



Social Services

Social Services Board

Tara L. Fikes, DPA, Chair
Commissioner Wendy Jacobs, Vice Chair
Helen J. Berry
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Michael A. Becketts, MSW, MS
Director

Enclosed you will find the following information to obtain child support:

- (1) Memo of Understanding Explaining Child Support Services
- (2) Application for Child Support Services
- (3) Supplemental Data Information Sheet
- (4) Request for Services
- (5) Affidavit of Expenses

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 and memo of understanding where indicated. For your convenience we have provided a **checklist** of documents needed to complete your application. Mail or return these completed 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 \$25.00 or a reduced \$10.00 application fee if your gross income is below the federal poverty level. To determine if you qualify for the reduced application fee, please call (919) 560-8900 or see chart below.

Size of Family Unit	Gross Income Poverty Level (Eff. 01/22/15)
1	\$ 11,770
2	\$ 15,930
3	\$ 20,090
4	\$ 24,250
5	\$ 28,410
6	\$ 32,570
7	\$ 36,730
8	\$ 40,890

For each additional person, add: \$ 4,160

If the applicant's gross income is below the poverty level amount for the household size, a \$10.00 fee should be charged.

Applicants whose incomes are above this amount or who do not wish to qualify must pay the \$25.00 fee.

Individuals receiving Public Assistance (WFFA or Medicaid) will be eligible for Child Support services free of charge.

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,

Durham County Child Support Enforcement (919) 560-8900

**DOCUMENTS NEEDED TO COMPLETE YOUR APPLICATION
(COPIES ONLY)**

- _____ YOUR PICTURE ID
- _____ SSN CARD FOR YOU AND YOUR CHILD (REN)
- _____ CURRENT WAGE STUBS (LAST 4 PAY PERIODS)
- _____ CHILD CARE RECEIPTS (ON PROVIDER'S LETTERHEAD)
- _____ MEDICAL INSURANCE COST PER MONTH (CHILD ONLY)
- _____ MEDICAL INSURANCE CARD (CHILD ONLY)
- _____ PHOTOGRAPH OF THE NON-CUSTODIAL PARENT
- _____ CHILD (REN)'S BIRTH CERTIFICATE
- _____ SEPARATION OR DIVORCE DECREE
- _____ CUSTODY /CHILD SUPPORT ORDERS
- _____ APPLICATION FEE \$25.00 (MONEY ORDER OR CERTIFIED CHECK)
- _____ APPLICATION FEE \$10.00 (MONEY ORDER OR CERTIFIED CHECK)

NO PERSONAL CHECKS

Individuals receiving services through Public Assistance (WFFA, Foster Care or Medicaid) Programs are automatically referred and are eligible for Child Support services free of charge. Non-public assistance clients will be responsible for paying up to a twenty-five (\$25) non-refundable application fee. If an application fee is required, no services will begin until the fee is paid.

MAKE ALL PAYMENTS PAYABLE TO: DURHAM COUNTY DSS CHILD SUPPORT

SEND ALL INFORMATION AND PAYMENTS TO:

**DURHAM COUNTY CHILD SUPPORT ENFORCEMENT POST OFFICE BOX
810
DURHAM, NC 27707-9982**

APPLICATION FOR CHILD SUPPORT SERVICES

_____, MPI _____, hereby contract with the _____ County Child Support Services (CSS) 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 due to me and **ALL** money paid toward arrears due to me, until it is paid.
- ❖ Child support payments will be deposited to an agency issued debit card or my personal bank account. I authorize CSS to contact the financial institution and make debit entries and adjustments for any credit entries made in error to my debit card or bank account. (There may be exceptions in select cases.)
- ❖ 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.**
- ❖ Either party has the right to request that the 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.G.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 for any child in the case 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) 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 regulation at 42 USC 666 (a) (13) require the mandatory disclosure of your Social Security Number or the Security number(s) of the child (ren) in this case. The number will only be used for the purpose of establishing paternity and establishing, modifying, and enforcing the support obligation.

Use of Cell Phone Number and Email Address

- ❖ If a cell phone number is provided, I am giving the agency permission to call that number during business hours. I understand that I am responsible for any charges from my cell phone provider.

