

APPLICATION: Child Support Services in Vermont

The Office of Child Support (OCS) is the state agency responsible for establishing, collecting, enforcing and modifying child and medical support orders for children. In all related proceedings, OCS represents the state's interests, not the interests of either parent (or guardians).

How we can help

We can help you to:

- Establish parentage
- Establish/modify/enforce an order for child and medical support
- Make support payments
- Locate a missing non-custodial parent

We cannot help you to establish or modify:

- Parental rights & responsibilities (*custody*)
- Parent-child contact (*visitation*)
- Guardianship

Eligibility for services

Services are available to custodial and non-custodial parents (and guardians) of children who are under 18 or still in high school. You may also be eligible if you are owed past-due, court-ordered child support – referred to as *arrears*.

Cost of services

If you apply to OCS, child support services are free. If a court orders that payments be made through OCS and neither party applies for services, there is a \$5 monthly fee. You will be notified in advance if it becomes necessary to charge a fee for other services.

This information is important. If you need help understanding it, tell us.

Ova informacija je važna. Ako Vam je potrebna pomoć da je razumijete, obavijestite nas. (*Bosnian*)

Ces informations sont importantes. Si vous avez besoin d'aide pour les comprendre, dites-le nous. (*French*)

Iyi n'inkenuzo ngirakamaro. Tubwire, mugihe woba ushaka impfashanyo y'ugusobanukirwa. (*Kirundi*)

Macluumaadkan waa muhiim. Haddii aad u baahan tahay caawimaad ah fahanka macluumaadka, noo sheeg. (*Somali*)

Esta información es importante. Si usted necesita ayuda para comprenderla, infórmenos. (*Spanish*)

Maelezo haya ni muhimu. Ikiwa unahitaji msaada wa kuyafahamu, tueleze. (*Swahili*)

Đây là thông tin quan trọng. Nếu quý vị cần trợ giúp để hiểu thông tin này, hay cho chúng tôi biết. (*Vietnamese*)

Getting Started

THE APPLICATION PROCESS

Please read the instructions below carefully before you begin.

1. Decide how many applications you need to complete.

- If you're seeking support from or paying support to more than one parent, complete a separate application for each one.
- If you're a guardian seeking support from both parents, complete a separate application for each one.

2. Complete an application.

PRINT clearly using a pen. At minimum, you must COMPLETE all lightly shaded areas on the application.

3. Sign in all required sections.

Be sure to sign:

- #7 - Authorization for Electronic Payments (page 4)
- #11 - Signature & Authorization for Child Support Services (page 6)
- Attachment One - Arrears Affidavit if you are owed arrears (page 8)

4. Attach copies of all required supporting documents.

See the back page for a checklist of the documents you need to send. *Send copies as originals may not be returned.*

5. Check your application.

Make sure you've completed and signed the application in all the required sections. *Incomplete and unsigned applications will be returned.*

FACTS YOU NEED TO KNOW

WHERE TO SEND YOUR APPLICATION.

Mail your completed, signed application to:

Vermont Office of Child Support
280 State Drive, NOB 1
Waterbury, VT 05671-1060

You can also drop it off at a regional office. To find the one nearest you, call the number below or go to <http://dcf.vermont.gov/ocs/contact-us>.

WANT HELP APPLYING? HAVE QUESTIONS?

Call 1-800-786-3214 if you have questions, need help applying or want additional copies of the application. You can also get copies on our website at <http://dcf.vermont.gov/ocs/parents>.

WHAT YOU CAN EXPECT FROM US.

Within a few days of getting your application, we'll assign a caseworker to your case and notify the other party of our involvement. Your caseworker will devote as much time as possible to your case, and we will provide all services we deem appropriate. You'll be expected to cooperate, which includes returning calls, providing requested documents and informing us about any changes to your contact information.

ADDITIONAL RESOURCES

IF YOU HAVE SAFETY CONCERNS.

If you're afraid someone will hurt you or your children and need immediate help or resources, contact the Vermont Network Against Domestic & Sexual Violence at 1-800-228-7395 or go to <http://www.vtnetwork.org/>.

IF YOU NEED ECONOMIC ASSISTANCE.

Go to <http://dcf.vermont.gov/benefits> to find information about benefit programs available through the Department for Children and Families.

