

## About Child Support Services

This packet contains information about Child Support Services and is for your records. A Child Support application and Direct Deposit form are included. The application and Direct Deposit form must be returned to Child Support to the address noted on both forms.

Child Support Services provides the following services to help children receive financial support:

- Collect child support payments
- Modify existing child support orders
- Establish an order for financial and/or medical support
- Enroll a child on a non-custodial parent's\* health insurance policy
- Help locate a parent
- Establish legal parentage (which may include genetic testing)
- Keep accurate payment records

A father, mother, or a child's physical or legal custodian may apply for services.

## Child Support Services Actions

Based on laws, policies, and your case, Child Support Services determines what actions are appropriate, and may:

- Contact the other parent
- Withhold child support from income, such as wages, unemployment insurance benefits, tax refunds, etc.
- Report debts to credit bureaus
- Garnish bank accounts and assets
- Suspend Idaho driver, hunting, fishing, and occupational licenses
- File liens

## Calculating Child Support Payments

In Idaho, the amount of child support a parent is ordered to pay is based on Idaho Supreme Court guidelines. These guidelines address income from both parents and how many children each parent supports.

## Paying Child Support

Child support payments are paid to Child Support Services. Child Support Services records the payment, and distributes the money as appropriate within 48 hours of receipt.

## Receiving Child Support

Parents who receive child support may choose whether to have payments deposited directly into a bank account or receive an Idaho Family Support debit card.

When a parent pays child support for children associated with more than one case, Child Support Services divides the payment according to the percentage of the amount owed.

\* Non-Custodial Parent refers to a parent who does not live with a child and/or is ordered to pay child support. Custodial Parent is a parent or third party who is the child's custodian.

## Legal Services

Child Support Services establishes paternity, establishes child support orders, and modifies child support orders. Child Support Services does not represent either parent.

When Child Support Services determines legal action is appropriate, both parents are notified. Parents are encouraged to actively participate in legal proceedings, and may be asked to provide information, sign documents, and testify in court.

You may choose to retain a private attorney to establish paternity, or to establish or modify a child support order. If you do, please notify Child Support Services and provide a copy of the court order.

## Service Fees

The following list of services and associated fees shows when a parent or third party may be charged for services. The fees are assessed based on who requests the service, case situations, laws, or court orders.

• Application Fee	\$25
• Establish an order for paternity and/or child support	
Defaults	\$290
Stipulates before trial	\$470
If order goes to trial	\$545
Temporary support order (until a final order is issued)	\$210
• Modify/change an existing order	
Defaults	\$290
Stipulates before trial	\$470
If order goes to trial	\$545
• Filing a complaint	
If the alleged father is excluded by genetic testing	\$240
• Contempt action for non-payment of child support	
If contempt order defaults	\$290
If contempt order stipulates before trial	\$470
If order goes to trial	\$545
If follow-up is required for each court action taken in each instance	\$120
• Interventions (required when Child Support Services becomes party to legal actions)	\$135
• Hourly rate (for legal services not listed):	
Attorney (cost per hour)	\$100
Paralegal (cost per hour)	\$50
• Genetic testing (cost per person)	\$42
• Federal tax offset fee	\$25
• Annual federal receipting fee (BDRA)*	\$35

Fees are assessed based on who requests the service, case situations, laws, or a court order. Payment plans are available.

\* The Budget Deficit Reduction Act (BDRA) fee is assessed annually to a non-custodial parent when Child Support Services processes more than \$550 in payments for a case.

## Ending Services

Child Support Services may end enforcement and legal services if the parent who initially applied for services:

- Withholds important and/or legal information
- Pays or receives child support payments directly and does not notify Child Support Services
- Does not notify Child Support Services of address or telephone number changes

The parent or third party who initially applies for services may request Child Support Services to discontinue services. Child Support Services will continue to collect any amounts owed for legal fees, cash assistance reimbursements, and will no longer pursue collection of current support or arrears due to the custodial parent.

While a custodial parent receives state benefits (e.g., food stamps or cash assistance), Child Support Services is required to provide services and cannot stop enforcement action, even if requested.

## Customer Confidentiality

Personal information is not shared without consent from a parent or court order, or as required by law. Child Support Services does share information with other child support agencies, as required to provide services.

## Accessing Payment Information/Making Changes Online

Visit [www.childsupport.idaho.gov](http://www.childsupport.idaho.gov) to access additional information about Child Support Services.

