



OFFICE OF THE ATTORNEY GENERAL
APPLICATION FOR CHILD SUPPORT SERVICES

Application Instructions:

You must answer all questions and provide copies of the required documents listed below. Please PRINT OR TYPE answers in black or blue ink. Check Yes, No, Unknown or write N/A (not applicable) in any space which does not apply. Use a separate sheet of paper if you need more room for any answer or if you have additional information regarding the non-custodial parent which is not covered by the questions on this form. **The application must be signed. Services could be delayed if your application is not complete and signed.**

Name of applicant: _____

Date: _____

✓	Required Documents	Pending	Date Received
	Custodial parent photo Id		
	Non-custodial parent Photo		
	Social Security Card(s)		
	Children's birth certificate(s)		
	Declaration of Paternity (if father's name on birth certificate)		
	2 months check stubs		
	Medical insurance card(s)		
	Verification of employment		
	Paid medical bills and receipts		
	Daycare enrollment and payment receipts		
	Court issued documents below:		
	- Divorce Documents		
	- Guardianship		
	- Adoption papers		
	- Restraining order		
	- Child Support Order(s) (if any)		

Notes:

COMPLETE THE FOLLOWING:

Please Check One:

I am the: () Custodial Parent () Non-Custodial Parent () Custodial Non-Parent

Name (Last, First, Middle)		Other Last Names Used	
Resident Address (City, State & Zip Code) How long lived in Guam?			
Mailing Address (If different than above)			
Home Phone No. ()		Work Phone No. ()	
Cell Phone No. ()		E-Mail Address:	
Social Security No.	Birth Date	Birth Place	<input type="checkbox"/> Male <input type="checkbox"/> Female
Height ft in	Weight lbs	Hair Color: Eye Color:	Race:
Employer Name & Address (City, State, & Zip Code)			Job Title
Are you: Single Married Divorced Living with a boyfriend or girlfriend			
What is your relationship to the children? (Mother, father, grandparent, Guardian, etc..) Date children began living with you (month/year)?			

MEDICAL/HEALTH INSURANCE INFORMATION:

Do you and the children have satisfactory medical/health insurance (not Medicaid)? <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly cost?	
Is medical/health insurance available with your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly cost?	Please attach a copy of your medical/health insurance card.

PUBLIC ASSISTANCE (DIVISION OF WELFARE AND SUPPORTIVE SERVICES) INFORMATION:

Did you apply for TANF cash assistance? When? (Month/Year)	<input type="checkbox"/> No	If Yes, where? (City,State)
Have you or the children received TANF cash assistance in the past? If Yes, where? (City, State)	<input type="checkbox"/> Yes <input type="checkbox"/> No	What year(s)?

CHILDREN INFORMATION:

Child's Name (Last, First, Middle)		Male Female	Pregnancy began in what state?
Social Security No.	Birth Place: Birth Date:	Race	How long has child lived in Guam?
Child's Parents: Never married		Lived together Married Divorced	
Date mother stopped living with child:		Date father stopped living with child:	
Date Parents Married: City, State:		Date Parents Divorced: City, State:	
Mother's Name:		Father's Name: On birth record? Yes No	

Child's Name (Last, First, Middle)		Male Female	Pregnancy began in what state?
Social Security No.	Birth Place: Birth Date:	Race	How long has child lived in Guam?
Child's Parents: Never married		Lived together Married Divorced	
Date mother stopped living with child:		Date father stopped living with child:	
Date Parents Married: City, State:		Date Parents Divorced: City, State:	
Mother's Name:		Father's Name: On birth record? Yes No	

Child's Name (Last, First, Middle)		Male Female	Pregnancy began in what state?
Social Security No.	Birth Place: Birth Date:	Race	How long has child lived in Guam?
Child's Parents: Never married		Lived together Married Divorced	
Date mother stopped living with child:		Date father stopped living with child:	
Date Parents Married: City, State:		Date Parents Divorced: City, State:	
Mother's Name:		Father's Name: On birth record? Yes No	

Child's Name (Last, First, Middle)		Male Female	Pregnancy began in what state?
Social Security No.	Birth Place: Birth Date:	Race	How long has child lived in Guam?
Child's Parents: Never married		Lived together Married Divorced	
Date mother stopped living with child:		Date father stopped living with child:	
Date Parents Married: City, State:		Date Parents Divorced: City, State:	
Mother's Name:		Father's Name: On birth record? Yes No	

***IF YOU NEED TO ADD ADDITIONAL CHILDREN, PLEASE SEE PAGE 8**

COMPLETE THE FOLLOWING ABOUT THE NON-CUSTODIAL PARENT (NCP):

