CHILD SUPPORT INFORMATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILD SUPPORT DIVISION
SFN 74 (5-2022)

Clear Fields

Case Number (Agency Use Only)

Please complete this form to the very best of your ability. The information on this form will help the Child Support program provide services now and in the future. Some of the information you will likely know and other information you may need to research. For the information you need to research, some useful documents to consider include tax returns, identification cards, driver's license, bills, bank records, pay stubs, marriage licenses, and birth certificates.

* Disclosure of the social security number is required pursuant to 42 USC 654a(e)(3) and(e)(4)(D) and is requested for the purpose of inclusion in the state case registry. Failure to disclose this information will affect participation in this program.

A. INFORMATION ABOUT THE CUSTODIAL PARENT OR OTHER CARETAKER OF CHILDREN

Full Name (First, Middle, Maiden, Last, and Suffix)	Gender ☐ Male ☐ Female	Social Security Number *	Date of Birth (MM/DD/YYYY)
Race (check all that apply) ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander ☐ Black ☐ Asian ☐ White			
If Applicable, Tribe in Which the Custodial Parent or Caretaker is Enrolled			Enrollment Number
Home Address	City	State	ZIP Code
Home Telephone Number	Cell Phone Number	Work Telephone Number	
Email Address		Preferred Method of Contact	
Name of Employer			

B. INFORMATION ABOUT THE NONCUSTODIAL PARENT (You must complete a separate form for each noncustodial parent)

Full Name (First, Middle, Maiden, Last, and Suffix)	Nickname or Alias	Gender ☐ Male ☐ Female
Social Security Number *	Us Citizen ☐ Yes ☐ No	If No, Citizen of What Country
Date of Birth (MM/DD/YYYY)	Approximate Date of Birth (if birthdate unknown)	Place of Birth (City and State or Country)
Is Noncustodial Parent Deceased? ☐ Yes ☐ No	If Yes, Date of Death (MM/DD/YYYY)	Place of Death (State)

If deceased, skip to Section C.

Height	Weight	Race (check all that apply) ☐ American Indian or Alaskan Native ☐ Black ☐ White ☐ Native Hawaiian or Other Pacific Islander ☐ Asian
If Applicable, Tribe in Which the Noncustodial Parent is Enrolled		Enrollment Number
Hair Color (Check only one) ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red/Auburn ☐ White ☐ Bald		
Eye Color (Check only one) ☐ Blue ☐ Brown ☐ Green ☐ Gray ☐ Hazel ☐ Black		List Other Distinguishing Features, (ie, tattoos or scars)
Does Noncustodial Parent Have Any Other Children? ☐ No ☐ Yes-Full Names of Children:		

Home Address	City	State	ZIP Code
Home Telephone Number	Cell Phone Number	Email Address	
Mailing Address (if different from home address)	City	State	ZIP Code
Previous Address if Current Address Unknown	City	State	ZIP Code

Name of Employer	City	State
Name of Previous Employer	City	State

Is Noncustodial Parent Self-Employed? ☐ Yes ☐ No	Usual Occupation

Currently in the Military ☐ No ☐ Yes-Branch of Service:	Previously in the Military ☐ No ☐ Yes-Branch of Service:

Noncustodial Parent Receives (check all that apply)
☐ SSI ☐ Public Assistance, State: _____ ☐ Workers Compensation, State: _____
☐ Social Security Disability ☐ Unemployment Compensation, State: _____

Noncustodial Parent's Mother's Name (First, Middle, Maiden, Last)	Place of Birth (City and State)		Telephone Number
Address	City	State	ZIP Code
Noncustodial Parent's Father's Name (First, Middle, Last, Suffix)	Place of Birth (City and State)		Telephone Number
Address	City	State	ZIP Code

Is Noncustodial Parent in Prison? ☐ No ☐ Yes-Where?	Has Noncustodial Parent Been in Prison in the Past? ☐ No ☐ Yes-Where?