Once your case is opened, you may click Login to set up an account to access and change your information online. This includes secure payment histories, billing notices, and updating your contact information securely.

## Child Support Customer Service

Contact Child Support Services:

- For instructions to make payments
- To find out if payments were received
- To change your contact information (e.g., address, phone, and email)
- To notify Child Support Services of legal action
- To provide information about the other parent
- To change direct deposit information or request an Idaho Family Support debit card to receive payments.

Health and Welfare Website:  
[healthandwelfare.idaho.gov](http://healthandwelfare.idaho.gov)

Boise area: (208) 334-2479  
Toll free: 1-800-356-9868

Website: [mychildsupport.idaho.gov](http://mychildsupport.idaho.gov)  
Email: [childsupport@dhw.idaho.gov](mailto:childsupport@dhw.idaho.gov)

Child Support Customer Services cannot provide specific information regarding enforcement actions to the custodial parent due to privacy laws.

For more information about how information may be used and disclosed, click Idaho Department of Health and Welfare Privacy and Practices at [healthandwelfare.idaho.gov](http://healthandwelfare.idaho.gov).

## Application for Child Support Services

This is an application for Child Support Services associated with you and one other parent.

If you have another child(ren) with a different parent, complete a separate application.

### Services and Application Fee

Child Support Services includes enforcing child support and medical support, and keeping an accurate payment record. This includes, as appropriate, establishing paternity, establishing or modifying a child support order for financial and/or medical support, and enforcing a child support order.

Please select one of the following:

- I request all services CSS offers to ensure the children listed in this application receive child support and are enrolled in medical insurance available through the non-custodial parent's employment.

The \$25 application fee may be paid with application or withheld from the first support payment.

- I request only those services necessary to ensure the children listed in this application receive child support. This means I will not receive services to enroll children in medical insurance available through the non-custodial parent's employment.

The \$25 application fee may be paid with application or withheld from the first support payment.

- I request only those services necessary to enroll children in medical insurance available through the non-custodial parent's employment. This means I will not receive services to ensure the children listed in this application receive child support.

The \$25 application fee is required with this application.

- I request the service to only establish paternity (a court order establishing parentage), which may include genetic testing. This means I will not receive services to ensure the children listed in this application receive child support or medical support services.

The \$25 application fee is required with this application.

If you are not sure what services are appropriate for your situation, please contact Child Support Services.

## Information About the Child(ren)

Complete the following information for each child or children associated with you and the other parent. For additional children, please attach a second copy of this page.

	Child 1	Child 2	Child 3	Child 4	Child 5
<b>Children's Information</b>					
Full Name					
Sex	<input type="checkbox"/> M <input type="checkbox"/> F				
Birthdate	/ /	/ /	/ /	/ /	/ /
Social Security Number	- -	- -	- -	- -	- -
Birthplace					
Lives with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Parent's Marriage information</b>					
Were parents ever married to each other?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Marriage date					
Marriage city					
Marriage state					
Did father sign a paternity acknowledgement?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Divorce information</b>					
Divorce date					
Divorce city					
Divorce state					
<b>Support Order</b>					
Who is ordered to pay support for this child?	<input type="checkbox"/> I am <input type="checkbox"/> Other parent <input type="checkbox"/> No support ordered	<input type="checkbox"/> I am <input type="checkbox"/> Other parent <input type="checkbox"/> No support ordered	<input type="checkbox"/> I am <input type="checkbox"/> Other parent <input type="checkbox"/> No support ordered	<input type="checkbox"/> I am <input type="checkbox"/> Other parent <input type="checkbox"/> No support ordered	<input type="checkbox"/> I am <input type="checkbox"/> Other parent <input type="checkbox"/> No support ordered
Father listed in child's support order?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Adoption information</b>					
Child adopted?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Adoption date	/ /	/ /	/ /	/ /	/ /
Adoption county					
Adoption state					
Adoptive mother's name					
Adoptive father's name					

## Medical Insurance Information

Name of parent providing medical insurance for the child(ren): \_\_\_\_\_

Start date (if known):   /  /        Effective date (if known):   /  /  

Insurance company      Policy number      Group number      Subscriber number

Street address or PO box      City      State      Zip code

## Legal Information

Complete this section if a child support order exists. Attach a copy if available.

