

MARYLAND DEPARTMENT OF HUMAN RESOURCES  
Child Support Enforcement Administration

**APPLICATION FOR SUPPORT ENFORCEMENT SERVICES**

Support enforcement services include:

- Searching for the other parent
- Legally establishing paternity
- Establishing a court order for child support and health insurance coverage
- Collecting support payments
- Enforcing the court order
- Reviewing and modifying the court order (*All court orders established or modified are subject to periodic review for modification in accordance with the child support guidelines.*)

**SECTION I: CASE INFORMATION**    **APPLICANT: DO THE CHILDREN LIVE WITH YOU?**    **Yes**    **No**

Your Name (First, Middle, Last)		Phone (Home/Cell)	Business Phone
Your Address	City	State	Zip Code
Your Social Security Number	Your Date of Birth	Your E-mail Address	
Name of Other Parent (First, Middle, Last)	Phone (Home/Cell)	Business Phone	
Other Parent's	City	State	Zip Code
Other Parent's Social Security Number	Other Parent's Date of Birth	<input type="checkbox"/> <b>Family Violence:</b> I believe that disclosure of my address or other identifying information might result in physical or emotional harm to me or my child. This may restrict access to data needed to pursue your case (please see instructions on back)	
Other parent's E-mail Address			

CHILDREN	Name	Date of Birth	Social Security Number
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

**SECTION II: LEGAL REPRESENTATION**

An attorney working in the child support enforcement program represents the Child Support Enforcement Administration of the State of Maryland. The attorney **does not** represent you or your personal interest and there is no attorney-client relationship between you and the attorney, between you and the child support office, or any employees thereof. Any information you provide may not be treated as confidential, except as provided by law. You may be required to appear as a witness in court. Your failure to appear for court pursuant to an order or subpoena could result in your arrest.

I am applying for support enforcement services on behalf of the child(ren) listed above. I understand that I may have to pay a \$25.00 application fee which will not be refundable even if the agency does not succeed in getting support for the child(ren).

_____ Signature	_____ Date
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*DO NOT WRITE BELOW THIS LINE*

**SECTION III: SERVICES REQUIRED**

- |   |   |
|---|---|
| <input type="checkbox"/> All establishment/enforcement services | <input type="checkbox"/> Collection/enforcement                             |
| <input type="checkbox"/> Location of other parent               | <input type="checkbox"/> Modification                                       |
| <input type="checkbox"/> Establishment of paternity             | <input type="checkbox"/> establishment/enforcement of health insurance only |
| <input type="checkbox"/> Establishment of court order           |   |

**SECTION IV: VALIDATION**

- |  |   |
|--|---|
| <input type="checkbox"/> \$25 application fee paid       | <input type="checkbox"/> Medical Assistance client. Fee does not apply. |
| <input type="checkbox"/> Fee previously paid             | <input type="checkbox"/> TCA applicant-fee deferred.                    |
| <input type="checkbox"/> No fee paid. Explanation: _____ |   |

_____ Validator's Signature (Child Support Staff Person)	_____ Title	_____ Date
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## INSTRUCTIONS

**Form No.:** DHR/CSEA 980

**Form Name:** Information for Support Enforcement Services

**Purpose:** The purpose of this form is to gather information from the individual applying for child support enforcement services.

**User:** This form may be completed by the applicant or by the child support worker.

**Detailed Instructions:** Complete Sections I, II, III and IV.

**Section I:** Custodial Parent  
Provide all information requested.

**Section II:** Non-custodial Parent  
Provide most recent information. The DATE after LAST KNOWN ADDRESS refers to the latest date in which the information was known to be correct.

**Section III:** Support  
Provide all information requested.

**Section IV:** Health Insurance  
If the non-custodial parent has individual health insurance coverage or health insurance coverage for the child(ren), check the appropriate box and enter information about the insurance company, if known.

If the children receive Medical Assistance, check "Yes" and enter the Medical Assistance case number.

If the children do not receive Medical Assistance, check "No". Check the appropriate box if the Custodial Parent wishes to have the non-custodial parent ordered to provide health insurance coverage for the children.

**Distribution:** Original to case folder

Note: After information from form 980 has been entered into CSES, the form may be destroyed. However the 980-A, Application for Support Enforcement Services, must be retained and copies distributed. The instructions for retention and distribution of form 980-A are provided below.

If an interactive interview takes place between the child support staff person and the applicant, the staff person may enter the information directly into CSES instead of completing form 980.

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**Form No.:** DHR/CSEA 980-A

**Form Name:** Application for Support Enforcement Services

**Purpose:** This form is the application for child support enforcement services.

**User:** This form shall be completed by the following individuals who currently do not receive Temporary Cash Assistance:

- Non-Temporary Cash Assistance applicants
- Former Temporary Cash Assistance applicants
- Former Medical Assistance (MA) or Temporary Cash Assistance customers who previously requested closure of all their child support cases
- MA customers who have not been referred from the Department of Social Services (IV-A)

**Detailed Instructions:** Complete Sections I, II, III and IV.

**Section I: Family Violence**  
If "Family Violence" is checked, determine if there is corroborating evidence (e.g. police reports) or reason to believe that the disclosure of such data might result in physical or emotional harm to a custodial parent, non-custodial parent or a child in a case. NOTE: Corroborating evidence is not required. Advise the applicant that indicating family violence will impact the quality of service provided by restricting the amount of information that can be shared with and obtained from the federal government and other secure resources.

**Section II: Signature**  
After completing the required information, the form must be signed by the applicant.

**Section III: Services Required**  
The child support staff person shall check the appropriate box for the type of service required.

**Section IV: Validation**  
The child support staff person shall check the appropriate box, sign the form, enter his/her title and the date of the validation  
**Note:** Some applicants will complete more than one application. In those instances, check "\$25.00 application fee paid" on one form only. Check "Fee previously paid" on all others.

**Distribution:** Original – Case folder  
1 copy to applicant    1 copy to fiscal, if accompanied by fee    1 copy to prosecutor, if necessary.