



APPLICATION CONTRACT FOR CHILD SUPPORT SERVICES NONCUSTODIAL PARENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHILD SUPPORT
SFN 1761 (10-2022)

Clear Fields

Disclosure of the social security number is required pursuant to 42 USC 654a(e)(3) and (e)(4)(D) and is requested for the purpose of inclusion in the state case registry. Failure to disclose this information will affect participation in this program.

Name of Applicant		Home Telephone Number	
Social Security Number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	
Address	City	State	ZIP Code
Name of Employer		Work Telephone Number	
Address	City	State	ZIP Code
Name of Custodial Parent		Home Telephone Number	
Social Security Number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	
Address	City	State	ZIP Code

Child's Name	Address	Gender (M or F)	Social Security Number	Date of Birth

- I) I am applying for the following services (see addendum for more information):
- Paternity services
 - Review and adjustment services
 - Alternate payment arrangement in place of immediate income withholding
 - Suspension of interest on unpaid child support
 - Other, describe: _____
- II) I understand that upon approval of this application, **all** child support services will be provided. These may include establishment of paternity, establishment of child and medical support obligations, and enforcement of child and medical support obligations. All services will continue to be provided until I make a written request to the Department of Health and Human Services (Department) to cancel this contract.
- III) I understand that the Department's attorney is not my private attorney but, according to NDCC 14-09-09.26 and 14-09-09.27, the real party in interest is the people of North Dakota and there is no creation of an attorney-client relationship between me and the Department's attorney.
- IV) I have received a copy of the services and responsibilities notice (DN 1200) and the addendum to the noncustodial parent application contract (DN 906).

Applicant Signature	Date
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FOR OFFICE USE ONLY - APPLICATION INFORMATION

Distribution:
Original - Department
Canary - Applicant

Date Requested	Date Provided	Date Received
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**STATE OF NORTH DAKOTA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHILD SUPPORT PROGRAM
ADDENDUM TO NONCUSTODIAL PARENT APPLICATION CONTRACT
FOR CHILD SUPPORT SERVICES**

This addendum provides additional information about North Dakota child support services that may be requested by a noncustodial parent. By your signature below, you are indicating that you have read, that you understand, and that you agree with this information.

Paternity Services

The Department of Health and Human Services (Department) will take actions necessary to establish or disprove paternity, including:

1. Interviewing the noncustodial parent and the custodial parent.
2. Genetic testing of the mother, alleged father, and child at no cost to the parties.
3. Establishing an order for paternity and child support, as well as enforcing the child support order.

Review and Adjustment Services

1. The Department is authorized to conduct a review of the noncustodial parent's child support obligation according to NDCC 14-09-08.4 through 14-09-08.9.
2. The noncustodial parent agrees to provide the Department with all information necessary to conduct a review of his or her child support obligation.
3. The noncustodial parent understands that the review may result in a finding that the support obligation should be increased as well as the possibility that it should be decreased.
4. The noncustodial parent understands that once a review has started, it will not be stopped unless: a) a written request from both the noncustodial parent and the custodial parent to stop the review is received by the Department; or b) the contract is canceled by a written request from the noncustodial parent to the Department and the custodial parent has not requested continuation of the review by making a separate application for services.
5. The noncustodial parent understands that if the custodial parent wants to continue with the review after the noncustodial parent has indicated a desire to discontinue it, the Department will take any steps necessary to complete the review over the noncustodial parent's objections.
6. The noncustodial parent understands that if a review is terminated once it has started, the Department may refuse to accept another request for review from the noncustodial parent for a period of twelve (12) months from the termination date.
7. The noncustodial parent understands that the review process not only includes the child support obligation but also that the availability and affordability of health insurance coverage for the children will be researched. If appropriate, the judgment or order will be amended to require such coverage.

