

APPLICATION FOR CHILD SUPPORT SERVICES

_____, SSN _____, hereby contracts with the
NORTH CAROLINA Child Support Enforcement Agency to provide appropriate child support services.

This application constitutes the contract and its terms. I understand that the Child Support Agency determines which services are necessary for me. If any application fee is required, no services will begin until the fee is paid.

Applicant's Rights and Responsibilities

I understand and agree that:

- * Any payments sent to me in error are my responsibility to repay.
- * The agency will collect any payments sent to me in error. The agency collects 10% of current support payments due to me and ALL money paid toward arrears due to me, until it is paid.
- * The agency may use an attorney to establish or enforce my child support order.

The attorney represents the interests of the agency and no attorney-client relationship exists between the attorney and me. The attorney cannot handle any other legal matter such as custody or visitation.

- * I have the right to request that my support order be reviewed for a possible adjustment every three years or an earlier date if there is a significant change in circumstances.

Annual \$25.00 Mandatory Fee for Services

Federal regulations at Section 454(6)(B)(ii) of the Deficit Reduction Act of 2005 and N.C.G.S 110-130.1 require that an **annual fee of \$25.00** be assessed on each case of an individual who has never received public assistance funds and who receives \$500.00 in child support payments during each Federal Fiscal Year (October 1 – September 30).

I understand that if this fee is assessed on my case, payment of the fee is automatically deducted from the next child support payment(s) that are owed to me.

Tax Refund Intercept

Federal law requires that the agency intercept tax refunds to pay off past due child support.

I understand and agree that:

- * If the noncustodial parent owes past due support that meets the rules for tax intercept, the agency notifies the Internal Revenue Service and the N.C. Department of Revenue to withhold up to that amount from the noncustodial parent's tax refund.
- * Past due support owed to the State may be paid before I receive any past due support.
- * A processing fee may be charged. The fee is deducted from the tax refund.
- * If the refund is intercepted from a joint return, the agency must determine if I can receive any of the money. This process may take up to six months.
- * The IRS may adjust the amount of the refund for up to six years. This may require that I return a portion of the refund previously sent to me.

Use of Social Security Number

Federal regulations at 42 USC 666 (a)(13) require the mandatory disclosure of your SSN. The number will only be used for the purpose of establishing paternity and establishing, modifying, and enforcing the support obligation.

I have received Program information describing services, fees, rights and responsibilities, collection policies, and distribution procedures. I am returning all completed supplemental information sheets with this application.

Applicant Signature

Date

NORTH CAROLINA CHILD SUPPORT ENFORCEMENT
PO BOX 20800
RALEIGH, NC 27619-0800

XX/XX/XXXX (DATE)

CLIENT MPI # _____

XXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX

We are writing in response to your questions regarding child support services. Enclosed you will find the following:

- (1) An information sheet explaining child support services
- (2) An application for child support services
- (3) Supplemental case information sheet

If you decide to apply for child support services, please fill in the application for services and the supplemental case information sheet as completely as possible. Additionally, you must sign the application for services where indicated. Mail or return these forms to our office along with copies of any court orders applicable to your case. You may want to include a brief summary of your circumstances. You must also enclose a non refundable \$ _____ application fee, unless your gross income is below 100 % of the federal poverty guideline . Please call if you need assistance to determine if you qualify for reduced application fee.

Once the application fee, the signed application, and the supplemental case information sheet are received, your child support case will be opened and appropriate services will begin. Should we need more information, you will be contacted. If we need to see you, an interview will be scheduled.

Sincerely,

(caseworker name)
(IV-D office)
(phone number)