Application for Child Support Services

Person submitting this application: Custodial Parent Non-Custodial Parent Guardian

IMPORTANT SAFETY INFORMATION

If you're afraid that someone will hurt you or your children, we have procedures in place to help you access the child support system safely.

Do you have any safety concerns? YES NO

If NO, skip to the next section. If YES, please check the boxes below indicating your concerns.

I am concerned about:

- The other parent or another person having access to my address and contact information
- Meeting with the other parent in person
- Having contact with the other parent while we exchange the child(ren) for visitation
- Other (please explain) _____

If you indicated above that you have safety concerns, we'll contact you to discuss your options.

What's the safest way to contact you (e.g., phone or email)? _____

Do you have a protective order, police report or other supporting document? YES NO

If YES, please explain: _____

1. Information about the Custodial Parent/Guardian

Last Name		First Name		Middle Initial / Maiden Name
Mailing Address (<input type="checkbox"/> Current <input type="checkbox"/> Last Known)		City/Town & State		Zip Code
Home Address if Different (<input type="checkbox"/> Current <input type="checkbox"/> Last Known)		City/Town & State		Zip Code
Social Security Number	Date of Birth (mm/dd/yyyy)	Phone No. (with area code)	Email Address	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Custodial Parent's Relationship to Child(ren): <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other (please explain) _____			
Did you ever receive child support services in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where? (City and State)	When?	Case or ID Number	
Did you ever get public assistance or Medicaid in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where? (City and State)	When?	Case or ID Number	
Name & Address of Employer (<input type="checkbox"/> Current <input type="checkbox"/> Last Known)		Phone No. (with area code)	Dates of Employment	

2. Information about the Non-Custodial Parent

Last Name		First Name		Middle Initial or Maiden Name	
Mailing Address (<input type="checkbox"/> Current <input type="checkbox"/> Last Known)			City/Town & State		Zip Code
Home Address if Different (<input type="checkbox"/> Current <input type="checkbox"/> Last Known)			City/Town & State		Zip Code
Social Security Number		Date of Birth (mm/dd/yyyy)		Phone No. (with area code)	Email Address
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Height	Weight	Hair Color	Eye Color	Scars/Tattoos
Non-Custodial Parent's Relationship to the Custodial Parent or Guardian: <input type="checkbox"/> Never married <input type="checkbox"/> Married on _____ <input type="checkbox"/> Divorced on _____ <input type="checkbox"/> Other (explain) _____					
Non-Custodial Parent's Mother's Maiden Name and Address					
Non-Custodial Parent's Father's Name and Address					
Property Owned and Other Sources of Income (describe nature & location)					
Is there any reason the non-custodial parent cannot pay child support (e.g., is in jail or has a disability)?					
Military Branch & Dates of Service (if applicable)					
Vehicle Make & Model		Vehicle Year		License Plate Number & State	
Name & Address of Employer (<input type="checkbox"/> Current <input type="checkbox"/> Last known)			Phone No. (with area code)		Dates of Employment

3. Information about the Children You're Seeking/Paying Support for

Use more sheets of paper if needed. Provide all requested information.

Name	Social Security #	Date & place of birth	State where conceived	Parents married at time of birth?	Living with you?	Paternity established?
<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, voluntarily* <input type="checkbox"/> Yes, by court order <input type="checkbox"/> No
<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, voluntarily* <input type="checkbox"/> Yes, by court order <input type="checkbox"/> No
<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, voluntarily* <input type="checkbox"/> Yes, by court order <input type="checkbox"/> No
<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, voluntarily* <input type="checkbox"/> Yes, by court order <input type="checkbox"/> No

* Means a Voluntary Acknowledgment of Parentage form has been signed, witnessed, and filed in the child's state of birth.

4. Most Recent Child Support Order

If there is no child support order, check this box and go to #5.

Date of Order	City & State Where Entered	Case/Docket #	Weekly Support \$ _____	Past support due? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must complete the Arrears Affidavit (see attachment one). Amount due: \$ _____
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5. Health Insurance Information

If you have no health insurance, check this box and go to #6.