Alternate Payment Arrangement in Place of Immediate Income Withholding

1. The noncustodial parent understands that he or she may complete a separate application to have the child support obligation paid through electronic fund transfer from his or her bank account instead of through immediate income withholding. Electronic fund transfer from a bank account is referred to as an alternate payment arrangement in the following paragraphs.
2. The noncustodial parent understands that the Department will only approve a request for an alternate payment arrangement if it finds that there is good cause to do so. In deciding whether good cause exists, the Department will review the noncustodial parent's payment record to see if the noncustodial parent has paid the full amount of the child support obligation for at least the past nine (9) months (or since the order was entered if the order is less than nine (9) months old).
3. The noncustodial parent understands that he or she must provide bank account information to the Department. If an alternate payment arrangement is approved, the Department will work with the noncustodial parent's bank to set it up and will also terminate any income withholding order in effect. The noncustodial parent must pay any processing fees associated with the alternate payment arrangement.
4. The noncustodial parent understands that the custodial parent will be notified of the alternate payment arrangement and will have the opportunity to object to it.
5. The noncustodial parent understands that if payments are not made in full and on time under an alternate payment arrangement, the Department may terminate the arrangement and issue or reinstate an income withholding order.

Suspension of Interest on Unpaid Child Support

1. The noncustodial parent understands that the Department may suspend interest on the noncustodial parent's unpaid child support if the noncustodial parent is a good payer. In this context, "good payer" means that the noncustodial parent has paid the full amount of current child support plus the amount required by law toward the past-due child support for: a) the past nine (9) consecutive months (or since the order was entered if the order is less than nine (9) months old) if the noncustodial parent is under income withholding; orb) the past twelve (12) consecutive months (or since the order was entered if the order is less than twelve (12) months old) if the noncustodial is self-employed or not under income withholding for another reason.
2. The noncustodial parent understands that if interest is suspended because he or she is a good payer, the custodial parent will be notified of the suspension of interest and will have the opportunity to object to it.
3. The noncustodial parent understands that if interest is suspended and he or she stops being a good payer, the Department will start charging interest again.

Dated this _____ day of _____, 20____.

Signature



CHILD SUPPORT INFORMATION
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CHILD SUPPORT
 SFN 74 (10-2022)

Case Number (Agency Use Only)

Clear Fields

Please complete this form to the very best of your ability. The information on this form will help the Child Support program provide services now and in the future. Some of the information you will likely know and other information you may need to research. For the information you need to research, some useful documents to consider include tax returns, identification cards, driver's license, bills, bank records, pay stubs, marriage licenses, and birth certificates.

* Disclosure of the social security number is required pursuant to 42 USC 654a(e)(3) and(e)(4)(D) and is requested for the purpose of inclusion in the state case registry. Failure to disclose this information will affect participation in this program.

A. INFORMATION ABOUT THE CUSTODIAL PARENT OR OTHER CARETAKER OF CHILDREN

Full Name (First, Middle, Maiden, Last, and Suffix)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number *	Date of Birth (MM/DD/YYYY)
Race (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> White				
If Applicable, Tribe in Which the Custodial Parent or Caretaker is Enrolled				Enrollment Number
Home Address		City	State	ZIP Code
Home Telephone Number	Cell Phone Number		Work Telephone Number	
Email Address			Preferred Method of Contact	
Name of Employer				

B. INFORMATION ABOUT THE NONCUSTODIAL PARENT (You must complete a separate form for each noncustodial parent)

Full Name (First, Middle, Maiden, Last, and Suffix)		Nickname or Alias		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number *	Us Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, Citizen of What Country		
Date of Birth (MM/DD/YYYY)	Approximate Date of Birth (if birthdate unknown)	Place of Birth (City and State or Country)		
Is Noncustodial Parent Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Date of Death (MM/DD/YYYY)	Place of Death (State)		

If deceased, skip to Section C.

