



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Oklahoma Child Support Services
Every child has the right to support from both parents.

Child Support Services and Responsibilities

Oklahoma Child Support Services (OCSS) can help:

- find the parent of a child or the assets of the parent;
- establish paternity for a child;
- obtain a child support or medical support order;
- enforce medical support orders;
- collect child support payments;
- review and change child support orders; and
- take any of these actions in other states and countries.

Who may apply for services?

- Any parent or custodial person who needs child support services for a minor child.
- Services are for minor children; a child is a minor until the age of 18 or up to the age of 20 if still in high school.

Services provided by OCSS:

- **Find parents:** Many types of searches are used to find an address, employer, or assets.
- **Paternity:** We establish paternity by agreement or court action.
- **Child support:** We will file papers with the court to get an order, but child support is set by the court using Oklahoma Child Support Guidelines.
- **Child care:** Orders for child care costs shared by parents based on their income.
- **Medical support:** We seek and enforce medical support orders.
- **Enforcement:** We take child support from wages, Worker's Compensation awards, personal injury awards, tax refunds, and bank accounts. We may ask the court to enforce the order by contempt proceedings. The court may also take driver's, professional, hunting and fishing, or other licenses for failure to pay support.
- **Changing child support orders:** OCSS reviews support orders to make sure they follow the Guidelines. If not, we ask the court to change the support amount.

There is a yearly \$25.00 fee collected on all cases that qualify. October 1st of each year, cases without TANF or AFDC will qualify for the fee after \$500.00 has been collected and sent to the family. The fee is withheld from the first payment collected after the \$500.00 is sent to the family.

These services are available whether or not the parent lives in Oklahoma. Other states may also charge fees. If OCSS must refer your case to another state, fees may be withheld by that state from your child support.

Help us help you!

The more information you give us, the faster we can help you.

Keep us informed about you, your children's, and the other parent's:

- current address and phone number;
- current work address and phone number; and
- Social Security number.

NOTE: The post office does not forward all child support papers. You must tell OCSS of any change in your address in order to get court or other legal documents. We must be able to get these papers to you and reach you to work your child support case.

Other information:

Send OCSS copies of any orders:

- establishing paternity;
- granting a divorce;
- granting custody;
- setting child support;
- awarding guardianship; and
- granting custody or setting support in a juvenile court case.

Please know:

- OCSS will decide how to collect your child support.
- OCSS staff represents only the state of Oklahoma.
- Information you give OCSS may be shared as required by law if needed to establish or enforce an order.
- OCSS uses the address of record you provide as your public mailing address. Legal and other official papers will be sent to you by regular mail at this address. If requested, it is given to the other parent or person in your case or their attorney.
- If family violence is an issue, please give an address of record different from your home address.
- You must provide your Social Security number.
- All payments must be made through the Centralized Support Registry.
- All payments will be paid into an Oklahoma MasterCard Debit Card account. When OCSS receives your first child support payment, you will be sent the debit card. Contact the toll-free number located on the back of your card if you have questions.
- If you do not wish to use a debit card, you may call the number on the back of your debit card and set up direct deposit.

- OCSS can sign and negotiate payments related to child support, including cashier and personal checks, money orders, as well as credit card, debit card and direct debit payments from your bank account.
 - If you are the noncustodial parent requesting services, your payment methods could include cashier and personal checks, money orders as well as credit card, debit card, and direct debit payments from your bank account.
 - OCSS does not accept temporary checks for child support payments.
 - OCSS may refuse to accept a personal check or direct debit after receiving a non-sufficient funds notice.
 - OCSS distributes child support as required by federal and state law. Current support is applied to the month in which it is received by OCSS.
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- If the custodial person received TANF or AFDC, the noncustodial parent's federal tax refund is taken to repay that debt. Once state debt is repaid, these collections are sent to the family for past due support.

You must:

- provide OCSS with all requested information;
- tell OCSS when your address or Address of Record changes;
- tell OCSS if a child's address changes;
- send OCSS all child support payments you receive from anyone other than OCSS;
- tell OCSS if you ask another person or agency to collect child support for you; and
- tell OCSS of any new information that relates to collecting child support.

