



COLORADO

Child Support Services

Department of Human Services

Colorado Division of Child Support Services – Application for Child Support Services

Please complete this application to the best of your ability. Some sections highlighted in yellow are required. Providing as much information as possible will help us establish and enforce your child support order. If you do not know the answers to the questions, or do not have the information, leave the fields blank. You can discuss your specific situation with your county

Tell Us About Yourself

Legal name _____

First Name _____

Middle Name _____

Last Name _____

Maiden Name _____

Other _____

CSS Tip: "Other" means different last names you may have used. This includes other married last names, or the name used before a legal name change.

Date of birth _____

Personal Identification Number _____

(Social Security Number or TIN). Please select one. (Social Security Number, Taxpayer Identification Number, Do Not Have One)

Gender _____

(Male, Female, Other)

Ethnicity _____

(Asian, Black, Hispanic, Native American, Other, White)

Where were you born?

City _____

State _____

Country _____

How can we reach you?

Home Phone _____

Work Phone _____

Cell Phone _____

Which number would you like us to use to contact you? _____
(Home Phone, Work Phone, Cell Phone)

Would you like to receive text messages about your child support case? _____
(Yes, No)

Email Address _____

Where do you live today?

CSS Tip: You cannot use a PO Box as a residential address.

Street Address _____

Apartment/Unit Number _____

City _____

State _____

Country _____

Zip _____

Can you receive mail here?

Yes

No

IF NO

Please provide an address where you can receive mail

Street Address _____

Apartment/Unit Number _____

City _____

State _____

Country _____

Zip _____

Are you currently working?

Yes

No

I am a full-time student

IF YES

Where do you work? Please list the name of your current employer.

Employer Name _____

Address _____

City _____

State _____

Country _____

Zip _____

IF NO

What date did you last work? _____

Why are you currently unemployed? Please select at least one option.

Disability

Laid Off

Other

Please Explain: _____

When will you graduate? _____

Primary Contact

CSS Tip: This is someone who will always know where you are, even if you move. This person will only be contacted if you cannot be reached.

First Name _____

Last Name _____

Phone Number _____

Street Address _____

Apartment/Unit Number _____

City _____

State _____

Country _____

Zip Code _____

Tell Us About the Other Parent

This person is the child (ren's):

- Mother
- Father
- Possible Father (paternity has not been established)

Legal Name _____

First Name _____

Middle Name _____

Last Name _____

Maiden Name _____

Other _____

CSS Tip: "Other" means different last names a person may have used. This includes other married last names, or the name used before a legal name change.

Personal Identification Number _____

(Social Security Number or TIN). Please select one. (Social Security Number, Taxpayer Identification Number, Do Not Have One, Do Not Know)

Date of Birth _____

Approximate Age if Date of Birth is Not Known _____

Gender _____

(Male, Female, Other)

Where was the other parent born? _____

City _____

State _____

Country _____

Zip Code _____

How can we reach the other parent?

Home Phone _____

Work Phone _____

Cell Phone _____

Email Address _____

Where does the other parent live today?

CSS Tip: You cannot use a PO Box as a residential address.

Street Address _____

Apartment/Unit Number _____

City _____

State _____

Country _____

Zip Code _____

Where does the other parent work? Please list the name of the current or last known employer.
Only one is needed.

Address _____

City _____

State _____

Country _____

Zip Code _____

Tell Us More About the Other Parent So We Can Help Locate Him or Her

Ethnicity _____
(Asian, Black, Hispanic, Native American, White, Other)

Hair Color _____
(Black, Blonde, Brown, Gray, Red, White, Other)

Eye Color _____
(Black, Blue, Brown, Green, Hazel, Other)

Height _____
CSS Tip: Height and weight can be estimated.

Weight _____

What other identifying markers does the other parent have? _____

CSS Tip: These could be tattoos, birthmarks or piercings.

Driver's License Number _____

Issuing State _____

List any vehicles owned by the other parent:

Model _____

Make _____

Year _____

Vehicle Color _____

Please provide information on any other assets the other parent may have. *CSS Tip: Assets are defined as property (real estate), bank accounts or a professional services license.*

Is the other parent disabled?

- Yes
- No
- Do not know

IF YES

Does the other parent receive Supplemental Social Security Income (SSI) or other assistance?

- Yes
- No
- Do not know

IF YES. please provide more information on the additional support the other parent receives, if known.

