Division of Support Enforcement & Recovery (DSER)

Application for Services and Contract

What You Need to Provide to Complete an Application for Services:

The application for services **must be filled out**. Please answer all questions as best you can. Some information is necessary before we can open a case for you. These questions are in boldface. Documents that **must** accompany an application:

- If your child was born in Maine we need a copy of the birth record.
- If your child was born **outside** of Maine we need a **certified copy** of the birth record.
- If you have a Maine court order we need a copy of the **complete order**.
- If you have an order from another state or jurisdiction we will need **3 certified copies**.
- If the parent absent from your home *owes a child support debt*, please complete the Child Support Payment Affidavit attached to your application package.

If you are not the biological/adoptive parent you will need to provide a copy of a guardianship order.

When your application is complete, DSER's Central Office will create a case.

You are the best source of facts about your family. The more information we have from all sources will enable us to do a better job for you. If you do not send us the required documents we will not be able to open a case. The packet will be returned to you and no action will be taken until we receive those documents.

An Electronic Funds Transfer (EFT) application is enclosed. This way of sending money to you is mandatory. This will allow us to send payments quickly and easily to your bank account.

What Happens When a Child Support Case is opened or Re-opened?

Before a new or reopened case can be sent to the field office where the actual support enforcement work is done, DSER's Central Office must create or amend the computer files for the case and obtain verifications of information that you provide. If an application is complete, your case could be in a field office in days. If you have little or no information about the other parent, it could take longer *(The case cannot be sent to a field office until DSER can establish where the non-custodial parent lives or works.)*
When your case goes to a field office it is assigned to an agent who will manage the case.

Services DSER can help provide:

- Locating the non-custodial parent
- Establishing paternity for children born out of wedlock including arranging genetic testing for both parents and child.
- Establishing child support orders for current and past support; also including medical support/insurance and childcare.
- Enforcing child support , spousal support, medical support/insurance, and child care obligations. DSER will determine the best method for enforcing a case.
- Recording and distributing child support payments.
- Reviewing and taking necessary steps to modify child support orders when circumstances change. The speed of this service is subject to the availability of resources.

Services DSER cannot provide:

- Giving legal advice.
- Getting divorce judgments or spousal support orders.
- Enforcing visitation rights or getting involved in custody matters.
- Enforcing property settlements.
- Services if you are a child seeking child support from your parent. Your guardian or custodian, however, may seek assistance from DSER.
- Cannot provide legal representation to you or the non-custodial parent. When an attorney is assigned to a case, the attorney's client is DHHS not you or the other parent.
- DSER does not charge interest on child support debts.
- Cannot establish orders for tuition or enforce orders for tuition.

The Division of Support Enforcement & Recovery will decide which actions will be taken to achieve success for you. We cannot guarantee success, but we will give our best effort given our resources. When you sign the application, one thing you are doing is telling us you understand this.

Distribution of child support collections in non-TANF cases:

- Non-TANF collections normally are processed within two days of when payment is received by DHHS.
- If the other parent is ordered to pay support for more than one family, collections are divided among the families.
- If you are owed past support, you will be paid first, unless there is a debt owed DHHS and the money is from a federal income tax refund intercept.
- Collections from federal income tax refunds may not be distributed for up to 6 months in the case of joint returns. A portion of the refund may belong to the unobligated spouse.
- To find out how much child support is collected from week-to-week, call 1-800-371-7179.

When services end:

If at any time you no longer want the Division's services, tell us this in a letter. If the Division wants to end services, we will tell you in writing and explain why. We will give you a chance to respond before ending services. Some of the reasons for ending services are:

- The obligor no longer owes child support.
- You or your representative will not cooperate with us.
- We cannot send you payments because we do not have your current address.

Important: Please read carefully all the information supplied, and return the application with all required documentation.

If you have any questions, please call 624-4100 and ask for the case initiation contact person.