Name (Last, First, Middle)		Other Names Used:	
Current Address Last Known Address Resident Address (City, State & Zip Code) Relative's Address			
Current Address Last Known Address Mailing Address (If different than above) Relative's Address			
Home Phone No. ()		Work Phone No. ()	
Cell Phone No. ()		E-Mail Address	
Social Security No.	Birth Date	Birth Place City, State	Male Female
Height ft in	Weight lbs	Hair Color Eye Color	Race
Describe any scars, birthmarks or tattoos:			
Is the parent: Mother / Father Is the parent: Single / Married / Divorced / Living with a boyfriend or girlfriend			
Has the non-custodial parent been in jail or prison? Yes / No If Yes, where? (City, State) When?			
At any time, was the custodial parent married to this non-custodial parent? Yes / No	Date of Marriage	Date of Divorce	
Was the custodial parent married to someone else? Yes No		Are there other possible non-custodial parents? Yes / No	
Existing Child Support Order? Yes No If Yes, from what City, State? Attach a copy			
Last support payment date: direct to you from another child support office; City, State:			

EMPLOYMENT/INCOME INFORMATION:

Employer Name & Address (City, State) Current Employer Former Employer		Type of work:	
Union Member Yes No If Yes, what union? Union Address (City, State) and phone no.:		Local #:	
Military Service Yes No If Yes, what branch? Army	Navy Air Force	Marines Coast Guard Reserves	
Other Income: Unemployment Worker's Compensation		Social Security	Retirement Self-employed

MEDICAL/HEALTH INSURANCE INFORMATION:

Does the non-custodial parent have medical/health insurance for the children?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are the children covered?	Yes	No
Name & address of insurance company (City, State)				
Policy No.	Group No.			

RESOURCE INFORMATION on the NON-CUSTODIAL PARENT:

Vehicles (car, boat, trailer, RV, etc.)? Make: Model: Year:	License #:	State:
Property Owned (home, land, buildings, etc.)? Address/Location (City, State):		
Bank Accounts (Checking, Savings, CD, IRA, Retirement, etc.)? Location (Bank name, City, State)		

PAYMENT HISTORY FOR NON-CUSTODIAL PARENT (NCP) (starting with most recent month)

NCP's Name: _____

YEAR: _____

YEAR: _____

YEAR: _____

Month	Amount Due	Amount Paid	Month	Amount Due	Amount Paid	Month	Amount Due	Amount Paid
Jan			Jan			Jan		
Feb			Feb			Feb		
Mar			Mar			Mar		
Apr			Apr			Apr		
May			May			May		
June			June			June		
July			July			July		
Aug			Aug			Aug		
Sept			Sept			Sept		
Oct			Oct			Oct		
Nov			Nov			Nov		
Dec			Dec			Dec		
TOTAL			TOTAL			TOTAL		

YEAR: _____

YEAR: _____

YEAR: _____

Month	Amount Due	Amount Paid	Month	Amount Due	Amount Paid	Month	Amount Due	Amount Paid
Jan			Jan			Jan		
Feb			Feb			Feb		
Mar			Mar			Mar		
Apr			Apr			Apr		
May			May			May		
June			June			June		
July			July			July		
Aug			Aug			Aug		
Sept			Sept			Sept		
Oct			Oct			Oct		
Nov			Nov			Nov		
Dec			Dec			Dec		
TOTAL			TOTAL			TOTAL		

DECLARATION I declare under penalty of perjury the information I have provided on this application is true and correct to the best of my knowledge and belief and the statements contained herein are made for the purposes stated herein including, but not limited to, obtaining assistance in paternity and order establishment, and the enforcement and distribution of child support. By signing this application, I acknowledge the responsibilities as listed and agree to the services the Child Support Enforcement Program provides.

Name of Applicant (please print)

Signature of Applicant

Date



DOMESTIC OR FAMILY VIOLENCE STATEMENT

Case Name: _____ Case Number _____

I believe the release of my and/or the child(ren)'s address and/or other identifying information would unreasonably put me and/or the child(ren)'s health, safety, or liberty at risk.

() NO

() YES. Explain below and attach any and all relevant court orders. (If additional space is needed, continue on a separate sheet of paper.)

Disclosure of Information: Any information contained in this application can be used in other cases in which you are involved, such as a change in child custody where you become a noncustodial parent. Information contained in CSE program cases is not given to anyone not directly involved in the administration of the program. If the CSE program requests assistance of another state, the Uniform Interstate Family Support Act of 1996 (UIFSA) requires personal identifying information be provided to that state about you and the children in your custody, such as resident address.

Declaration: I declare under penalty of perjury that the information I have provided on this statement is true and correct.

Name of Applicant (Please Print) Signature of Applicant Date

ADDITIONAL CHILDREN INFORMATION Continued:

Child's Name (Last, First, Middle)		Male Female	Pregnancy began in what state?
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Mother's Name:		Father's Name: On birth record? Yes No	

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Mother's Name:		Father's Name: On birth record? Yes No	

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Date Parents Married: City, State:		Date Parents Divorced: City, State:	
Mother's Name:		Father's Name: On birth record? Yes No	

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Date Parents Married: City, State:		Date Parents Divorced: City, State:	
Mother's Name:		Father's Name: On birth record? Yes No	