<p>Your support payments must be mailed to:</p> <p>Oklahoma Centralized Support Registry P. O. Box 268849 Oklahoma City, Oklahoma 73126-8849</p>	<p>OCSS contact information:</p> <p>Oklahoma City area: 405-522-CARE (2273) Tulsa area: 918-295-3500 Toll free: 1-800-522-2922 TTY in Oklahoma City area: 405-522-3792 TTY toll free: 1-866-264-4767 http://www.okdhs.org</p>
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Please keep these pages for your records



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OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Oklahoma Child Support Services

Application for Child Support Services

OFFICE USE ONLY Date requested: _____ Date sent: _____	
Request type: <input type="checkbox"/> Phone <input type="checkbox"/> Walk-in <input type="checkbox"/> Mail <input type="checkbox"/> Internet <input type="checkbox"/> IVR	

I. Services requested. I request: Full OCSS services.
 Locate only services. Requests for locate only services must include completed Form 03EN007E.

II. Person applying for child support services.

I am the custodial person. I request services for the child(ren) living with me.
 Check one or both boxes. I seek child support from:
 the child(ren)'s mother.
 the child(ren)'s father.

I am the noncustodial parent. I request services for the child(ren) living with the custodial person listed in Section III.

III. Custodial person. All questions in this section pertain to the person with whom the child(ren) are living. Please print all information.

Legal last name			First		Middle	
Maiden name/other names used				Social Security number		
Date of birth	Area code	Home phone		Area code	Daytime phone	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Race		If Native American, what tribe?		
What is the relationship of the custodial person to the child(ren)?						
Name of person with legal custody						
Street address		City	County	State	Zip code	
E-mail address				Area code	Phone	

Employer's name		Area code	Employer's phone
Employer's street address	City	State	Zip code

Are benefits such as TANF or SoonerCare (Medicaid) being provided? Yes No
 In what state are the benefits received? _____

Is another person or agency currently working on your child support case? Yes No
 Retained by: Custodial person Other _____

Name of person or agency		Area code	Phone
Street address	City	State	Zip code

Is a private attorney currently working on the child support case? Yes No
 Private attorney retained by: Custodial person Other _____

Name of private attorney		Area code	Phone
Street address	City	State	Zip code

IV. Address of record. The address you give on this application will be your address of record. An address of record is the address where you get legal and other official papers by regular mail. This address is available to the public in court papers. If requested, the address of record is given to the other parent or person in your case or their attorney.

Family violence. Do you believe you or your child(ren) could be at serious risk of emotional or physical harm if the other parent knows where to find you?

I, _____, state that:

Type or print your name

family violence **IS** a risk to me or my child(ren) from

 Name of potentially dangerous person

family violence **IS NOT** an issue in my case.

If family violence is an issue, your address of record should be different from a home address. Please use the following address as my address of record:

Street or P.O. Box	City	State	Zip
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V. Information about the parent(s). Please print all information.

Father or person who may be the father, if not the custodial person.

Legal last name		First	Middle	Other names used	
Father's <input type="checkbox"/> present or <input type="checkbox"/> last known street address			City		County
State	Zip code	Area code	Father's <input type="checkbox"/> present or <input type="checkbox"/> last known phone number		
Is father currently married? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, father's spouse's full name?			
Employer's name <input type="checkbox"/> Current <input type="checkbox"/> Last known		Area code	Employer's phone		
Employer's street address		City	State	Zip code	
Usually employed as a (plumber, mechanic, fast food)					

Does father have an occupational license, such as barber or electrician? Yes No
If yes, what kind? _____

Does the father have a hunting or fishing license? Yes No

Does the father belong to a union? Yes No
If yes, what is the name and address of the union?

Union name	Address
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Are there any pending lawsuits or claims for money? Yes No
If yes, please explain.