APPLICANT INFORMATION

1. Your Name _____
2. Social Security Number _____
3. Date of Birth _____ Sex _____
4. Mailing Address _____
5. City _____State _____ Zip _____
6. Home Telephone #: _____Cell #_____
7. E-mail Address _____
8. Employer Name_____Work #_____
9. Employer Address_____
10. Has the other parent lived with you in Maine?_____
11. Date separated from other parent_____
12. Have you ever been the victim of domestic violence committed by the other parent?
13. Have the children for whom you are seeking support ever been the victims of domestic violence committed by the other parent?
14. Have you ever obtained a restraining order against the other parent? (If yes attach copy of order).
15. Do you currently employ an attorney or private agency for the collection of child support? (If yes provide name and address) _____

CHILD(REN) INFORMATION

1. Child's Full Name _____

Date of Birth _____ SSN _____

Place of Birth _____

Your Relationship to the Child _____

Child Conceived in Maine? [ ] Yes [ ] No Paternity Established? [ ] Yes [ ] No

Child Born from Marriage? [ ] Yes [ ] No

2. Child's Full Name _____

Date of Birth _____ SSN _____

Place of Birth _____

Your Relationship to the Child _____

Child Conceived in Maine? [ ] Yes [ ] No Paternity Established? [ ] Yes [ ] No

Child Born from Marriage? [ ] Yes [ ] No

3. Child's Full Name _____

Date of Birth _____ **SSN** _____

Place of Birth _____

Your Relationship to the Child _____

Child Conceived in Maine? [ ] Yes [ ] No Paternity Established? [ ] Yes [ ] No

Child Born from Marriage? [ ] Yes [ ] No

4. Child's Full Name _____

Date of Birth _____ **SSN** _____

Place of Birth _____

Your Relationship to the Child _____

Child Conceived in Maine? [ ] Yes [ ] No Paternity Established? [ ] Yes [ ] No
Child Born from Marriage? [ ] Yes [ ] No

5. Child's Full Name _____

Date of Birth _____ **SSN** _____

Place of Birth _____

Your Relationship to the Child _____

Child Conceived in Maine? [ ] Yes [ ] No Paternity Established? [ ] Yes [ ] No

Child Born from Marriage? [ ] Yes [ ] No

6. Child's Full Name _____

Date of Birth _____ **SSN** _____

Place of Birth _____

Your Relationship to the Child _____

Child Conceived in Maine? [ ] Yes [ ] No Paternity Established? [ ] Yes [ ] No
Child Born from Marriage? [ ] Yes [ ] No

IF YOU ARE THE MOTHER OF THE CHILDREN:

From the time you became pregnant until the birth of your child, were you married to someone other than the person you named above as the parent? [ ] Yes [ ] No If yes, what was the date of the marriage.

Name_____

Social Security Number_____ **Date of Birth**_____

Last Known Address _____

_____

City _____ **State** _____ **Zip** _____

INFORMATION ABOUT THE OTHER PARENT

1. Other Parents Name _____
2. Social Security No. _____
3. Place of Birth _____
4. Date of Birth _____ Sex _____
5. Fathers Full Name _____
6. Mothers Maiden Name _____
7. Mailing Address _____
8. City _____State _____ Zip _____
9. Home Tel #: _____Cell #_____
10. E-Mail _____
11. Employer Name _____Work #_____
12. Employer Address _____
13. What is the other parent's usual occupation/trade? _____
14. Does the other parent have any professional or trade licenses? *(Please list)*
    _____
15. Does the other parent own any property? (e.g. houses, land, buildings) or bank accounts? (Please list property and location)
    _____
    _____
15. Has the other parent ever been a member of the US military? _____

HEALTH INSURANCE INFORMATION:

Health Insurance Ordered? [ ] Yes [ ] No

Is insurance currently being provided as ordered? [ ] Yes [ ] No

If yes Insurer's Name _____

Type of coverage _____

Effective Date _____ Policy # _____

If yes, please include a copy of your health insurance coverage card.

SUPPORT ORDER INFORMATION:

Has there ever been an order for support with the other parent? [ ] Yes [ ] No

If yes include an attested copy of each order with this application.

Type of Order (*Check all that apply*) Court [ ] Administrative [ ] Probate [ ]

Has the other parent missed any payments? [ ] Yes [ ] No

If yes and you are requesting enforcement of past due support you must also complete and sign the attached Maine Child Support Payment Affidavit.