C. INFORMATION ABOUT THE CHILDREN OF THE NONCUSTODIAL PARENT WHO IS LISTED IN SECTION B

1. Full Name (First, Middle, Last, and Suffix)

Gender ☐ Male ☐ Female	Social Security Number *	Date of Birth (MM/DD/YYYY)	Place of Birth (City and State or Country)

Race (check all that apply)
☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander ☐ Black ☐ Asian ☐ White

If Applicable, Tribe in Which the Child is Enrolled	Enrollment Number

2. Full Name (First, Middle, Last, and Suffix)

Gender ☐ Male ☐ Female	Social Security Number *	Date of Birth (MM/DD/YYYY)	Place of Birth (City and State or Country)

Race (check all that apply)
☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander ☐ Black ☐ Asian ☐ White

If Applicable, Tribe in Which the Child is Enrolled	Enrollment Number

3. Full Name (First, Middle, Last, and Suffix)

Gender ☐ Male ☐ Female	Social Security Number *	Date of Birth (MM/DD/YYYY)	Place of Birth (City and State or Country)

Race (check all that apply)
☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander ☐ Black ☐ Asian ☐ White

If Applicable, Tribe in Which the Child is Enrolled	Enrollment Number

4. Full Name (First, Middle, Last, and Suffix)			
Gender ☐ Male ☐ Female	Social Security Number *	Date of Birth (MM/DD/YYYY)	Place of Birth (City and State or Country)
Race (check all that apply) ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander ☐ Black ☐ Asian ☐ White			
If Applicable, Tribe in Which the Child is Enrolled			Enrollment Number

If more than 4 children, please attach a separate sheet providing the above information

Is there an order for Noncustodial Parent to provide support for any of the children listed above? ☐ No-Skip next 2 lines ☐ Yes-Continue with questions below:			
Amount per		For Which Children?	
Date Last Received (MM/DD/YYYY)	State/County, or Tribal Court Involved	Case or Court File Number	Year of Court Order
Has paternity been established for the children by signing a Voluntary Acknowledgment of Paternity? ☐ No ☐ Yes-For Which Children? Which State? When?			
Were the children born while the parents were married or within 9 months of divorce? ☐ No ☐ Yes-Skip to Section D			
Has paternity been established for the children by a court order? ☐ No-Skip to Section D ☐ Yes-For Which Children?			
State/County, or Tribal Court Involved		Case or Court File Number	Year of Court Order

D. IF YOU ARE THE PARENT, COMPLETE THIS SECTION (if you are NOT the parent of the children, skip to Section E).

Are you, or were you legally married to the other parent? ☐ No ☐ Yes	If Yes, When (month and year)	Where Married (city and state)	
Are you legally separated from the other parent? ☐ No ☐ Yes	If Yes, When (month and year)	Court where separation was filed (city & state)	
Are you legally divorced from the other parent? ☐ No ☐ Yes	If Yes, When (month and year)	Where Divorced (city and state)	
Is there any legal action pending against the Noncustodial Parent, for example, a divorce action? ☐ No ☐ Yes			
Did you ever live with the other parent? ☐ No ☐ Yes	Date Lived With Other Parent From: To:		
Address of Other Parent	City	State	ZIP Code

E. IF YOU ARE NOT THE PARENT, COMPLETE THIS SECTION (otherwise, skip to Section F)

Were the parents married? ☐ No ☐ Yes	Are the parents divorced? ☐ No ☐ Yes	
How are you related to the children?		
Do you have legal custody of the children? ☐ No-Skip to Section F ☐ Yes-Complete this section		
State and County of Court Involved	Case Number	Year of Court Order

F. (OPTIONAL) DESCRIBE ANYTHING ELSE THAT WOULD AFFECT THIS CASE

Describe Anything Else That Would Affect This Case.

G. ACKNOWLEDGMENT OF NONREPRESENTATION

I have read and I understand the following:

- The Child Support Division has lawyers to assist in securing child support but these lawyers are not my lawyers. These lawyers represent the interests of the State of North Dakota and will take actions that they consider necessary and appropriate to work on my case.
- I can hire my own lawyer, at my expense, if I want legal advice or specific legal action or if I want to manage the legal activity on my case.
- The Child Support Division's lawyers may work on my case to establish paternity, if necessary, and to establish and enforce child support and medical support. I must cooperate with them if I want to receive services from the Child Support Division.
- The Child Support Division's lawyers will not be able to help me with residential responsibility (custody) or parenting time (visitation). If I want legal help with these matters, I must hire my own lawyer.

H. STATEMENT AND SIGNATURE

I understand the information given above may be investigated and I certify that this information is true and complete to the best of my knowledge.	
Signature	Date