Father's description. Photograph attached? Yes No Date of photograph: _____

Birthplace, City	State	Date of birth			
Social Security number	Race	If Native American, what tribe?	Height	Weight	
Hair color	Eye color	Identifying marks, such as scars or tattoos			

Has father been in jail or prison? Yes No

When?	Location, City	State
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Has father been on probation or parole? Yes No

Name of parole or probation officer, city, and state

Is father retired? Yes No

Where did he work when he retired?

Is father disabled? Yes No

Is father employed by: the state of _____
 the federal government, agency of _____
 the tribal government of _____
 the military, branch of _____

Information about the father's vehicle.

Year of vehicle	Make	Model
Color	License plate number	State

Does father own any property or assets? Yes No

If yes, list below.

Real estate	City	County	State
Registered vehicles, other than the one listed above			
Name and address of financial institution and account numbers			
Other possessions of value, such as stocks, bonds, jewelry, pensions, or gun collections			

Information about the father's parents.

Mother's last name	First	Middle	Area code	Phone
Street address		City	State	Zip code
Father's last name	First	Middle	Area code	Phone
Street address		City	State	Zip code
What else can you tell us that may help us locate the father?				

Mother, if not the custodial person.

Legal last name	First	Middle	Maiden/other names used	
Mother's <input type="checkbox"/> present or <input type="checkbox"/> last known street address			City	County
State	Zip code	Area code	Mother's present <input type="checkbox"/> or last known phone number <input type="checkbox"/>	
Is mother currently married? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, mother's spouse's full name		
Employer's name <input type="checkbox"/> Current <input type="checkbox"/> Last known		Area code	Employer's phone	
Employer's street address		City	State	Zip code
Usually employed as (For example, a waitress, office worker, or fast food)				

Does mother have an occupational license, such as barber or doctor? Yes No
If yes, what kind? _____

Does mother have a hunting or fishing license? Yes No

Does mother belong to a union? Yes No

If yes, what is the name and address of the union?

Union name	Address
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Are there any pending lawsuits or claims for money? Yes No
If yes, please explain.

Mother's description. Photograph attached? Yes No Date of photograph: _____

Birthplace, City	State	Date of birth		
Social Security number	Race	If Native American, what tribe?	Height	Weight
Hair color	Eye color	Identifying marks, such as scars or tattoos		

Has mother been in jail or prison? Yes No

When?	Location, City	State
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Has mother been on probation or parole? Yes No

Name of parole or probation officer, city, and state

Is mother retired? Yes No

Where did she work when she retired?

Is mother disabled? Yes No

Is mother employed by: the state of _____
 the federal government, agency of _____
 the tribal government of _____
 the military, branch of _____

Information about the mother's vehicle.

Year of vehicle	Make	Model
Color	License plate number	State

Does mother own any property or assets? Yes No

If yes, list below.

Real estate	City	County	State
Registered vehicles, other than the one listed above			
Name and address of financial institution and account numbers			
Other, possessions of value, such as stocks, bonds, jewelry, pensions, or gun collections			

Information about the mother's parents.

Mother's last name	First	Middle	Area code	Phone
Street address		City	State	Zip code
Father's last name	First	Middle	Area code	Phone
Street address		City	State	Zip code
What else can you tell us that may help us locate the mother?				

VI. Information about the child(ren). Information in this section concerns the child(ren). Please print all information. List only those children belonging to the

same mother and father. A child(ren) of a different set of parents requires a separate application.

Legal last name of child		First	Middle
Social Security number	Date of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race
If Native American, what tribe?		Estimated high school graduation date	
Was the child born in Oklahoma? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, where was the child born?	

- Legal status: Support ordered for this child.
 Paternity established, no support ordered.
 Paternity needs to be established legally.
 Parents married, living apart, no support ordered.

Legal last name of child		First	Middle
Social Security number	Date of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race
If Native American, what tribe?		Estimated high school graduation date	
Was the child born in Oklahoma? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, where was the child born?	

- Legal status: Support ordered for this child.
 Paternity established, no support ordered.
 Paternity needs to be established legally.
 Parents married, living apart, no support ordered.