Has the other parent ever been sentenced to prison?

- Yes
- No
- Do not know

IF YES

Please provide the name of the facility. _____

Department of Corrections Number _____

When was the other parent released from prison? _____

Has the other parent served in the military?

- Yes
- No
- Do not know

IF YES

Military Branch _____
(Air Force, Army, Coast Guard, Marines, Navy, Space Force)

Tell Us More About the Other Parent's Family

Do you have information about the other parent's mother?

Yes

No

IF YES

Mother's First Name _____

Mother's Last Name or Maiden Name _____

Mother's Phone Number _____

Street Address _____

Apartment/Unit Number _____

City _____

State _____

Country _____

Zip Code _____

Do you have information about the other parent's father?

Yes

No

IF YES

Father's First Name _____

Father's Last Name _____

Father's Phone Number _____

Street Address _____

Apartment/Unit Number _____

City _____

State _____

Country _____

Zip Code _____

Tell Us More About Your Relationship with the Other Parent

Were you ever married to the other parent?

Yes

No

IF YES

What was the date of the marriage, common law marriage or civil union? _____

Where did the marriage take place? _____

Date of separation _____

Date of divorce _____

In what city was the divorce filed? _____

In what state was the divorce filed? _____

When did you last have contact with the other parent? _____

Does the other parent have other biological children?

Yes

No

Do not know

IF YES

Please provide the names of the biological child (ren), if known. Please provide the name of the other parent of the biological child (ren), if known. Is there any other information that will help us locate the other parent?

Tell Us About the Child (ren) Who Need Support

	Child 1	Child 2	Child 3
Legal First Name			
Last Name			
Date of Birth			
Personal Identification Number (SSN or TIN, none, unknown)			
Gender (Male, Female, Other)			
What city was the child born in?			
What state was the child born in?			
What country was the child born in?			
What county was the child conceived in?			
What city was the child conceived in?			
What state was the child conceived in?			
What country was the child conceived in?			

Who is the mother on the birth certificate?			
	Child 1	Child 2	Child 3
Who is the father on the birth certificate?			
Has parentage (paternity) been established? (Yes, No or Do not know)			
How was paternity established?(DNA testing, Acknowledgment of Paternity or Court Order)			
Has the other parent ever lived with or provided support for the child in Colorado? (Yes, No or Do not know)			
When did the other parent provide support for this child?			
Where did the other parent provide support for this child?			
What type of support did the other parent provide for this child?			

(money, clothing, food, medical bills, daycare bills, transportation or other bills)			
	Child 1	Child 2	Child 3
Has the child ever received public assistance from a state or tribe? (Yes, No or Do not know)			
Where did the child receive public assistance? (list the county, state or tribe)			
What type of public assistance did the child receive? (Foster Care, Medicaid, TANF)			

Add more than 3 kids at the bottom of this application

Tell Us More About Your Situation

Do you have an existing court order for child support?

Yes

No

IF YES

Name of the court where the order was established _____

Child support order number _____

City _____

State _____

When did you last receive support? _____

Is an attorney already involved in your case?

CSS Tip: You are not required to have an attorney to apply for or receive child support services.

Yes

No

IF YES

Please provide contact information for your attorney.

Name of Law Firm _____

First Name _____

Last Name _____

Phone _____

Address _____

Apartment/Unit Number _____

City _____

State _____

Country _____

Zip Code _____

Does the other parent have an attorney?

Yes

No

Do not know

IF YES

Name of Law Firm _____

First Name _____

Last Name _____

Phone _____

Address _____

Apartment/Unit Number _____

City _____

State _____

Country _____

Zip Code _____

Tell Us About Your Child (ren)'s Health Insurance Coverage

Colorado law requires health insurance to also be ordered when a new child support order is established. In the order, the mother, father or either parent will be listed as the person required to provide medical coverage. Please answer the following questions to help us establish your medical support order.

Is your child (ren) enrolled in Colorado Medicaid?

Yes

No

IF NO

Does your child (ren) have other health insurance coverage? Select all that apply.

Private insurance

Medicaid from another state

Medicaid and private insurance

No

Do not know

IF YES

Please provide information on your child's(ren) insurance provider.

Name of insurance company _____

Street Address _____

Apartment/Unit Number _____

City _____

State _____

Zip Code _____

Phone Number _____

Policy Number _____

Group Number/Member ID _____

Date coverage began _____

Type of Coverage _____

(Dental, Medical, Other, Vision)

Who pays for the health insurance coverage?

