



APPLICATION FOR CHILD SUPPORT SERVICES (TITLE IV-D)

Call Center: 1-800-447-4278

Website: www.childsupport.illinois.gov

NA Application Unit address - completed by KIDS

HFS/Division of Child Support Services
NA Application Unit
PO Box 19405
Springfield, IL 62794-9405

DATE: _____ SEX: _____
 NAME: _____ SSN: _____
 ADDRESS: _____ DATE OF BIRTH: _____
 DAYTIME PHONE NO: _____
 WORK PHONE NO: _____

Este es un aviso muy importante. Si usted no entiende este aviso, comuníquese con el Centro de Servicio al Consumidor en la Sección de Manutención de Niños a 1-800-447-4278, dónde le podrán explicar este aviso. Personas que usan teletipo (TTY) deben llamar a 1-800-526-5812.

This is an important notice. If you do not understand this notice, contact the Child Support Customer Service Call Center at 1-800-447-4278 who can explain it to you. Persons with a TTY device may call 1-800-526-5812.

So that we can provide the best and quickest services possible, please:

- Complete this form.
- Any information that you do not know, please enter "don't know" in the blank.
- Read the Child Support [Program Fact Sheet](#). It explains the services we provide.
- Mail this form and copies of any order(s) you already have to the address listed above

If you are NOT the biological or legal parent of the child, complete the application available at www.childsupport.illinois.gov or call 1-800-447-4278 for a different application.

If you are working with an attorney on your child support needs, signing up for HFS child support services could provide additional services to you and your family. You can work with your attorney and HFS at the same time.

Applicant's Information:

Full Name: _____
(first) (middle initial) (last)

Home Address: _____
Street City State Zip Code

Relationship to Child: _____ Date of Birth: (mm/dd/yyyy)

Age: _____ SSN: _____ Race: _____

Name of Employer or Source of Income: _____

Employer Address: _____
Street City State Zip Code

Is the other parent of the child in the military? Yes No

Which branch of service? _____
(Send us a copy of military insurance card, if available)

Home Telephone #: _____ Work Telephone #: _____ Cell Telephone #: _____

Email Address: _____

What time of day is most convenient to talk to you? _____ At what telephone number? _____

CP: _____ NCP: _____ IV-D#: _____

Other Parent's Information:

Full Name: _____
(first) (middle initial) (last)

Home Address: _____
Street City State Zip Code

Relationship to Child: _____ Date of Birth and/or Age: _____

SSN: _____ Race: _____

Home Telephone #: _____ Work Telephone #: _____ Cell Telephone #: _____

Email Address: _____

Name of Employer or Source of Income: _____

Employer Address: _____
Street City State Zip Code

Is the other parent of the child in the military? Yes No

Which branch of service? _____
(Send us a copy of military insurance card, if available)

Make and Model of Car: _____ License Plate #: _____

Other Parent's Relatives: (mother) _____ (father) _____

Does the other parent have additional children with someone else? If you know the other children's names, list them here

Child's Information:

Full Name: _____ Sex: _____
(first) (middle initial) (last)

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

SSN: _____ Race: _____

If you have any additional children with this parent, please provide the same information on a separate sheet of paper.

CP: _____ NCP: _____ IV-D#: _____

Other Important Information:

1. Are/were you married to the other parent of the child? Yes If yes, what date? _____ No

2. Are you and the other parent of the child divorced? Yes If yes, what date? _____ No

State of _____ County of _____ Order
Divorce Order: _____ Divorce Order: _____ Docket
Number: _____

3. If you already have a child support order for the child, it is important that you send us a copy of the order with this application, if available.

4. If you have a court order that establishes parenting time (visitation) with the other parent, it is important that you send us a copy of the order with this application, if available.

Order or Docket #: _____

Where was order entered? _____
City County State

When did the order start? (month/year): _____

I authorize the Division of Child Support Services to explore, pursue or utilize all sources of information legally available in support of its investigations on my behalf and to choose the appropriate course of legal action. I have read the [program fact sheet](#). To the best of my knowledge, the information I have supplied is true, correct, and complete.

I understand the Division will protect my privacy as required by law, and I authorize the Division to disclose information about my case to the court or another party necessary in the course of establishing and enforcing paternity and child support orders, for as long as I am a customer. The Illinois mandatory child support guidelines require both parents' financial information to calculate the child support obligation. Either parent may be ordered to provide child support and/or medical coverage. However, only one parent will be ordered to pay child support to the other parent.

All information you provide is kept confidential but we understand that domestic violence may also be an issue for you or your family. For your protection, we can mark your case with a family violence indicator. If you would like us to place this indicator on your case, check the box below. If this is not an issue for your family, you do not need to check the box.

Yes, I want my case marked with a family violence indicator.

What is your language preference?

- English
- Spanish
- Polish
- Other _____

Applicant's Signature (required)

Date

CP: _____ NCP: _____ IV-D#: _____