MAINE CHILD SUPPORT PAYMENT AFFIDAVIT

YEAR _____	AMOUNT
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

YEAR _____	AMOUNT
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

YEAR _____	AMOUNT
January	
February	
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YEAR _____	AMOUNT
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YEAR _____	AMOUNT
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

YEAR _____	AMOUNT
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

I affirm the above record of payments is true to the best of my knowledge.	Date:

Signature:

STATE OF MAINE

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT / ELECTRONIC FUNDS TRANSFER PAYMENTS

To: DEPT. HEALTH & HUMAN SERVICES
ATTN DIRECT DEPOSIT TECHNICIAN
11 SHS / 19 UNION ST
AUGUSTA ME 04333-0011
Phone 207-624-4100 Fax 207-287-2334
TDD 207-287-6948

We require you to submit a voided check or letter from your bank for account verification.

Print Form

NEW CHANGE

Circle ONE

Client's Name*

Contact Person's Name & Phone # (If different from Client)

Address of Client (Street/PO, City, State, & Zip)

Email

*Social Security Number is required.**

SSN of Client*

Vendor Code in the State's Accounting system.

Vendor Code *Include VC or VS*

~ DHHS may fill in Vendor Code #

☐ I authorize the State of Maine to send DD/EFT payment detail to the email address included.

By signing and returing this document, you agree to the following statement:

I, the below signed, authorize you to electronically transfer payments to the account provided below. I/we authorize the Agency to initiate credit entries and debit entries (only for the purposes of correcting an erroneous credit provided that, prior to the debit I/we are notified by the Agency in writing of the reason) to my/our account at the below named financial institution. I/we agree to notify the Agency's offices immediately upon discovery of any errors resulting from transactions under this authorization and to notify the Agency's offices of any changes that may affect these instructions or the Agency's ability to rely upon them. This authorization may be canceled by me/us at any time by notifying the Agency in writing. In authorizing the above services to be provided to me/us, I/we agree to hold the Agency and the State of Maine harmless from any and all loss, cost, damage or expenses I/we may suffer as the result of errors in deposits, credit entries or debit entries caused by persons who are not employees of the Agency or the State of Maine.

OLD Bank Info: *This section is for Changes ~ New bank set up, please skip to NEW section.below.*

Name on Account

Transit/ABA #

Name of Financial Institution

Account #

Address of Financial Institution (Street/PO,City, State,Zip & Phone)

Savings Checking

Circle ONE

You MUST notify us of changes to your name, address & contact info by completing a Vendor Activation/Change form provided by DHHS. Please contact them at the above numbers.

NEW Bank Info:

Name on Account

Transit/ABA #

Name of Financial Institution

Account #

Address of Financial Institution (Street/PO,City, State,Zip & Phone)

Savings Checking

Circle ONE

We require you to submit a voided check or letter from your bank for account verification.

Signature of Payee

Date

(Benefit Recipient) or Authorized Agent (not a fill-in, must sign after printing)

INCOMPLETE FORMS WILL NOT BE PROCESSED

AUTHORIZATION AGREEMENT

Instructions

Name of Financial Institution:

Name of bank or credit union where money will be direct deposited (TD Banknorth, Bank of America, etc.).

Transit/ABA Number:

Usually found in the lower left corner of the voided check. Or you can call your bank.

Type of Account:

Please indicate checking OR savings - NOT BOTH! Direct Deposit can go to either type of account but **cannot** go to a C.D. (Certificate of Deposit). Also payments can not be deposited to your credit card. If you have Passbook Savings account, please see your bank to verify whether they will allow debit entries to that account - or whether you need to change to a statement account.

Financial Institution Address and Telephone Number:

Local bank office where business is usually conducted.

Name of Account Owner:

This is the name on the account to which the check will be credited.
If joint, both names should be identified.

Account Number:

Account to which the money will be deposited.

Signature of Depositor or Authorized Agent:

Signature of the person who owns the account (the recipient of benefits) or the person authorized to act for the client: legal guardian, conservator, parent of a minor child, or representative payee.
This should NOT be a bank employee.

Recipient's Telephone #:

Telephone where you can be reached for questions about your form, or where we can leave a message for you.

Address:

Mailing address of the client or the Authorized Agent (if there is one). This is the address where you want checks to be mailed if the Direct Deposit fails for any reason.

Title of Authorized Agent:

Power of Attorney, legal guardian, representative payee, parent. This is only required if you are filling out the form for someone else. If you are filling out the form for yourself, leave it blank.

