



# APPLICATION CONTRACT FOR CHILD SUPPORT SERVICES NONCUSTODIAL PARENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CHILD SUPPORT  
SFN 1761 (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 of Applicant		Home Telephone Number	
Social Security Number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	
Address	City	State	ZIP Code
Name of Employer		Work Telephone Number	
Address	City	State	ZIP Code
Name of Custodial Parent		Home Telephone Number	
Social Security Number	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	
Address	City	State	ZIP Code

Child's Name	Address	Gender (M or F)	Social Security Number	Date of Birth

- I) I am applying for the following services (see addendum for more information):
- ☐ Paternity services
- ☐ Review and adjustment services
- ☐ Alternate payment arrangement in place of immediate income withholding
- ☐ Suspension of interest on unpaid child support
- ☐ Other, describe: \_\_\_\_\_
- II) I understand that upon approval of this application, **all** child support services will be provided. These may include establishment of paternity, establishment of child and medical support obligations, and enforcement of child and medical support obligations. All services will continue to be provided until I make a written request to the Department of Health and Human Services (Department) to cancel this contract.
- III) I understand that the Department's attorney is not my private attorney but, according to NDCC 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.
- IV) I have received a copy of the services and responsibilities notice (DN 1200) and the addendum to the noncustodial parent application contract (DN 906).

Applicant Signature	Date
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## FOR OFFICE USE ONLY - APPLICATION INFORMATION

Distribution:  
Original - Department  
Canary - Applicant

Date Requested	Date Provided	Date Received
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