



**COLORADO**  
**Child Support Services**  
 Department of Human Services

<p><b>For Office Use Only</b>          Date Sent:          Date Received:          Fee paid by:</p>
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## Application for Child Support Services (CSS)

Please fill out this application as fully as you can. Sections with a star (\*\*) are required. Giving us as much information as you can will help us set up and manage your child support case. If you can't answer a question, write "unsure" or "N/A" (not applicable).

CSS is committed to providing an inclusive and accessible experience to everyone, including individuals with disabilities. If you have specific concerns about your situation or need more help filling out the application, contact your county office for help. A list of county offices is available on the CSS website at <https://childsupport.state.co.us/>.

### Important Safety Information

<p>CSS takes the safety of all families receiving services seriously. If you are worried about you or your child(ren)'s safety, we can change some of our processes. <b>Are you worried that opening a child support case may result in physical or emotional harm to you or your child(ren)?</b></p> <p>Yes      No      I don't know/Unsure</p> <p>We share your address and other personal information with state and federal agencies for child support reasons. The other party might get this information too. If family or domestic violence is an issue, CSS can put an alternate address on public documents or court filings to keep this information safer. This is called non-disclosure of information (NDI). <b>Would you like to request NDI for your case?</b></p> <p>Yes      No      I don't know/Unsure</p> <p>You can update information about safety at any time. Even if you've already told your child support worker that you did not have any safety concerns, things change - and we want to help you stay safe.</p>
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### Language Needs

What language do you speak most often?    English      Español      Other  
 What language do you read most often?    English      Español      Other  
 Do you need an interpreter?    Yes      No

### Annual Service Fee

Federal law requires us to charge a \$35 annual fee on each case where we have collected at least \$550 in child support payments in a year, but only if the party receiving support has never received Temporary Assistance for Needy Families (TANF)/Colorado Works benefits. The fee is deducted from the child support disbursed to the party receiving support.

### Applying for Child Support Services - Your Rights & Responsibilities \*\*

Please read the following carefully. When you are finished, please initial each line below. **You must initial and agree to all statements in order for your application to be processed.**

\_\_\_\_\_ CSS represents the People of the State of Colorado and are not my private attorneys. No attorney-client relationship or privilege exists between me or the CSS staff.

- \_\_\_\_\_ I must provide my social security number or individual tax identification number to CSS. Information collected by CSS is confidential, though it may be shared with other agencies or the courts as permitted by law to support the services requested.
- \_\_\_\_\_ CSS cannot help me with with custody arrangements, parenting time (visitation) or property settlements.
- \_\_\_\_\_ Each county CSS office decides how specific child support cases are handled. I can't choose which actions CSS takes on my case.
- \_\_\_\_\_ I must cooperate with CSS. This includes providing CSS with the information needed to establish and enforce my child support order, signing and returning forms, and attending relevant appointments, conferences or hearings. If I do not cooperate, my case may be closed and public assistance programs (including but not limited to TANF, SNAP, Medicaid) will be notified, if applicable.
- \_\_\_\_\_ CSS will not accept my application for services if all the children have emancipated.
- \_\_\_\_\_ Non-parent caretakers (e.g., grandparent, aunt, uncle, adult sibling, stepparent, etc.) applying for child support must open a case against both biological parents. If this applies to me, I cannot close only one of the two cases against the biological parents.
- \_\_\_\_\_ If I currently have a child support order, I may be required to complete and sign a legal document agreeing to the amount of past-due child support owed.
- \_\_\_\_\_ I understand if a payment is sent from CSS in error or is unfunded (i.e. bounced check), it is my responsibility to pay back the unfunded amount. I may repay in full or CSS will deduct 10% or \$10.00 (whichever is greater) from each future support payment received until the balance is paid in full.
- \_\_\_\_\_ I must immediately inform CSS in writing of any new or changed information including, but not limited to:
- Changes to legal name, address, contact information, employment information or health insurance for either party;
  - Changes in custody of a child or parenting time (visitation) for longer than one month;
  - Hiring of a private attorney or private collection agency for help with child support collection, parenting time or parental custody; or
  - Any actions filed with a court that CSS was not involved with (e.g., separation, divorce, custody, etc.).
- \_\_\_\_\_ If there is a change that could cause the amount of the order to be adjusted (e.g. financial or medical), a modification (change) may be initiated by me, CSS or any other party to the case.
- \_\_\_\_\_ Once I receive a Family Support Registry (FSR) account number, sending or receiving direct payments may result in my case being closed. I will inform CSS about any payments sent or received directly instead of through the FSR.
- \_\_\_\_\_ CSS will not enforce spousal maintenance owed to me once the current child support order ends, unless the child(ren) of the order are residing with me, the spousal maintenance was ordered in the same case as child support, and past-due child support remains due.
- \_\_\_\_\_ I may request in writing to close my CSS case, however if I am receiving TANF or have past-due support assigned to the State the case may remain open.