Contact Person:

Name and telephone number of person to contact, other than the client, if the bank does not accept the Direct Deposit for any reason. **This should NOT be a bank employee.**

STATE OF MAINE

Print Form

New Vendor & Vendor Update Form

Reset

RETURN TO: DEPARTMENT OF HEALTH & HUMAN SERVICES
ATTN: DIRECT DEPOSIT TECHNICIAN
11 SHS / 19 UNION ST. AUGUSTA ME 04333-0011
PHONE 207-624-4100 FAX 207-287-2334 TDD 207-287-6948

FILL OUT FORM COMPLETELY - ALL AREAS ARE REQUIRED - ONLY ONE NAME & SSN PER A FORM

SSN

Vendor Customer Number (if known) VC#

Account or Client Number (if known)

TIN Type *
- (•) Social Security No.

Organization Type *
- (•) Individual

Classification * *(most will be Individual)*
- ☐ Individual
- ☐ Sole Proprietorship
- ☐ Nonresident Alien

NEW *	PAYMENT ADDRESS	OLD
Name		Name
Alias/DBA		Alias/DBA
C/O		C/O
Address		Address
City		City
State & Zip Code		State & Zip Code
Phone		Phone

Contact Name:*

Email Address:*

Contact Phone *

Authorized Signature,
Title & Current Date: *

I certify that the above information is accurate & correct as of the current date signed on this form. I am responsible for updating & maintaining my information on a regular basis by written communication via this form or via the internet at the Vendor Self Service web site.

OFFICE USE ONLY — Information on State Agency Submitting Vendor Form — OFFICE USE ONLY

State Agency & SHS # *

Agency Contact Person Name & Title*

Contact's Phone #

Contract for Non-Welfare Support Enforcement Services

Your Full Name *(Print)*: _____ SSN: _____

Other Parent's Full Name *(Print)*: _____

The Department of Health and Human Services (DHHS) will provide child support enforcement services for any child, as required by law. If you want services, fill in the Application form, sign 2 copies of this Contract, and give the completed forms to DHHS.

Right now, there is no cost to you for the Department's services. If this changes, you will be told in writing ahead of time. At that time, you can decide if you still want the Department's services.

This Contract is part of the Application. Read the Application and Contract with care. If you sign the Contract, it means you agree with all its terms.

Contract

1. The Department may act for me as needed to provide the services covered by this Contract. The Department can endorse all drafts, checks or money orders for support it receives from the other parent.
2. I understand this Contract does not create an attorney-client relationship between the Department and myself.
3. I agree all support payments will be paid through the Department so a record is kept. If I get support payments from the other parent, I will send them to the Department. I will do this as long as I receive services from the Department. If I now get child or spousal support payments through a clerk of court or other forwarding agent, I will ask that all payments be sent to the Department (payable to Treasurer, State of Maine) instead of to me. The Department will send all payments owed to me as soon as reasonable after normal processing.
4. After current support is paid, the Department will apply payments it gets to past support. Past support owed to me will be paid first, unless payment is from a tax refund. Payments from tax refunds will be applied first to any debt owed to the Department. Other than payments from tax refunds, past support owed to the Department will be paid second.
5. I know and understand the Department has limited resources. I know the Department may not be able to act right away on my case. I know the Department does not guarantee results. I know if the law does not require an action, the Department will decide whether or not to take the action.
6. I agree to tell the Department in writing if I want the Department to stop providing services.
7. I have read the reverse side of this Contract. I understand the statements on the reverse side are part of this Contract.

☐ Yes
☐ No

If I am overpaid support, the state can withhold a portion of my child support, at a reasonable rate, from future child support payments.

Your signature: _____ Date: _____

Child support enforcement services include:

- Establishing paternity for children born out of wedlock and establishing child support orders for current and past support.
- Establishing child support orders, including medical support and child care obligations.
- Locating non-custodial parents.
- Enforcing child support, spousal support, medical support, and child care obligations.
- Recording and distributing child support payments.
- Reviewing and taking necessary steps to modify child support orders when circumstances change.

Child support enforcement services do not include:

- Giving legal advice;
- Getting divorce judgments or spousal support orders;
- Enforcing visitation rights;
- Getting involved in custody matters; or
- Enforcing property settlements.