- ❖ If an email address is provided, I am giving permission to the agency to contact me through email

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

Applicant Signature

Date

COUNTY OF DURHAM

MEMORANDUM OF UNDERSTANDING AND AGREEMENT BETWEEN THE DURHAM COUNTY CHILD SUPPORT ENFORCEMENT (IV-D) AGENCY AND THE IV-D CLIENT

- A) **PROGRAM PURPOSE AND SERVICES:** The purpose of the IV-D Program is to ensure that responsible absent parents support their children. Services will be provided to non-public assistance clients in the same manner as they are provided to public assistance clients. Services include: Location of Absent Parents; Establishment of Paternity (Procedures to establish paternity for children born out of wedlock explained); Establishment of Support (steps that probably will be taken explained); Enforcement of Obligations. Durham County or the State of North Carolina may have a right to recover past paid public assistance from the person from whom I am seeking support.
- B) **CLIENT COOPERATION:** Requirement to cooperate fully with the Agency, including but not limited to: Keeping all appointments with the Agency; providing complete information on the absent parent(s); appear and testify in court if Agency or courts deem necessary; submit self and child(ren) to genetic tests for paternity determination if deemed necessary by the Agency or the courts; consult with and obtain consent from the Agency prior to taking any independent legal action regarding child support; keep the Agency informed of changes in my name, address of all parties, custody of child(ren), or reconciliation with the absent parent.

I understand that my failure to cooperate may result in my case being terminated (non-public assistance clients), or my public assistance benefits being terminated and/or a protective payee being assigned for public assistance benefits (public assistance clients).

- C) **CLIENT COMPLAINT PROCESS:** The agency is required to review all child support cases in which a client has a concern (complaint) about the services being delivered and/or expectations. If an error occurs in a case or an action is not taken on a case and should have been, then the client can request that a supervisor review the case. All requests for review must be in writing with client's name, social security number, statement of what error occurred and what the client expected or expects to happen. The supervisor has thirty days to review the case and respond in writing to the client. If the client is not satisfied with the supervisor's response, a second written request can be made for the Program Consultant to review and respond in writing within thirty days of receipt.
- D) **LEGAL REPRESENTATION AND COURT ORDERS:** The attorneys handling all civil matters for the Agency represent and advise the Agency only in its efforts to secure child support and do not represent the client. Agency attorneys are available to handle local civil court hearings held for the purpose of obtaining support. If a criminal charge is filed, the District Attorney's Office will be responsible for prosecuting the case. Clients may elect to retain private counsel. If a private attorney is obtained, client must inform the Agency in writing of any commitment for representation and the extent of such legal representation. The client should notify the Agency in writing whenever private representation is terminated or transferred to a different attorney.

This Agency does not provide services regarding visitation, custody, and other collateral issues. Client will be required by any court order obtained by this Agency to keep the obligated absent parent informed of the residence and mailing address of the child (ren), unless it has been determined that the absent parent has committed acts that constitute violence under Chapter 50-B of the General Statutes of North Carolina. Awards established by the court order will be set in accordance with the North Carolina Child Support Guidelines unless application would be inequitable to one of the parties of the child (ren). The absent parent will be subject to immediate income withholding. Non-public assistance cases in which a child support obligation exists may be reviewed for modification once every three years at the request of either party. Public assistance cases will be reviewed every three years.

By signing this document I authorize the Durham County Child Support Office to take the following measures on my behalf: (a) agree to genetic tests to establish paternity where paternity has not been previously established by the courts; (b) agree to child support in an amount determined by applying the presumptive guidelines to the absent parent's regular income and total number of children for whom he/she is responsible, unless extenuating circumstances justify variance from the guidelines; and (c) utilize such civil, criminal or administrative remedies as the IV-D Agency in its sole discretion deems reasonable and appropriate. I understand that if the absent parent

signs a Voluntary Support Agreement that I am to keep him informed of the residence and mailing address of the child (ren), and of any changes in my income.