**APPLICATION CONTINUES ON NEXT PAGE**

<b>Tell Us About Yourself</b>				
I am:		Seeking child support	Paying child support	Other
Please describe your relationship to the child(ren):				
Legal Name (First, Middle, Last) **		Maiden Name (If applicable)	Preferred Name or Nickname	
Your Birthdate ** (MM/DD/YYYY)	Personal Identification Number (Social Security Number or Taxpayer Identification Number) **		Social Security Number Taxpayer Identification Number I do not have one	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____	Pronouns <input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> They/Them/Theirs <input type="checkbox"/> Other: _____	Ethnicity <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Other: _____ <input type="checkbox"/> Hispanic <input type="checkbox"/> White		
<b>How can we reach you?</b>				
Primary Phone Number ** <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other: _____			Would you like to receive text messages about your child support case? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Secondary Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other: _____				
Email				
<b>Where do you live today?</b> (CSS Tip: You cannot use a PO Box for your residential address)				
Street Address **		Apartment/Unit Number	Can you receive mail at this address? <input type="checkbox"/> Yes <input type="checkbox"/> No (Fill out mailing address section below)	
City **	State **	Zip Code **		
<i>Mailing Address</i>				
Street Address		Apartment/Unit Number		
City	State	Zip Code		

## Tell Us About the Other Parent

You must complete a separate application for each parent for whom you wish us to provide services

Legal Name (First, Middle, Last) **			Maiden Name (If applicable)		Preferred Name or Nickname	
Birthdate (if unknown, give best guess of age) (MM/DD/YYYY)		Personal Identification Number (Social Security Number or Taxpayer Identification Number)		<input type="checkbox"/> Social Security Number <input type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> They do not have one <input type="checkbox"/> I do not know this information		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____		Pronouns <input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> They/Them/Theirs <input type="checkbox"/> Other: _____		Ethnicity <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____ <input type="checkbox"/> White		
<b>How can we reach the other parent?</b>						
Primary Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other: _____						
Email						
<b>Where does the other parent receive mail?</b> (CSS Tip: Not sure where they currently live? Give the last known address)						
Street Address				Apartment/Unit Number		
City		State		Zip Code		
<b>Where was the other parent born?</b>						
City		State		Country		
<b>Is the other parent employed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know (CSS Tip: Not sure where they are currently employed? Give the last known employer)						
Employer Name				Phone Number		
Street Address				Apartment/Unit Number		
City		State		Zip Code		
<b>What other information about the other parent can you provide that may help us establish or enforce a child support order?</b> (CSS Tip: This could be a physical description, vehicle information, incarceration status, information on their parents, etc.)						