Height	Weight	Race (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian		
If Applicable, Tribe in Which the Noncustodial Parent is Enrolled				Enrollment Number
Hair Color (Check only one) <input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Red/Auburn <input type="checkbox"/> White <input type="checkbox"/> Bald				
Eye Color (Check only one) <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Gray <input type="checkbox"/> Hazel <input type="checkbox"/> Black			List Other Distinguishing Features, (ie, tattoos or scars)	
Does Noncustodial Parent Have Any Other Children? <input type="checkbox"/> No <input type="checkbox"/> Yes-Full Names of Children:				
Home Address		City	State	ZIP Code
Home Telephone Number	Cell Phone Number	Email Address		
Mailing Address (if different from home address)		City	State	ZIP Code
Previous Address if Current Address Unknown		City	State	ZIP Code

Name of Employer		City	State
Name of Previous Employer		City	State
Is Noncustodial Parent Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Usual Occupation		
Currently in the Military <input type="checkbox"/> No <input type="checkbox"/> Yes-Branch of Service:	Previously in the Military <input type="checkbox"/> No <input type="checkbox"/> Yes-Branch of Service:		
Noncustodial Parent Receives (check all that apply) <input type="checkbox"/> SSI <input type="checkbox"/> Public Assistance, State: _____ <input type="checkbox"/> Workers Compensation, State: _____ <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Unemployment Compensation, State: _____			
Noncustodial Parent's Mother's Name (First, Middle, Maiden, Last)		Place of Birth (City and State)	Telephone Number
Address		City	State ZIP Code
Noncustodial Parent's Father's Name (First, Middle, Last, Suffix)		Place of Birth (City and State)	Telephone Number
Address		City	State ZIP Code
Is Noncustodial Parent in Prison? <input type="checkbox"/> No <input type="checkbox"/> Yes-Where?	Has Noncustodial Parent Been in Prison in the Past? <input type="checkbox"/> No <input type="checkbox"/> Yes-Where?		

C. INFORMATION ABOUT THE CHILDREN OF THE NONCUSTODIAL PARENT WHO IS LISTED IN SECTION B

1. Full Name (First, Middle, Last, and Suffix)			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number *	Date of Birth (MM/DD/YYYY)	Place of Birth (City and State or Country)
Race (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> White			
If Applicable, Tribe in Which the Child is Enrolled			Enrollment Number
2. Full Name (First, Middle, Last, and Suffix)			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number *	Date of Birth (MM/DD/YYYY)	Place of Birth (City and State or Country)
Race (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> White			
If Applicable, Tribe in Which the Child is Enrolled			Enrollment Number
3. Full Name (First, Middle, Last, and Suffix)			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number *	Date of Birth (MM/DD/YYYY)	Place of Birth (City and State or Country)
Race (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> White			
If Applicable, Tribe in Which the Child is Enrolled			Enrollment Number

F. (OPTIONAL) DESCRIBE ANYTHING ELSE THAT WOULD AFFECT THIS CASE

Describe Anything Else That Would Affect This Case.

G. ACKNOWLEDGMENT OF NONREPRESENTATION

I have read and I understand the following:

- The Child Support Section has lawyers to assist in securing child support but these lawyers are not my lawyers. These lawyers represent the interests of the State of North Dakota and will take actions that they consider necessary and appropriate to work on my case.
- I can hire my own lawyer, at my expense, if I want legal advice or specific legal action or if I want to manage the legal activity on my case.
- The Child Support Section's lawyers may work on my case to establish paternity, if necessary, and to establish and enforce child support and medical support. I must cooperate with them if I want to receive services from the Child Support Section.
- The Child Support Sections's lawyers will not be able to help me with residential responsibility (custody) or parenting time (visitation). If I want legal help with these matters, I must hire my own lawyer.

H. STATEMENT AND SIGNATURE

I understand the information given above may be investigated and I certify that this information is true and complete to the best of my knowledge.