Custodial Parent's Medical Insurance	Type of Coverage	Policy No.	Added Cost for Coverage of Child(ren) \$ _____ per _____
	Name of Insurance Company	Names of Those Covered	
Non-Custodial Parent's Medical Insurance	Type of Coverage	Policy No.	Added Cost for Coverage of Child(ren) \$ _____ per _____
	Name of Insurance Company	Names of Those Covered	

6. Your Rights & Responsibilities as an OCS Customer

<p>You have the right to:</p> <ul style="list-style-type: none"> ■ Full and equal treatment regardless of race, color, national origin, gender, age, sexual orientation or disability ■ Confidential treatment of personal information to the extent allowed by law ■ Hire an attorney to represent you or represent yourself without an attorney when participating in any hearings or meetings ■ Appeal any decision made or action taken by OCS ■ Obtain copies of non-confidential documents in your OCS case file ■ Stop any OCS services initiated solely by you 	<p>You are responsible to:</p> <ul style="list-style-type: none"> ■ Provide all necessary information to, and cooperate fully with, OCS ■ Keep OCS informed of any changes in your circumstances ■ Notify OCS before taking any action that might affect your child support ■ Ensure all child support payments are sent through OCS ■ Participate in all meetings and hearings concerning your case ■ Keep accurate records of all child support payments and copies of all documents related to your case ■ Inform OCS of any family violence issues/concerns ■ Repay any excess amount received if OCS pays you an amount of child support to which you are not entitled
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7. Authorization for Electronic Payments

You are required by law to sign up for electronic payments. You may select either:

1. Direct deposit into one bank account (e.g., savings or checking account) OR
 2. A ReliaCard® Prepaid Visa® Card issued by U.S. Bank. It can be used to make purchases, pay bills or get cash everywhere Visa debit cards are accepted. *It is not a credit card. There is no cost. You don't need a bank account to enroll.*
- Once we receive your authorization, it takes about 30 days for electronic payments to begin. After they start, OCS will deposit your child support payments directly into your bank account or on your ReliaCard – usually within 2 business days of receiving a payment.
 - If you select the ReliaCard option, a card will be mailed to the address you provide within 5 - 7 days of processing this application. *Sign up to get email or text alerts when funds are added to your card.*
 - To find out if a payment has been credited to your bank account with direct deposit, contact your bank.
 - Call 1-800-786-3214 to find out when OCS received your child support payment or to change your electronic payment option.

Provide your information below

Last Name	First Name & Middle Initial	Email Address
Social Security Number	Preferred Phone (with area code)	Secondary Phone (with area code)

Choose one of the two options below If you don't make a selection, you'll be issued a ReliaCard.

<input type="checkbox"/>	Direct Deposit	Bank Name	ABA Routing/Transit #	Account #	Account Type	
					Checking <input type="checkbox"/> Savings <input type="checkbox"/>	
<input type="checkbox"/>	U.S. Bank ReliaCard* (some fees may apply)	Purchases	Customer Service	ATM Withdrawal	Inactivity	Card Replacement
		Free	Free	U.S. Bank = Free, MoneyPass ATM = Free SUM ATM = Free, Other ATM = \$1.25 The owner of a non-U.S. Bank, non-MoneyPass or non-SUM ATM may also charge a fee.	\$2.00 per month for inactivity for 365 consecutive days	Standard = Free (3-5 days) Emergency = \$15.00 (2 days)

*If you select the ReliaCard: to help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. This means that when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. The ReliaCard is issued by U.S. Bank National Association pursuant to a license from Visa U.S.A., Inc. Member FDIC. © U.S. Bank.

Sign below to authorize electronic payments

I authorize the Office of Child Support (OCS) to make deposits to the account listed above until I cancel this authorization and OCS has the time to act. This request cancels any other direct deposits I have in place with OCS. If funds are mistakenly deposited into my account, I authorize OCS to deduct the amount in error from my account or from future payments.

Signature: _____ **Date:** _____

8. Statement of Understanding

I understand OCS representatives act on behalf of the State of Vermont to enforce child support laws; representatives do not act in the interests of any particular person or party; and OCS lacks the authority to become involved in custody and visitation issues. This means OCS does not act as my personal advocate or representative in any legal proceedings before the Family Division of Superior Court; must make many discretionary decisions concerning best implementation of its policy objectives; and is guided not only by the economic interests of an individual case, but also by the best interests of a child. When OCS becomes involved in my case, it will investigate and make recommendations to the court based upon its interpretation of the law and facts.

