MARYLAND DEPARTMENT OF HUMAN RESOURCES
Child Support Enforcement Administration

APPLICATION FOR SUPPORT ENFORCEMENT SERVICES

Support enforcement services include:

- Searching for the other parent
- Legally establishing paternity
- Establishing a court order for child support and health insurance coverage
- Collecting support payments
- Enforcing the court order
- Reviewing and modifying the court order *(All court orders established or modified are subject to periodic review for modification in accordance with the child support guidelines.)*

SECTION I: CASE INFORMATION

APPLICANT: DO THE CHILDREN LIVE WITH YOU? ☐ **Yes** ☐ **No**

Your Name (First, Middle, Last) _____ Home Phone _____ Business Phone _____

Your Address _____ City _____ State _____ Zip Code _____

Your Social Security Number _____ Your Date of Birth _____

Name of Other Parent (First, Middle, Last) _____ Home Phone _____ Business Phone _____

Other Parent's Address _____ City _____ State _____ Zip Code _____

Other Parent's Social Security Number _____ Other Parent's Date of Birth _____

☐ I believe that disclosure of my address or other identifying information might result in physical or emotional harm to me or my child.

CHILDREN

	Name	Date of Birth	Social Security Number
1)			
2)			
3)			
4)			

SECTION II: LEGAL REPRESENTATION

An attorney working in the child support enforcement program represents the Child Support Enforcement Administration of the State of Maryland. The attorney **does not** represent you or your personal interest and there is no attorney-client relationship between you and the attorney, between you and the child support office, or any employees thereof. Any information you provide may not be treated as confidential, except as provided by law. You may be required to appear as a witness in court. Your failure to appear for court pursuant to an order or subpoena could result in your arrest.

I am applying for support enforcement services on behalf of the child(ren) listed above. I understand that I may have to pay a $25.00 application fee which will not be refundable even if the agency does not succeed in getting support for the child(ren).

Signature _____ **Date** _____

DO NOT WRITE BELOW THIS LINE

SECTION III: SERVICES REQUIRED

( ) All establishment/enforcement services
( ) Location of other parent
( ) Establishment of paternity
( ) Establishment of court order
( ) Collection/enforcement
( ) Modification
( ) Establishment/enforcement of health insurance only

SECTION IV: VALIDATION

( ) $25 application fee paid.
( ) Fee previously paid.
( ) No fee paid. Explanation: _____
( ) Medical Assistance/MCHP client. Fee does not apply.
( ) TCA applicant-fee deferred.

Validator's Signature (Child Support Staff Person) _____ Title _____ Date _____