (Number & Street/Apt. Unit Number)   Home Address: City   State   Home Address: City   Home Address: Zip Code   Home Address: Zip Code   Home Phone Number   Cell Phone Number   -   -   -   -   -   -   -			
Place of Birth: State   Home Address (Number & Street/Apt. Unit Number)   Home Address: City   State   Home Address: City   Home Address: Zip Code   Home Address: Zip Code   Home Phone Number   Cell Phone Number   -   -   -   -   -   -   -			
Home Address (Number & Street/Apt. Unit Number)   Home Address: City   Home Address: Zip Code   Home Address: Zip Code     Home Address: Ountry     Home Phone Number     Cell Phone Number     Image: Comparison of the second seco		lace of Birth: Country	
Home Address: City State   Home Address: City State   Home Address: Zip Code Home Address: Country   Home Phone Number Cell Phone Number	Place of Birth: State		
Home Address: Zip Code       Home Address: Country         Home Phone Number       Cell Phone Number         -       -         -       -	Home Address (Number & Street/	Apt. Unit Number)	
Home Address: Zip Code       Home Address: Country         Home Phone Number       Cell Phone Number         -       -         -       -			
Home Phone Number     Cell Phone Number     Work Phone Number       -     -     -     -	Home Address: City	······································	State
Home Phone Number     Cell Phone Number     Work Phone Number       -     -     -     -			
	Home Address: Zip Code	Home Address: Country	
E-Mail Address	Home Phone Number	Cell Phone Number	Work Phone Number
E-Mail Address			
	E-Mail Address	•	
Last time you had contact with the other parent	Last time you had contact with the	other parent	
less than 30 days more than 60 days and less than a year	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	more than 30 days and less that	n 60 days more than a y	rear
Employer Name Current Last Known	Employer Name Current C	Last Known	
Employer Address (Number & Street)	Employer Address (Number & Stre	eet)	

Employer Address: City	State
Employer Zip Code Employer Co	ountry
Employer Phone Number: What typ	e of work does the other parent usually do?
What is the other parent's relationship to the childr	en? OMother Father Guardian
SECTION 3 - CHILDREN INFORMATION	
the last page.	e other parent named in this application, continue on
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	
First Name	Gender Male Female Middle Name
	Date of Birth (mm/dd/yyyy)
Last Name	
Place of Birth: City	Social Security Number
State Place of Birth: Country	

	certificate?	Yes	No	If yes	, name of f	ather o	n birtł	n certif	icate:
nild 3		and			Gender	0	Male	0	Female
irst Name			Μ	iddle Na	me				
ast Name					D	ate of I	Birth (	mm/do	l/yyyy)
							/	/	
Place of Birth: City					Soc	ial Secu	rity N	umber	
							-	-	
State Place of Birth: Co	unt <del>r</del> y		İİ		[] []		L	] [	
	, unitry								
s father listed on birth c	ertificate?	Yes	No	If yes	name of f	ather o	n birtł	ı certifi	icate:
ECTION 4 - ORDER	<b>INFORMA</b>	ΓΙΟΝ							
there an order for child	l support? 🤇	) Yes	🔿 No	If yes,	complete i	the que	stions	in this	section
lame of parent to pay su	pport - First	t Name	N	ame of pa	rent to pa	y suppo	ort - M	iddle N	Jame
Name of parent to pay su	pport - Last	Name							
		······					łł-	<u>·</u>	······
Court Name									
Court Address: City								S	tate
Count Addross Counter									
Court Address: Country								1	
Date of Most Recent				Amou	nt of Order	r: \$			
Date of Most Recent Order: (mm/dd/yyyy)				Amou	nt of Order	r: \$			
Date of Most Recent Drder: (mm/dd/yyyy)						•   			
Date of Most Recent Drder: (mm/dd/yyyy) ECTION 5 - RELATIO					nt of Order	•   	n this :	section	•
Date of Most Recent Drder: (mm/dd/yyyy) DECTION 5 - RELATION Vere the parents ever ma	arried? 🔿 Ye					•   	n this :	section	•
Date of Most Recent Order: (mm/dd/yyyy)	arried? 🔿 Ye					•   	n this :	section	•
Date of Most Recent Order: (mm/dd/yyyy) DECTION 5 - RELATION Vere the parents ever ma Date of Marriage (mm/do	arried? 🔿 Ye					•   	n this :	section	

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	-									
First Name	<i>If yes, complete questions below.</i> Middle Name									
Last Name										
SECTION 6A - LEGAL REPRESENTATION										
Do you have an attorney? O Yes No If you have an attorney, provide the information about y	your attorney below.									
Attorney First Name	Attorney Middle Name/Initial									
Attorney Last Name	P.O.Box									
Attorney Street Address (Apt./Floor or Suite Number)										
rittoriney buccerrituaress (ript./ritoor of builte ritarisser)										
Attorney Address: City										
Attorney Address: City	Zip Code									
	Zip Code									
Attorney Address: City State Attorney Address: Country										
Attorney Address: City         State       Attorney Address: Country	E OF INFORMATION									
Attorney Address: City         State       Attorney Address: Country         State       Attorney Address: Country         State       Attorney Address: Country         State       Attorney Address: Country         Do you want to allow someone else to ask for and get in         I authorize the Department of Revenue to release and of	E OF INFORMATION formation about your case?									
Attorney Address: City         State       Attorney Address: Country         State       Attorney Address: Country         State       Attorney Address: Country         State       Attorney Address: Country         Image: Section 6B - AUTHORIZATION FOR RELEASE         Do you want to allow someone else to ask for and get in:         I authorize the Department of Revenue to release and or cases to the following person:	E OF INFORMATION formation about your case? Yes No disclose information about my child support case or									
Attorney Address: City         State       Attorney Address: Country         State       Attorney Address: Country         State       Attorney Address: Country         State       Attorney Address: Country         Image: Section 6B - AUTHORIZATION FOR RELEASE         Do you want to allow someone else to ask for and get in:         I authorize the Department of Revenue to release and or cases to the following person:	E OF INFORMATION formation about your case?									
Attorney Address: City         State       Attorney Address: Country         State       Attorney Address: Country         State       Attorney Address: Country         State       Attorney Address: Country         Image: Section 6B - AUTHORIZATION FOR RELEASE         Do you want to allow someone else to ask for and get in:         I authorize the Department of Revenue to release and or cases to the following person:	E OF INFORMATION formation about your case? Yes No disclose information about my child support case or									

<b>SECTION 6B</b> - What is the rela											EL,	E/A	S	ΕC	DF	IN	TR(	UK					ım	be	r				
	LIOII	SIII	po	1 11	115	per	SOI	110	) yo	u:													-		-	 -			
Street Address (	Apt	./F	loo	ro	r S	uite	e N	um	ber	.)																			
City																										Sta	ıte		
Zip Code	С	oui	ntry	7																									
<b>SECTION 7 - A</b>	NY	0	<b>NH</b>	IFR	R II	NF	OR	RM	AT	IO	Ν																		
Do you have any If yes, provide in							yo	u w	vou	ld I	like	e to	p pr	ov	ide	e?			Ye	s	     	N	0						

# 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	Your Middle Name
Your Last Name	
	Today's Date: (mm/dd/yyyy)
Your Signature	

#