I understand the role of OCS and my right to get my own attorney in connection with this matter. I understand that in addition to OCS participation in my case, I may present my own information, testimony and witnesses in any legal proceedings before the Family Division of Superior Court.

I understand by receiving OCS services, I will receive all services deemed appropriate by OCS, many of which are automatic. Services provided by OCS include locating a parent for the purpose of collecting child support, establishing parentage, establishing a child/medical support order, reviewing the amount of child support paid to ensure it is consistent with guidelines, modifying a child support order due to a change in income or circumstances of one or both of the parents, collecting child support payments and sending them to the custodial parent, and enforcing a child support order. Other services that may be appropriate include certification of arrears with state and federal tax departments, reports to credit bureaus, lottery offsets, administrative wage withholding, data matches with financial institutions, trustee process, liens and other legal remedies. Parties may not receive prior notification of every process OCS undertakes. It is my responsibility to notify OCS in writing when I no longer want services from OCS.

I understand payments received by the obligee directly (called direct payments) must be turned over to OCS who will issue them to the obligee. I understand that failure to do so may result in the termination of OCS services. I understand if money is sent to me in error or issued to me based on a check from the non-custodial parent returned for insufficient funds, I must return the money. If I do not return the money, I authorize OCS to deduct such payments from future payments until this obligation is satisfied.

I understand OCS is required to submit minimal information about me to a national directory used only by other state child support agencies. Federal law prohibits the release of information about those who are at risk of harm from family violence. If I believe that my children or I am at risk, I understand that I may request in writing that OCS not release my information to the directory. I further understand that if I ask OCS not to release my information, there may be delays in my case because some automatic processes may not go forward as usual.

I understand that after I've tried to resolve an issue with an OCS caseworker and supervisor, I have the right to request an OCS Administrative Review of any decision or action taken by OCS in my child support case. I may call my OCS caseworker to request an *Administrative Review Form* or write to OCS, ATTN: Intercept Unit, 280 State Drive, Waterbury, VT 05671-1060. I must explain my complaint, request an administrative review, and provide the following information: my name, Social Security number, address, daytime phone number, and whether I want the review conducted in person, over the phone, or by mail.

I understand that if a court order requires the non-custodial parent to provide health insurance for our child, he or she will have access to information maintained by our child's insurer (e.g., Social Security number).

9. OCS & Your Privacy

When you receive OCS services, federal and state law requires you to provide OCS with certain information, including Social Security numbers for you and your children. We use this information to establish parentage and establish, modify, and enforce support orders. By receiving OCS services, you authorize the use of these Social Security numbers for the purposes stated above.

OCS is committed to protecting your privacy and keeping information about your case confidential—in compliance with state and federal law. This is also required of all agencies and organizations that work with OCS. You should be aware, however, that:

- Some laws require the sharing of certain information
- OCS may need to provide certain information to another agency or person working on your case
- Both parents have access to certain information about each other
- When a parent is required to provide health insurance for a child, he or she will have access to information maintained by the child's insurer
- Once a legal action is filed, all information included in the court filing becomes a matter of public record (unless you can show good cause for excluding your address from the public record)

10. Comments to the Caseworker Assigned to Your Case

Use this space if you want to send a note to your caseworker (e.g., about the services you are looking for at this time).

11. Signature & Authorization for Child Support Services

By signing this application below, I certify and agree that:

- OCS will provide all child support services deemed appropriate.
- All child support payments will be made through OCS.
- I will cooperate with OCS and any cooperating agencies/contractors.
- I authorize the use of all legal means necessary to provide services.
- I have read and understand the role of OCS staff, my rights and responsibilities and the Statement of Understanding.
- I have up to seven days (from the date of notification) to return any money OCS issued to me in error or based on a check from the non-custodial parent returned for insufficient funds. If I don't return it, I consent to an automatic reduction of child support issued to me, in accordance with state law, until my repayment obligation is satisfied. I specially authorize such deductions without further notice to me.
- Child support payments withheld from wages must continue to be made through OCS unless I ask the court to change that portion of the order.

YOU MUST SIGN THE APPLICATION HERE. Unsigned applications will be returned.

I certify that all information provided on this application is true and complete to the best of my knowledge.

Signature _____ Date _____

Attachment One: Arrears Affidavit

Are you owed past-due child support? Yes No

If you are not owed past-due child support, please leave this form blank.