Signature	Date
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CHILD SUPPORT SERVICES AND RESPONSIBILITIES

This document describes Child Support's services, responsibilities of the individuals receiving the services, fees, accounting procedures, and use and disclosure of the information.

SERVICES

1. Child Support will determine the methods and strategies used to collect support and fulfill its duties.
2. Child Support will make efforts, consistent with its priorities and procedures, to:
 - a. Locate the noncustodial parent;
 - b. Establish paternity;
 - c. Obtain an order establishing child support according to the child support guidelines if no order exists;
 - d. Obtain or enforce an order for medical support, including health insurance coverage;
 - e. Enforce child support orders;
 - f. Collect ordered spousal support if spousal support and child support are included in the same order and owed to the same parent;
 - g. Collect interest;
 - h. Review cases for potential adjustments to the support amount, either upward or downward, using the child support guidelines. A review of the support amount may be requested by either parent.
3. Child Support will monitor for delinquent payments through an automated system and take enforcement action if payments become delinquent.
4. If the parent who owes support lives in a jurisdiction other than North Dakota, Child Support may refer the case to the other jurisdiction to establish an order or enforce child support payments. Child Support will release any information contained in office records to the other jurisdiction when interjurisdictional action is needed.
5. Child Support attorneys work on child support cases. The attorneys represent the state. They are not your personal attorneys.

No attorney-client relationship exists between you and the Child Support attorney. In the event of a conflict between your interest and the interest of the state, the Child Support attorney will resolve the conflict in the state's favor. If the Child Support attorney becomes aware of a conflict of interest, you will be notified.

Child Support cannot address custody, visitation, or other issues not directly related to child support. If you want legal advice on these issues, desire specific legal action, or want to manage activity on your case, a private attorney may be able to provide you with individualized services.

CASE CLOSURE

- I.
 - a. Upon your written request;
 - b. When Child Support is advised you applied for services in another jurisdiction, or;
 - c. If you are a parent who requested locate-only services, and the services have been provided.
- II.
 - a. If there is no longer a current support obligation, and the past-due amount is under \$500 or unenforceable under state law;
 - b. If you applied for services as a custodial parent and Child Support has information that you no longer have legal or physical custody of your child or children;
 - c. If Child Support has been unable to contact you for more than 60 days despite good effort;
 - d. If Child Support cannot obtain jurisdiction over the parent who owes support;
 - e. If the parent who owes support has died and no further action can be taken;

- f. If paternity cannot be established because, for example, genetic testing or the court has excluded the alleged father;
- g. If Child Support has been unable to locate the parent who owes support;
- h. If the parent who owes support has been institutionalized in a psychiatric facility and cannot reasonably be anticipated to pay support for the duration of the child's minority or is incarcerated with a sentence of more than 180 days;
- i. If the parent who owes support has a medically verified disability and no support potential;
- j. If the parent who owes support is a citizen of and lives in a foreign country, does not work for the United States government or for a company with offices in the United States, has no reachable domestic income or assets, and Child Support does not have reciprocity with the foreign country;
- k. If your case has been transferred to a tribal Child Support agency;
- l. If Child Support has documented evidence that you have not cooperated with the program and your cooperation is essential for the next enforcement step. Failure to cooperate includes:
 - (1) Failure to appear at a Child Support office for an appointment or at a court hearing to provide testimony for legal proceedings.
 - (2) Failure to complete and return forms or otherwise provide information needed to service your case.
 - (3) If you are the parent who receives support and fail to report to Child Support payment made directly to you.
 - (4) If you are the parent who receives support and fail to return payments you are not entitled to keep.

Child Support will not close your case for any of these reasons if you contact Child Support within 60 days of the issuance of the closing notice and provide information that will allow Child Support to proceed with establishment or enforcement of a support order. After 60 days you may request Child Support services by completing a new application if changed circumstances would allow Child Support to proceed with establishment or enforcement of a support order.