- (E) **TAX INTERCEPT:** All cases meeting the criteria will be submitted for tax intercept to collect arrears. Arrears will be paid off in the following order: **Federal-TANF**, foster care, Non-TANF; **State-Current Support**, Non-TANF, TANF, foster care. A processing fee may be charged. The fee is deducted from the tax refund. If a joint return is intercepted, there may be a delay of up to six months before distribution. Payments to a client may be subject to adjustment for six years following the tax year.
- (F) **DISTRIBUTION PROCESS:** Child support paid in all Agency cases will be paid through the NC Child Support Centralized Collection and processed through the North Carolina Department of Health & Human Services. Distribution of money process, inquiry and appeal procedures explained to client.
- (G) **SOCIAL SECURITY NUMBERS:**
 - (1) Provision of the child (ren)'s Social Security Number(s) to the Agency is required in order to provide proper services, per federal regulations at 45 CFR 303.21) a). The child (ren)'s Social Security Number(s) may be used for health insurance coverage (disclose number(s) to absent parent and/or insurance company to enroll child (ren) for coverage); case file identification; enforcement of actions.
 - (2) Client's Social Security Number may be used for file identification and enforcement actions.
 - (3) Absent parent's Social Security Number may be used for: location purposes; case file identification; submission of cases for tax-refund offset; and enforcement actions.
- (H) Individuals receiving services through Public Assistance (WFFA, Foster Care, and Medicaid) Programs are automatically referred and are eligible for Child Support services free of charge. Non-public assistance clients will be responsible for paying up to a twenty-five (\$25) non-refundable application fee. If any application fee is required, no services will begin until the fee is paid. A \$25.00 annual fee will be assessed for each case that has never received Public Assistance and have received at least \$500.00 in child support.
- (I) Explained client's right to request a foreign language interpreter, sign language interpreter, material in Braille, access to TTY, video relay interpreter, and material in large print in order to complete or comply with services offered by the Durham County Department of Social Services. If client request an interpreter, a DSS10001 form is completed and put in the case.

I _____, the undersigned, understand and agree to the above Memorandum of Understanding. The above matters were fully explained to me by the Durham County Child Support Enforcement (IV-D) Agency:

Date: _____

Client's Signature: _____

IV-D Worker: _____

At the time the absent parent is placed under an order your case will be transferred to _____. When money is paid you may call **1-800-992-9457** to find out when you will get a check or website at www.ncchildsupport.com. Website available 24 hours except Sundays 3:00am – 1:00pm.

IV-D # _____
CP _____
NCP _____

MEMORANDUM OF UNDERSTANDING

REGARDING: Inclusion of Custodial Parent/Child Address in Child Support Orders

North Carolina law, N.C.G.S. 110-136.3 (a), requires that the address of the custodian of a child, or the address of the child, if it is different from the custodian's address, be included in child support orders. A court may make an exception to this requirement if:

- there is an existing order prohibiting disclosure of the custodial parent or child's address to the noncustodial parent, or
- the court determines that it is inappropriate because the noncustodial parent has made verbal or physical threats that constitute domestic violence under Chapter 50B of the North Carolina General Statutes.

Child support orders are public records. If a court hearing is held and an order entered, the address will very likely be stated in that order unless the court is provided a copy of a court order or you are present to provide information regarding any domestic violence.

I have been provided the information above and: *(select one)*

I understand that my or my child's residence and mailing address may be included in child support orders in this case. I understand that it is my responsibility to notify the child support agency if, at any time in the future, I have any new concerns regarding disclosure of the addresses.

or

I have concerns about my or my child's address appearing in child support orders due to circumstances regarding domestic violence involving the noncustodial parent in my child support case. I understand that unless I provide the court an order that prohibits inclusion of these addresses or information, including testimony in court, regarding these circumstances the court may order that the addresses be included in a court order. I understand that the child support agency's attorney is not my attorney, and that I may consult with a private attorney or legal services provider regarding these issues. I understand that it is my responsibility to notify the child support agency of any changes in these circumstances.

North Carolina child support agencies cannot provide domestic violence-related services. Contact information for domestic violence service providers in all N.C. counties is available at:

http://www.nccadv.org/service_providers.htm

Custodian Signature

Date

Printed Name

Absent Parent Name: _____

IV- D _____

Client Name: _____

Date: _____

CD# _____

Program Type _____

CD# _____

Program Type _____

- You receive WFFA and Medicaid and we must obtain a monthly child support order and medical insurance.
- You receive Medicaid and we must obtain a Medical Order for the parent to provide medical insurance.
- You do not receive Medicaid or WFFA for yourself and you may request that your child support case be terminated. Your request to close your child support case must be received in writing.

All Children Under 18 In the home	Age Of Child	Hospital Child Was Born	City & State Born	Were You Married When the Child Was Born? To Whom?	Absent Parent Full Name	Is the Father Name On The Birth Certificate? Yes or No

Your Information: Best phone numbers to reach me () _____ or () _____

Where are you employed? _____ Work Phone () _____

I work _____ hours per week @ \$ _____ per hour (or) \$ _____ Yearly Salary

(Number of Hours You Work)

(Amount You Make Per Hour)

I am paid _____ on _____ (Attach Last Four Paystubs)

(Weekly / Bi-Weekly / Monthly)

(What day(s) of the Month?)

