



**Commonwealth of Massachusetts  
 Department of Revenue  
 Child Support Enforcement Division (DOR)  
 Child Support Intake Form and Application for Full Child Support Services  
 Part 2**



**Do you want full child support enforcement services? (Check one.)**  **Yes**  **No**

⇒ If you check **YES**:

- ✓ All child support payments must be paid to DOR from now on.
- ✓ **Do not make payments directly to or accept payments directly from the other parent.**

⇒ If you check **NO, and** support is to be paid by wage assignment:

- ✓ The law requires all child support paid by wage assignment to come through DOR.
- ✓ The only action DOR will take is to collect and send out child support payments received from an employer.
- ✓ You are responsible for telling DOR when your order ends.

⇒ If you check **NO, and** support is **NOT** to be paid by wage assignment:

- ✓ The parents must make their own payment arrangements.

**Important!** If you are submitting this form on the same day that you are in court getting a child support order, you must make sure the court gives us a copy of the court order.

*Please print all responses.*

**SECTION 1 - INFORMATION ABOUT YOU**

⇒

Name (Last)			(First)	(Middle)	
Home Address (Number & Street)			(City)	(State)	(Country) (ZIP Code)
Mailing Address (Number & Street), <i>if different</i>			(City)	(State)	(Country) (ZIP Code)
Social Security Number	Driver's License #	Date of Birth		E-Mail Address	
Home Phone #		Cell Phone #		Work Phone #	
Employer Address (Number & Street)			(City)	(State)	(ZIP Code)
If yes, what is the current relationship of the children's parents? <input type="checkbox"/> Married, date of marriage: _____ Place of marriage: _____ <input type="checkbox"/> Divorced, date of divorce: _____					

## SECTION 2 - INFORMATION ABOUT THE OTHER PARENT

The other parent is the children's:  Mother  Father  Other, explain:

Name (Last)		(First)	(Middle)		
Home Address (Number & Street) <input type="checkbox"/> Current <input type="checkbox"/> Last Known		(City)	(State)	(Country)	(ZIP Code)
Mailing Address (Number & Street), <i>if different</i> <input type="checkbox"/> Current <input type="checkbox"/> Last Known		(City)	(State)	(Country)	(ZIP Code)
If the other parent is incarcerated, what is the name of the prison?		(City)	(State)	(ZIP Code)	
Social Security Number	Driver's License #	Date of Birth	E-Mail Address		
Home Phone #		Cell Phone #		Work Phone #	
Employer Name <input type="checkbox"/> Current <input type="checkbox"/> Last Known					
Employer Address (Number & Street)		(City)	(State)	(ZIP Code)	
Other Parent's Mother's Maiden Name			Make, Model & Year of Other Parent's Car		

## SECTION 3 - INFORMATION ABOUT THE CHILDREN

- List only the children you have with the other parent named in this application.
- If you have more than three children with the other parent named in this application, continue on the last page.

	Child 1	Child 2	Child 3
Name (First, Middle & Last)			
Date of Birth			
Place of Birth (City & State or City & Country, if outside US)			
Social Security Number			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name of father on birth certificate			
With whom does the child live?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other, who?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other, who?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other, who?

## SECTION 4 - COURT ORDER INFORMATION - Child Support & Medical Support

Is there a court order for child support and/or medical support? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Court			
Court Address (Number & Street)		(City)	(State)	(ZIP Code)	(Country)
Date of Most Recent Order	Amount of Order: \$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	Docket #	

## SECTION 5 - SAFETY ISSUES

Do you have concerns that receiving child support services could result in a risk to you or your child(ren's) safety?

Yes (Explain in space below.)  No

Do you have a restraining order against the other parent?  Yes  No

Would disclosure of your address place you or your children at risk of physical or emotional harm?  Yes (Explain in space below.)  No

See the section in Part I of the Child Support Intake Form and Application for Full Child Support Services titled "Disclosure of Information" for information about how and when your address might be disclosed.

At what telephone number would you like us to call you at during the day to discuss your safety concerns?!

Telephone #: \_\_\_\_\_ Is it okay to leave a message?  Yes  No

Please provide information related to your safety concerns that you want DOR to be aware of. You may also attach documents related to your safety concerns.

## SECTION 6 - ALTERNATE / EMERGENCY CONTACT

Do you have a close friend or relative who will always be able to get in touch with you? \*  Yes  No

\* If you **do not** speak English, this person should be **someone** that can speak with us on your behalf.

Name	Relationship to You	Telephone #	
Address (Number & Street)	(City)	(State)	(ZIP Code)

## SECTION 7 - YOUR SIGNATURE

By signing below, you state the following:

- I declare under the penalty of perjury that the information I provided on this form is true and complete to the best of my knowledge and belief.
- If I am requesting full services from DOR:
  - ✓ I have read the attached Child Support Intake Form and Application for Full Child Support Services brochure and understand my responsibilities and agree to cooperate with DOR.
  - ✓ I understand that DOR will decide what services may be available and best suited to my case.

Your Full Name (*print legibly*)

Your Signature

Today's Date

## SECTION 8 - DOCUMENT CHECKLIST

- ⇒ Indicate below which documents you are attaching to this form.
- ⇒ Don't forget to make a copy of this form and any documents you are attaching if they are your only copies.

**Court Orders:** Copies of all orders relating to child and medical support for the children listed on this form.

- ⇒ If you are completing this form in court on the day your child support order is entered, make sure that the court gives a copy of the order to DOR.

Attached?

Yes  No

**Affidavit of Arrears:** If the other parent owes past-due support (arrears) for a time before your application for services and there is no court order setting the amount of past-due support.

- ⇒ Visit our website at [www.mass.gov/cse](http://www.mass.gov/cse) or call us at 800-332-2733 or 617-660-1234 to get a blank copy of this form.

Attached?

Yes  No

**Custody Order:** If you are not the mother or father of the children.

Attached?

Yes  No

## SECTION 9 - RETURN INFORMATION

- ⇒ **Mail:** Send the completed form to, **DOR/CSE, P.O. Box 7057, Boston, MA 02204-7057**
- ⇒ **Probate & Family Court:** Leave the form at the Register's Office at the court if you are completing it at the courthouse.

## SECTION 10 - ADDITIONAL INFORMATION

Use this space if you would like to provide any additional information.