You may request your case be reopened if new information is available that could lead to the establishment of paternity, establishment or enforcement of a support order, a review and adjustment of the support order, or in accordance with federal regulations found at 45 CFR 303.11.

TAX REFUND OFFSET

1. Child Support may submit information about the parent who owes support to state and federal agencies for tax refund offset. If the parent who owes support is entitled to a tax refund, Child Support may offset (intercept) the tax refund to apply to past-due support.
2. Conditions for submittal for tax refund offset:
 - a. You must have a case receiving full Child Support services;
 - b. There must be a valid order for child support;
 - c. The past-due amount must be at least \$500 if owed to the family or \$150 if owed to the state;
 - d. Child Support must have a verified social security number for the parent who owes support;
 - e. The past-due amount must be correct. You may be asked to provide documents needed to determine the correct balance such as court orders and payment records from jurisdictions other than North Dakota.
3. There is no guarantee that funds will be collected through tax refund offset.
4. Collections from a joint tax return may be held for up to six months before disbursement.
5. Federal tax refund offset collections are applied to past-due support owed to the state before past-due support owed to the family.
6. If you are the parent who received a tax refund offset payment, you may be personally liable to repay the amount if the offset funds are reversed because of an amended return or because a claim was filed by the spouse of the parent who owes support. The claim may be filed many years later.

ACCOUNTING PROCEDURES

1. Child Support will process payments collected, including endorsing checks, money orders, and drafts.
2. Collections will be applied to support obligations according to federal and state distribution requirements. Collections are applied to current child support and current medical support before other debts unless the collection is from a federal tax refund offset.
3. Child Support is a clearinghouse for collections. If a collection received is received by check and the check bounces or the collection is reversed, the parent who received the funds must repay the amount. The parent who received the funds may authorize Child Support to withhold a reasonable amount from future support payments. The authorization may be given as part of the application process, but it is not required to receive services.

COSTS AND FEES

1. Child Support will charge an annual fee of \$35 each federal fiscal year (October 1 through September 30) in which at least \$550 is disbursed on a case receiving full services. Child Support will charge a monthly fee of \$5 each month in which a payment is disbursed on a case receiving limited services. The fee will be retained from support collected.
2. Child Support reserves the right to charge additional fees. You will be notified at least 30 days in advance of any new fee schedule.
3. You may be required to pay certain court costs.

PARENT RESPONSIBILITIES

1. Complete forms thoroughly and return forms timely to ensure expedient action on your case.
2. Provide required documentation such as certified copies of support orders or payment records.
3. Inform any agent or lawyer, who you may retain, that you are receiving services from Child Support.
4. Notify Child Support of any pleading to establish or modify support filed by you or through a private attorney.
5. Provide information to Child Support that may assist with managing your case.
6. Notify Child Support of changes in your address, social security number, phone number, and employment.
7. If you are the parent who receives support, do not contact the employer of the parent who owes support with questions about payments. Contact Child Support with all questions and concerns.

USE AND DISCLOSURE OF INFORMATION

1. Information you provide to Child Support may be disclosed to public officials who require such information in connection with their official duties.
2. Information you provide to Child Support will be used for administration of the program. This may include disclosure of social security numbers of parents and children for various reasons including securing health insurance coverage for children, locating the parent who owes support, and submitting cases for tax refund offset.
3. Child Support will safeguard information in accordance with all federal and state confidentiality requirements.

If you have any questions regarding this information, please contact Child Support:

Child Support
PO Box 7190
Bismarck ND 58507-7190
(701) 328-5440 or (800) 231-4255
childsupport@nd.gov

The Department of Health & Human Services makes available all services and assistance without regard to race, color, religion, national origin, age, sex, political beliefs, disability, or status with respect to marriage or public assistance. The Department makes its programs accessible to persons with disabilities. Persons needing accommodations or who have questions or complaints regarding the provisions of services should contact Child Support at (701)328-5440; (800)231-4255; childsupport@nd.gov; TTY 711.