Legal last name of child		First	Middle
Social Security number	Date of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race
If Native American, what tribe?		Estimated high school graduation date	
Was the child born in Oklahoma? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, where was the child born?	

- Legal status: Support ordered for this child.
 Paternity established, no support ordered.
 Paternity needs to be established legally.
 Parents married, living apart, no support ordered.

What amount do you pay for child care?

Amount \$ _____ Check one: Weekly Biweekly Monthly

VII. Information about the child support obligation and custody of the children. Please print all information.

What is the current relationship between the mother and father of the child(ren)?

Never married Married/living apart Divorced

Date of marriage ceremony	County	State
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Provide a copy of any court order, such as divorce, paternity order, custody order, or tribal order. Attach a copy to this form. If you do not have a copy, fill in the blanks below.

Date of court order	Court case number	County	State	Court
If tribal court, what tribe?		Where?		

Are there any legal actions pending that affect the child(ren)? Yes No

Check all that apply: Visitation Custody Other _____

If yes, **provide a copy** and fill in the blanks below.

Date of filing	Case number	County	State	Court
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If child support has been ordered, how much is the noncustodial parent ordered to pay?
\$ _____ How often? _____

Have there been any changes to the child support order? Yes No

If yes, **provide a copy**.

Date of changes: _____

What were the changes? Use the space on page 9 to record additional information.

Health insurance coverage.

Who is ordered to provide health insurance? Father Mother

Is the child(ren) enrolled in a health insurance plan? Yes No

If yes, whose? Father Mother Other: _____

List child(ren) enrolled:

What is the cost per month to cover only the child(ren)? \$ _____		Effective date	
Name of insurance company			
Street address of insurance company		City	State Zip code
Health insurance group number	Area code	Phone	Policy number

Does the child(ren) receive medical services from an Indian health agency? Yes No

Child support payments.

Please send me an access code so that I can obtain child support payment information over the telephone or the Internet.

After submitting your application you must forward to OCSS all support payments you receive from anyone other than OCSS. Mail payments to:

**Oklahoma Centralized Support Registry
P.O. Box 268849
Oklahoma City, OK, 73126-8849**

The OCSS Web site is <http://www.okdhs.org>.

Additional comments:

VIII. Statement of child support payments received. If more than one parent has paid child support, copy this page and complete one for each parent.

Office use only
Court case no.: _____ FGN: _____

Custodial person name	Noncustodial parent name
Child's name	Child's date of birth
Child's name	Child's date of birth
Child's name	Child's date of birth

1. I, _____, state that child support in the amount of \$_____ per month is due from _____.
2. I, _____, **have received/paid (circle one)** child support payments as shown below. List all child support payments below.

OR

3. I, _____, have **received no child support from the noncustodial parent.** Do not fill out the remainder of the form. Please sign and date the form.

Month	Year:
Jan	\$
Feb	\$
Mar	\$
Apr	\$
May	\$
Jun	\$
July	\$
Aug	\$
Sep	\$
Oct	\$
Nov	\$
Dec	\$

Month	Year:
Jan	\$
Feb	\$
Mar	\$
Apr	\$
May	\$
Jun	\$
July	\$
Aug	\$
Sep	\$
Oct	\$
Nov	\$
Dec	\$

Month	Year:
Jan	\$
Feb	\$
Mar	\$
Apr	\$
May	\$
Jun	\$
July	\$
Aug	\$
Sep	\$
Oct	\$
Nov	\$
Dec	\$

Month	Year:
Jan	\$
Feb	\$
Mar	\$
Apr	\$
May	\$
Jun	\$
July	\$
Aug	\$
Sep	\$
Oct	\$
Nov	\$
Dec	\$

Month	Year:
Jan	\$
Feb	\$
Mar	\$
Apr	\$
May	\$
Jun	\$
July	\$
Aug	\$
Sep	\$
Oct	\$
Nov	\$
Dec	\$

Month	Year:
Jan	\$
Feb	\$
Mar	\$
Apr	\$
May	\$
Jun	\$
July	\$
Aug	\$
Sep	\$
Oct	\$
Nov	\$
Dec	\$

4. The following is an explanation regarding the period(s), if any, for which support may be due but no request is being made to collect:

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

Signature

Date and place

IX. Paternity questionnaire. Skip this section if paternity is not in question.
Complete one paternity questionnaire for each child. Please print all information.

