



APPLICATION FOR CHILD SUPPORT SERVICES-CUSTODIAL PARENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CHILD SUPPORT/IV-D

SFN 374 (10-2022)

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.

Name			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Date of Birth
Address	City	State	ZIP Code	Home Telephone Number	Office Telephone Number

I) I am not currently a recipient of TANF or Medicaid. Check below if applicable:

I previously received TANF and/or Medicaid in the state of _____.

My case is now closed and Child Support services have been terminated.

II) The North Dakota Department of Health and Human Services (Department) is authorized to undertake whatever action is necessary to locate the noncustodial parent, establish paternity, establish and/or enforce a support obligation, review and adjust support orders, and to execute, in my name, any pleadings relative to legal action pursuant to Title IV-D of the Social Security Act. Interested persons to these actions include the noncustodial parent, namely:

Name			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Date of Birth
Address	City	State	ZIP Code	Telephone Number	

As well as me and the following children:

Name	Sex (M or F)	Social Security Number	Date of Birth	Relationship to Child if Not Parent

III) I understand that I can apply to receive services related only to locating the noncustodial parent, or to receive all Child Support services as described in subsection II above. Check below if you wish to receive locate-only services:

Locate-only services

Otherwise, all services will be provided, as appropriate.

IV) **By my signature below, I am stating that I understand the Department's attorney is not my private attorney but, according to NDCC sections 14-09-09.26 and 14-09-09.27, the real party in interest is the people of North Dakota and there is no creation of an attorney-client relationship between me and the Department's attorney.**

V) I authorize the Department to endorse and negotiate any checks received for me in payment of support.

VI) I agree to report to the Department any and all support payments that are hereinafter received by me directly from the noncustodial parent as long as this agreement is in effect. I will also report any arrangements made between me and the noncustodial parent that affect the amount due.

VII) I acknowledge that all support payments collected will be paid out in accordance with federal and state distribution rules.

VIII) In the event that I have to repay the Department to correct an overpayment to me, I agree the Department may withhold a reasonable amount from future support payments. Yes No

* I understand that my consent is optional. The services I receive will not be affected by the choice I make.

* I understand that if I give my consent and later change my mind, I must notify the Department in writing that I am withdrawing my consent.

* I understand that if I do not give my consent, the Department is not prevented from seeking to correct an overpayment through other means, including taking me to court, if necessary.

IX) I understand that if I have never received TANF, the Department will charge an annual fee of \$35 for each federal fiscal year (Oct. 1 through Sept. 30) in which at least \$550 in support has been collected on my case. The Department will retain this fee from the support collections.

X) The Department may release any information contained in the office records to another state or jurisdiction when interstate enforcement action requires the information.

XI) I have received a copy of the services and responsibilities notice (DN 1200).

DISTRIBUTION: Original - Department

Applicant	Date
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FOR OFFICE USE ONLY-Application Information

Date Requested (MM/DD/YYYY)	Date Provided (MM/DD/YYYY)	Date Received (MM/DD/YYYY)
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