<b>Tell Us About the Child(ren) Who Need Support</b>			
	Child 1	Child 2	Child 3
Legal Name (First, Middle, Last) **			
Personal Identification Number (SSN/ITIN) **			
Birthdate ** (MM/DD/YYYY)			
Gender **	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____
Where was the child born? (City, State, Country)			
Where was the child conceived? (City, State, Country)			
Who is listed on the child's birth certificate?	Parent 1: Parent 2:	Parent 1: Parent 2:	Parent 1: Parent 2:
Does the child have health care coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who is providing the health care coverage?	<input type="checkbox"/> Party seeking support <input type="checkbox"/> Party paying support <input type="checkbox"/> Medicaid <input type="checkbox"/> Other: _____	<input type="checkbox"/> Party seeking support <input type="checkbox"/> Party paying support <input type="checkbox"/> Medicaid <input type="checkbox"/> Other: _____	<input type="checkbox"/> Party seeking support <input type="checkbox"/> Party paying support <input type="checkbox"/> Medicaid <input type="checkbox"/> Other: _____
	Child 4	Child 5	Child 6
Legal Name (First, Middle, Last) **			
Personal Identification Number (SSN/ITIN) **			
Birthdate ** (MM/DD/YYYY)			
Gender **	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____
Where was the child born? (City, State, Country)			
Where was the child conceived? (City, State, Country)			
Who is listed on the child's birth certificate?	Parent 1: Parent 2:	Parent 1: Parent 2:	Parent 1: Parent 2:
Does the child have health care coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who is providing the health care coverage?	<input type="checkbox"/> Party seeking support <input type="checkbox"/> Party paying support <input type="checkbox"/> Medicaid <input type="checkbox"/> Other: _____	<input type="checkbox"/> Party seeking support <input type="checkbox"/> Party paying support <input type="checkbox"/> Medicaid <input type="checkbox"/> Other: _____	<input type="checkbox"/> Party seeking support <input type="checkbox"/> Party paying support <input type="checkbox"/> Medicaid <input type="checkbox"/> Other: _____

Tell Us About Your Relationship with the Other Parent		
Were you ever married to the other parent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know		
Date of Marriage/Civil Union	Where did the marriage/civil union take place?	Date of Separation
Date of Divorce	Where was the divorce filed? (City, State)	When did you last have contact with the other parent?

Tell Us More About Your Situation		
Do you have an existing court order for child support? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know		
If yes:		
Child Support Order Number	What court established the order?	When did you last receive support?
Is an attorney or licensed legal paraprofessional (LLP) representing you in your case? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes: Please give the information for your current attorney or LLP		
Attorney Name	Law Firm	Phone Number

Acknowledgment/Signature			
By signing my name below, I understand and agree that:			
I am submitting my application for child support services to the Colorado Child Support Services program.			
I have read the section <i>Applying for Child Support Services - Your Rights &amp; Responsibilities</i> on page 1 & 2 and understand my responsibility to cooperate with CSS.			
I understand if a payment is sent from CSS in error or is unfunded (i.e. bounced check), it is my responsibility to pay back the unfunded amount. I may repay in full or CSS will deduct 10% or \$10.00 (whichever is greater) from each future support payment received until the balance is paid in full.			
I certify that I personally have provided all information in this document and it is true and correct to the best of my knowledge and belief. I agree to report any changes in my circumstances that may affect support actions in my case.			
Signature **		Date **	
Print Name **			

## Application - Supporting Documentation

Please locate and submit **copies** of the documents below when requested by your county technician:

- Copy of a birth certificate and social security card (if applicable) for all children
- Copy of your government-issued ID (i.e. driver's license, passport, etc)
- A photo of the other parent (if available)
- Verification of your income (i.e., pay stubs, tax returns)
- Copy of Marriage Certificate(s)
- Copy of Court Order(s) related to the children or marriage, which could include:
  - Divorce Decrees
  - Paternity Orders
  - Child Support and/or Spousal Support Orders
  - Parenting Time Orders
  - Adoption Orders
  - Orders Terminating Parental Rights
  - Related orders from states outside of Colorado
- Records of all child support paid, including payments made directly or through a state disbursement unit

Individual counties may ask for other documents not listed here. Please reach out to your county for any specific requirements.