Information about the mother of the child.

Legal last name	First	Middle	Date of birth
Currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who is the biological father?		When is the baby due?

Information about the child.

Legal last name	First	Middle	Date of birth
Was the child conceived in the state of Oklahoma? <input type="checkbox"/> Yes <input type="checkbox"/> No			If no, what state?

Has an acknowledgment of paternity form been signed? Yes No

If yes, date completed: _____

If yes, what state? _____ Provide a copy.

Has the acknowledgment been withdrawn? Yes No

If yes, date withdrawn: _____

Has genetic testing to determine paternity been conducted for this child? Yes No

If yes, please explain. _____

If father lives outside Oklahoma, has he ever lived or worked in Oklahoma? Yes No

Has he lived in Oklahoma? Yes No When and where?

Has he worked in Oklahoma? Yes No When and where?

Information about the mother's relationship with the alleged biological father.

Has the alleged biological father ever paid any bills for this child? Yes No

If yes, attach a list of dates and amounts. Keep the receipts, if any.

Did the mother have a sexual relationship with anyone other than the alleged biological father within 90 days before or after the date the mother became pregnant with this child? Yes No

Last name of this person	First	Middle	Phone
Mailing address	City	State	Zip code

Has any other person been named as the father of this child?

Yes No

If yes, person's full name

Information about the mother's husband when the child was born. Please complete this section if the mother had a husband at the time of this child's conception or birth and the husband is **NOT** the father of the child.

Legal last name	First	Middle	Other names used
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Address: present or last known

Street address	City	State	Zip code	Phone number
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Husband's description.

Date of birth	Birthplace				
Social Security number	Race	Height	Weight	Hair color	Eye color
Identifying marks, such as scars or tattoos					
Current employer's name			Area code	Employer's phone	

What is the current relationship between the husband and the mother of the child?

Married Divorced - Date of divorce: _____ Married/Separated

Type of marriage: Common-law Licensed

Has a court order stated the husband is not the father? Yes No

Attach a copy of all orders.

X. Comments. Please write any comments you may have.

XI. Signature required.

By signing this application, I authorize OCSS to:

- take child support establishment and enforcement action OCSS finds appropriate; and
- endorse and negotiate payments related to child support and spousal support, including checks, money orders, bank drafts, and electronic payments on my behalf and on behalf of the child(ren) in my case, if I am the custodial person.

I understand:

- OCSS and others may use the address I provide for service of papers;
- OCSS uses the address of record I provide as my public mailing address. Legal and other official papers will be sent to me by regular mail at this address. If requested, it is given to the other parent or person in my case or their attorney;
- I should provide an address of record different from my home address if I believe I or my child(ren) could be at serious risk of emotional or physical harm;
- the post office does not forward child support payments to a new address I have provided them. I must inform OCSS of my new address in order to receive my child support payments, and court and other legal documents;
- OCSS attorneys and staff do not represent me;
- if I owe fees or receive support to which I am not entitled, I must pay it. OCSS may hold back all or a portion of my support payments to recover what I owe; and
- the penalty for perjury on a document that will be used in a judicial proceeding is five years in prison and a \$1,000 fine.

I read and understand the Child Support Services and Responsibilities at the beginning of this application. Further, I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct and that all of the information I have given, particularly information that relates to all individuals who might be the father of the child(ren), is true and correct. I acknowledge the truth of all information provided in all sections in this information packet. I understand this acknowledgment applies to the information packet as a whole and to each individual section.

Signature of applicant

Date and place

Did you:

- sign this application and enclose a copy of all court orders?
- make a copy of this form for your records?
- list an address of record different from your home address if you or your child(ren) are at risk for family violence?**
- send this application and court orders to:**

Oklahoma Centralized Support Registry
P.O. Box 268876
Oklahoma City, OK 73126-8876