If you are owed past-due child support, please:

- Complete this form
- Sign it in front of a notary public
- Return your completed, signed and notarized form along with this application

Custodial Parent's Name

Social Security Number

Non-Custodial Parent's Name

Social Security Number

Child Support Payment History - Year _____			
Month	Support Due	Amount Paid	Balance
Jan			
Feb			
Mar			
Apr			
May			
June			
July			
Aug			
Sept			
Oct			
Nov			
Dec			
TOTAL			

Child Support Payment History - Year _____			
Month	Support Due	Amount Paid	Balance
Jan			
Feb			
Mar			
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May			
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Nov			
Dec			
TOTAL			

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Month	Support Due	Amount Paid	Balance
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Dec			
TOTAL			

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Dec			
TOTAL			

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Child Support Payment History - Year _____			
Month	Support Due	Amount Paid	Balance
Jan			
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Oct			
Nov			
Dec			
TOTAL			

By checking this box, I am asserting that I wish to waive all surcharges that have already accrued and any that will accrue on future arrears (i.e., interest earned).

Grand Total of all Balances (Arrears) \$ _____

Name/Title of Agency			Signature			Date		
Sworn to & Signed before me (date, county, state)			Notary Public, Court Agency (official name & title)			Commission Expires		

Statement of Understanding

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I understand the role of OCS and my right to get my own attorney in connection with this matter.

I understand that in addition to OCS participation in my case, I may present my own information, testimony and witnesses in any legal proceedings before the Family Division of Superior Court.

I understand by receiving OCS services, I will receive all services deemed appropriate by OCS, many of which are automatic. Services provided by OCS include locating a parent for the purpose of collecting child support, establishing parentage, establishing a child/medical support order, reviewing the amount of child support paid to ensure it is consistent with guidelines, modifying a child support order due to a change in income or circumstances of one or both of the parents, collecting child support payments and sending them to the custodial parent, and enforcing a child support order. Other services that may be appropriate include certification of arrears with state and federal tax departments, reports to credit bureaus, lottery offsets, administrative wage withholding, data matches with financial institutions, trustee process, liens and other legal remedies. Parties may not receive prior notification of every process OCS undertakes. It is my responsibility to notify OCS in writing when I no longer want services from OCS.

I understand payments received by the obligee directly (called direct payments) must be turned over to OCS who will issue them to the obligee. I understand that failure to do so may result in the termination of OCS services. I understand if money is sent to me in error or issued to me based on a check from the non-custodial parent returned for insufficient funds, I must return the money. If I do not return the money, I authorize OCS to deduct such payments from future payments until this obligation is satisfied.

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I understand that after I've tried to resolve an issue with an OCS caseworker and supervisor, I have the right to request an OCS Administrative Review of any decision or action taken by OCS in my child support case. I may call my OCS caseworker to request an *Administrative Review Form* or write to OCS, ATTN: Intercept Unit, 280 State Drive, Waterbury, VT 05671-1060. I must explain my complaint, request an administrative review, and provide the following information: my name, Social Security number, address, daytime phone number, and whether I want the review conducted in person, over the phone, or by mail.

I understand that if a court order requires the non-custodial parent to provide health insurance for our child, he or she will have access to information maintained by our child's insurer (e.g., Social Security number).

Documents Checklist

Signatures

Make sure you have signed:

- #7 - Authorization for Electronic Payments (page 4)
- #11 - Signature & Authorization for Child Support Services (page 6)
- Attachment One - Arrears Affidavit if you are owed arrears (page 8)

Attachments

For each child named in this application, attach copies of the following if applicable:

- Court order related to child support
- Existing court order requiring health insurance or other medical support
- Guardianship order appointing you as legal guardian
- Birth certificate
- Completed, signed and witnessed *Voluntary Acknowledgment of Parentage* form

If you have any safety concerns, complete the safety section on page 1 and attach copies of the following if applicable:

- Nondisclosure, protective or relief-from abuse order
- Determination of good cause for non-cooperation with a child support agency
- Explanation of why you believe releasing information about you or your children would be harmful

Submit your application to:

Vermont Office of Child Support
280 State Drive, NOB 1
Waterbury, VT - 05671-1060

Need help?

1-800-786-3214

<http://dcf.vermont.gov/ocs>