

## INFORMATION REGARDING THE APPLICATION FOR SUPPORT SERVICES PACKAGE

Our handling of this case depends upon the information you provide on these forms. Provide as much information as possible. If at all possible give both parents' Social Security numbers, which you can find on pay stubs, tax returns, etc. Answer every question in full. If you do not know the answer, print 'UNKNOWN.' If the question does not apply, print 'N/A.'

There are several forms to read and complete. The package includes:

Information Regarding the Application for Support Services Package (CSS 2103 – substitute)  
Application for Support Services (ACDCSS – FORM 8)

Child Care Verification (CSS 2105)

Instructions for Completing/Declaration of Support Payment History (CSS 2109)

Request for Support Services (CSS 2115)

Child Support Domestic Violence Questionnaire (CSS 2142)

Income and Expense Declaration (FL-150)

Child Support Services Program Notice (CS 196)

\*Visitation Verification (CSS 2107)

\*Health Insurance Information (CSS 2111)

Instructions have been provided for completing the Application for Support Services. Before you begin, please read the enclosed pamphlet. This pamphlet will explain the services available through the local child support agency.

Also read the Child Support Enforcement Program Notice. This notice will explain your responsibility to the local child support agency and the local child support agency's responsibility to you.

Please complete all the forms in **BLACK INK** and **PRINT** clearly.

\*These forms will be sent to you to complete later if they are needed.

## INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR SUPPORT SERVICES

### FACTS ABOUT THE CUSTODIAL PARTY

This section is about the person or party who has primary custody of the children. Complete the entire section. If you are the custodial party, be sure to give us a phone number where you may be reached during the day.

Use the list below to indicate the ethnic group of the custodial party and the noncustodial parent.

- |                                    |               |                      |
|------------------------------------|---------------|----------------------|
| (B) African American               | (G) Guamanian | (L) Laotian          |
| (I) American Indian/Alaskan Native | (U) Hawaiian  | (A) Other Asian      |
| (D) Cambodian                      | (H) Hispanic  | (P) Pacific Islander |
| (W) Caucasian                      | (N) Indian    | (S) Samoan           |
| (C) Chinese                        | (J) Japanese  | (V) Vietnamese       |
| (F) Filipino                       | (K) Korean    | (O) Other            |

### CHILD INFORMATION

List all the children for whom support services are being requested. Complete the full name of each child; first name, last name, and suffix (Jr., Sr., III, etc.).

If the children named in the application have different noncustodial parents a separate application must be completed for each noncustodial parent. If you need additional space for any section, attach a separate piece of paper.

### MARRIAGE/COURT ORDER INFORMATION

Complete this section whether or not YOU were married to the other parent. Answer each question as it relates to the mother and the father of the children. If you and/or the other parent have a court order, please send us a copy.

### COMMENTS SECTION

You may use this section as extra space, if needed, or add any additional information you think might help us establish or enforce an order for the children. You may include information about the other person's temper, whether they own rifles or handguns; if they have made threats against you or the children, etc.

## **FACTS ABOUT THE NONCUSTODIAL PARENT**

This section is very important and may require you to look through old papers to find some of the information requested. The more information we have in this section the better we will be able to serve you.

If at all possible, provide the noncustodial parent's Social Security number or numbers. If you do not know the exact date of birth, provide the approximate age.

Do provide any and all financial information about the noncustodial parent. Attach additional pages as needed.

## **SIGNATURE OF APPLICANT**

Sign and date the application. We will not be able to open your case without your signature.

**Your signature** indicates that you have answered the questions on the application to the best of your ability and that you want to open this case. It also indicates that you have read the information provided above the signature line; that you understand your responsibility for providing information to the local child support agency; and that the local child support attorneys or Attorney General or any of their representatives are not your attorney or the children's attorney.

## **ADDITIONAL FORMS TO BE COMPLETED**

**Child Care Verification** – Take form to your childcare provider to complete and sign. This helps the local child support agency compute child support amounts.

**Declaration of Support Payment History** – complete, sign and date. Separate instructions are included for this form.

**Request for Support Services** – complete, sign and date

**Child Support Domestic Violence Questionnaire** – complete, sign and date

**Income and Expense Declaration** – complete, sign and date

**PLEASE RETURN COMPLETED FORMS  
TO**

**ALAMEDA COUNTY DCSS  
5669 GIBRALTAR DRIVE  
PLEASANTON CA 94588-8847**