You

The other parent

Other

OTHER

First Name _____

Last Name _____

Street Address _____

Apartment/Unit Number _____

City _____

State _____

Country _____

Zip Code _____

Phone Number _____

Personal Identification Number _____

(Social Security Number or TIN). Please select one. (Social Security Number, Taxpayer Identification Number, Do Not Have One, Do Not Know)

How is this person related to the children receiving health insurance? _____

Terms and Conditions

By signing my name below, I am submitting my application for child support services to the Colorado Division of Child Support Services. By submitting this form, I understand:

CSS represents the People of the State of Colorado. No attorney-client relationship or privilege exists between either party or the CSS staff.

CSS does not handle custody arrangements, parenting time (visitation) or property settlements.

CSS will not accept the application for services if all the children associated with the applicant have emancipated (left home).

CSS will not enforce spousal maintenance once the current child support order ends.

If there is a change that could cause the amount of the order to be adjusted (e.g. financial or medical), a modification (change) may be initiated by CSS or by any one of the parties involved.

CSS determines the appropriate actions to be used when providing services. Each [Colorado county](#) child support office determines how specific child support cases are handled.

If I have a disability or need additional support under the Americans with Disabilities Act, I must contact my county child support office for assistance.

I must notify CSS in writing to stop child support services. The case may remain open if my children receive public assistance or if assigned arrears (outstanding payments) are owed. CSS may also close my case if required by state and federal regulations.

I must provide CSS with the information needed to establish and enforce my child support order. My

case may be delayed if this information is not received and/or if another state becomes involved.

I am required to cooperate with CSS. If I do not, my case may be closed.

Caretaker/relatives (e.g., grandparent, aunt, uncle, adult sibling, stepparent, etc.) applying for child support, must open a case against both biological parents. CSS is unable to close only one of the two cases against the biological parents.

I may be required to complete and sign a legal document agreeing to the amount of child support arrears owed (if there is a current child support order).

I will notify CSS in writing if any of the following occurs. If I do not, my medical or child support payments may be affected.

1. Change to legal name, residence or mailing address, telephone or contact numbers, place of employment or health insurance.
2. Any similar changes about the other party.
3. If child support payments are made directly to the custodial parent instead of through the Family Support Registry (FSR).
4. If a child no longer lives with the custodial parent, or if the child is now living with the other parent or a caretaker.
5. If parenting time (visitation) changes for longer than one month.
6. If a private attorney or private collection agency is hired for help with child support collection, parenting time or parental custody.
7. If an action has been filed with a court that CSS was not involved with (e.g., separation, divorce, custody, etc.).

I am required to return any money I receive from CSS by mistake.

Once I receive an FSR account number, sending or receiving direct payment may result in my case being closed.

CSS will provide a yearly statement summarizing the amount of child support that has been collected. I have an opportunity to receive the information through email if I choose this option.

__ I hereby certify that I personally have provided all information in this document and it is true and correct to the best of my knowledge and belief.

SIGNATURE _____ **DATE** _____

	Child 4	Child 5	Child 6
Legal First Name			
Last Name			
Date of Birth			
Personal Identification Number (SSN or TIN, none, unknown)			
Gender (Male, Female, Other)			
What city was the child born in?			
What state was the child born in?			
What country was the child born in?			
What county was the child conceived in?			
What city was the child conceived in?			
What state was the child conceived in?			
What country was the child conceived in?			

Who is the mother on the birth certificate?			
Who is the father on the birth certificate?			
	Child 4	Child 5	Child 6
Has parentage (paternity) been established? (Yes, No or Do not know)			
How was paternity established?(DNA testing, Acknowledgment of Paternity or Court Order)			
Has the other parent ever lived with or provided support for the child in Colorado? (Yes, No or Do not know)			
When did the other parent provide support for this child?			

Where did the other parent provide support for this child?			
	Child 4	Child 5	Child 6
What type of support did the other parent provide for this child? (money, clothing, food, medical bills, daycare bills, transportation or other bills)			
Has the child ever received public assistance from a state or tribe? (Yes, No or Do not know)			
Where did the child receive public assistance? (list the county, state or tribe)			
What type of public assistance did the child receive? (Foster Care, Medicaid, TANF)			