I pay \$ _____ CHILDCARE cost per month? (Attach Receipts)

I pay \$ _____ MEDICAL INSURANCE Premium for my child (ren) per month. (Attach Proof of Insurance)

Has the child's father ever signed any paperwork at the hospital or later saying he is the father? _____ (Attach Copy of Paperwork)

Do you already have a child support order? _____ What State _____ What County _____

Date married to Absent Parent: _____ City/State Separation/Divorce Date: _____ City/State _____ (Attach Copy)

Were you married to anyone at the time of the child's birth? _____. If yes, Name _____.

I am requesting the following services from child support: (Check All That Apply)

- Current Support (monthly support payment). This is required for all Work First Participates.
- Medical Insurance Only (This is required if you receive Medicaid for yourself)
- Back Child Support From _____ to _____ (You must request Current Support when requesting back pay)

Month /Year

Month /Year

ABSENT PARENTS INFORMATION:

FULL NAME: _____ Date Of Birth: _____ SSN# _____

ADDRESS _____ PHONE# _____

EMPLOYER _____

OTHER INCOME _____

(Social Security / Military / Etc.)

Other important information we may need to know:

DURHAM County
 On behalf of

 Plaintiff,

 vs.

 Defendant,

**AFFIDAVIT OF INCOME
 ASSETS AND EXPENSES**

I, being first duly sworn, say that the information listed in the affidavit below is true and complete.

INCOME: Monthly Gross Income = \$ _____ (Last Four Recent Paycheck Stubs Attached)

AFFIANT'S ASSETS:		Total Savings and Deposits	\$
of	Value	Real Estate	\$
		Stocks	\$
		Bonds	\$
Other Assets:			\$
		Total Assets:	\$

MONTHLY EXPENSES (Attach Receipts):

Round Expenses To the Nearest Dollar Amount	Monthly \$ Expense	Number of Children Under 18 in Home	Number of Others Living In the Home	Total Expenses Year 20__	Total Expenses Year 20__	Total Expenses Year 20__	List the names and ages of the children currently residing with you for which support is requested from the above defendant. <table style="width:100%; border:none;"> <tr> <td style="text-align:center;">Child's Name</td> <td style="text-align:center;">Age</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Child's Name	Age	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Child's Name	Age																										
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Food Home / School Lunch																											
Clothing																											
Shelter (Rent, Mortgage)																											
Utilities (Electric, Water, Phone)																											
Medical																											
Education (School Fees, Tuition)																											
Child Care																											
Transportation																											
Insurance (Life, Hospitalization)																											
Other																											
Total Expenses																											

I hereby certify that the foregoing answers are true, complete and accurate to the best of my knowledge and belief.

SWORN AND SUBSCRIBED TO BEFORE ME

Date: _____
 Signature: _____

Date: _____
 Signature of Affiant: _____
 (Must sign in the presence of a Notary)

STATE OF NORTH CAROLINA
COUNTY OF DURHAM

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
DOCKET #
IV-D #

DURHAM County
On behalf of

Plaintiff,

vs.

Defendant,

AFFIDAVIT OF INCOME AND EXPENSES
FOR RETRO SUPPORT

I _____, being first duly sworn, say that the information listed in the affidavit below is true and complete.

INCOME: Monthly Gross Income = \$ _____ (Last Four Recent Paycheck Stubs Attached)

Number of minor children under 18 in the household. _____

Number of adult children and adults in the household. _____ Total number in the home: _____

List the names and ages of the minor children under 18 living with you for which support is requested from the above defendant.

Child's Name	Age	Child's Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total - List the total expense for Rent/Mortgage/Utilities/Food /Transportation/Medical.
Child's Portion - Divided the Total expense by the number of people in the home.
***Child Only** - Means the amount spent for children that are the subject of this child support case.

Year 20____	Number Living In The Home Not On This Case	Shelter Rent / Mortgage		Utilities Electric / Water		Food Home		Transportation		Medical		Child Care	Clothes	School Lunch	Education School Fees Tuition	Misc.	Total Monthly Expenses	
		Total Portion	Child's	Total	Child's Portion	Total	Child's Portion	Total	Child's Portion	Total	Child's Portion	* Child Only	* Child Only	* Child Only	* Child Only	* Child Only	* Child Only	Child's Portion & * Child Only
January																		
February																		
March																		
April																		
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June																		
July																		
August																		
September																		
October																		
November																		
December																		

I hereby certify that the foregoing answers are true, complete and accurate to the best of my knowledge and belief.

Signature of Affiant: _____
(Must sign in the presence of Notary)

Date: _____

SWORN AND SUBSCRIBED TO BEFORE

Date: _____

Signature: _____

For Notary Only