Original court order number      Date   /  /        State      County      Date of last payment   /  /  

Most recent court order number      Date   /  /        State      County      Monthly support amount

Has another state enforced this order?  Yes  No      If yes, which states? \_\_\_\_\_      Have payments been missed?  Yes  No

Is there an open child support case for this order in another state?  Yes  No      If yes, which states? \_\_\_\_\_

Did you receive any direct payments not reflected in official child support payment records?  Yes  No      Amount: \_\_\_\_\_      Date:   /  /  

## Information About You

Your relationship to child(ren):  Parent     Step-parent     Aunt/Uncle     Grandparent     Sibling     Other \_\_\_\_\_

Name: \_\_\_\_\_      Social Security number: \_\_\_\_\_ - -      Sex:  Male  Female

Birthdate: \_\_\_\_\_      Birthplace: \_\_\_\_\_      Email: \_\_\_\_\_

Home address      City      State      Zip code      Home phone

Mailing address (if different)      City      State      Zip code

Cell phone: \_\_\_\_\_      Best time to contact you: \_\_\_\_\_ AM/PM      May we text you?  Yes  No

Employer's name: \_\_\_\_\_       I am currently not employed.

Employer's address      City      State      Zip code      Phone

Have you ever received public assistance?  Yes  No      List states (including Idaho): \_\_\_\_\_

Have you ever received Medicaid?  Yes  No      List states (including Idaho): \_\_\_\_\_

Are you currently represented by an attorney on any matter relating to the other parent?  Yes  No      Attorney's name: \_\_\_\_\_

Attorney's address      City      State      Zip code      Phone

## Information About the Other Parent

Name: \_\_\_\_\_ Social Security number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sex:  Male  Female

Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Email: \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Home phone \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Cell phone: \_\_\_\_\_ Best time to contact other parent: \_\_\_\_\_ AM/PM

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Last known employer's name: \_\_\_\_\_

Employer's address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone \_\_\_\_\_

Is the other parent currently represented by an attorney on any matter relating to you?  Yes  No Attorney's name: \_\_\_\_\_

Attorney's address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Phone \_\_\_\_\_

## Declaration

I understand that:

- Idaho Child Support Services is authorized to endorse and negotiate payments related to child support and spousal support, including checks, money orders, bank drafts, and electronic payments on my behalf and behalf of the children in my case. I authorize Idaho Child Support Services to take legal and enforcement actions related to my case.
- The Child Support Services attorney is not my private attorney, but that of the real party in interest being the people of Idaho; there is no creation of an attorney/client relationship between the Child Support attorney and myself.
- Listing my and my children's Social Security Numbers is mandatory according to IC-7-1028. Child Support Services requires Social Security Numbers in order to establish, modify, and/or enforce either child support or medical support. Social Security Numbers are also required to establish paternity and for other child support program purposes. This information may become known to the other parent and to others as a result of these actions and purposes.
- Idaho Child Support Services does keep information about people who do receive child support services confidential; however, the court or laws may require Child Support Services to release information as part of any court action in order to establish or enforce support.
- Child Support Services may release information to other states or jurisdictions when interstate enforcement action is required.
- If I am the parent who receives child support, I authorize Child Support Services to retain 20% of an amount owed for fees, or 10% of an amount owed to repay payments received in error, until the amount is paid in full, unless another arrangement is agreed upon. I understand I am not required to agree to allow Child Support Services to retain these amounts and understand that if I do not, I may be subjected to a lawsuit to recover any debts owed. If I do not agree to have debts collected from my future child support payments initial here:\_\_\_\_\_.
- I agree to pay the services rendered according to the Service Fees. I understand if I do not pay according to the agreement, Child Support Services will use alternate methods to collect. If I do not agree, initial here: \_\_\_\_\_.
- If I do not pay the \$25 application fee at this time, I understand this fee will be deducted from my first child support payment received (if I am ordered to receive child support services) or paid (if I am ordered to pay child support).

## Signature

Under penalty of perjury, I swear and affirm that the information I have provided in this application is true and complete. My signature confirms that I have read and understood the Declarations contained on this page.

Signature

Date

Printed Full Name

## Also Include

Include a \$25 non-refundable check or money order made payable to Idaho Child Support Receiving.

Provide the following documents, if available:

- A copy of the child support order
- A copy of any modification orders, if the order changed
- An Acknowledgment of Paternity form, if one was signed by both parents

Mail the completed application to:  
Idaho Child Support Receiving  
PO Box 70008  
Boise, ID, 83707-0108