Distribution of child support collections in non-TANF cases:

- Non-TANF collections normally are processed within two days of when payment is received by DHHS.
- If the other parent is ordered to pay support for more than one family, collections are divided among the families.
- If you are owed past support, you will be paid first, unless there is a debt owed DHHS and the money is from a federal income tax refund intercept.
- Collections from federal income tax refunds are not distributed for 6 months in the case of joint returns. A portion of the refund may belong to the unobligated spouse.
- To find out how much child support is collected from week-to-week, call 1-800-371-7179.

If you do not agree with the amount of child support you have received:

Write to: Case Review Unit, Department of Health and Human Services, 11 State House Station, 19 Union St., Augusta, ME 04333-0011. Please include your name, case ID number, phone number and your reason for writing. Your claim will be reviewed and answered in writing. You can also contact Case Review through the web: http://www.maine.gov/dhhs/OIAS/dser/ or by e-mail at Case.Review@maine.gov.

When services end:

The Department will stop providing services for you if you make the request in writing. If the Department wants to end services, we will tell you in writing and explain why. We will give you a chance to respond before ending services.

Child Support - Federal Annual Fee of $25

If you have questions after reading this page, please contact the Case Review Unit at 1-800-371-7179 or 207-624-7830.

The Federal Deficit Reduction Act of 2005 requires states to collect a $25 federal annual fee for eligible child support cases.

Cases that are eligible for the federal annual fee

Each year the State will charge the custodial parent a $25 federal annual fee for each case in which the State has disbursed at least $500 of child support for a person who has ***never received*** cash assistance from:

- Temporary Assistance to Needy Families (TANF) or Aid to Families with Dependent Children (AFDC)

Cases not eligible for the federal annual fee

Cases will not be charged a fee if:

At any time, you had a child living in your household and have received cash assistance under a public assistance (IV-A) program:

- Temporary Assistance to Needy Families or Aid to Families with Dependent Children (AFDC)
- Tribal Temporary Assistance for Needy Families (TANF)
- Maine is enforcing a nonpublic assistance case for another state
- Income withholding-only (Non-IV-D) service cases that include cases in which the child support agency is only collecting spousal maintenance.

How the federal annual fee is collected

Each year, in each eligible case, the child support agency will redirect $25 from the custodial parent's child support payments, but only after it has disbursed $500 to the custodial parent. The agency will collect the federal annual fee on each of the custodial parent's eligible cases.

The federal fiscal year is used to determine when it has disbursed $500 of support in an eligible case. The federal fiscal year runs October 1 through September 30 of the following year.

If you do not want to pay the federal annual fee

Custodial parents who applied for child support services and do not receive public assistance can ask to have their case closed if they do not want to pay the federal annual fee.

Authority

42 United States Code, section 654 (6)(B) of the Social Security Act.
Maine Revised Statutes, Title 19A, section 2103, 3-A

$25 Annual Service Fee Frequently Asked Questions

$25 Annual Service Fee General

Q. Why is the $25 Fee being collected?
The federal government is imposing on all state child support agencies a $25 annual fee for services provided in child support cases where:

- The family has never received cash assistance benefits such as Temporary Assistance to Needy Families (TANF), Tribal TANF, Aid to Families with Dependent Children (AFDC), and
- You (the custodial party) have received $500 or more in child support payments during the previous federal fiscal year (October 1, 2010 - September 30, 2011) and
- You (the custodial party) have not already paid a child support annual fee in another state.

Q: What is the Department's authority for levying the fee?
Imposition of the fee is federally mandated under the Federal Deficit Reduction Act of 2005, Public Law 109-171 and Maine Revised Statutes, Title 19A, section 2103, 3-A.

Q: When will the $25 fee be collected?
The fee will be deducted from the first child support payment that you receive on or after October 1 of each year. If the first payment you receive on or after October 1 is less than $25, additional deductions will be made until the $25 has been collected.

Q: Where does the money go?
The funds collected go to the state General Fund as reimbursement for fee payments to the federal government.

Q: What if I have more than one child support case?
Subject to the conditions covered elsewhere in these FAQs, you will be charged $25 for each qualifying case. The fee will not exceed $25 per case.

Q: Is the $25 fee waived for persons who receive child support payments by direct deposit or EPC card?
No. We encourage you to receive your child support payments electronically but this has no effect on your case's fee status.

One-time Notice of Annual Service Fee

Q: I received a notice regarding a $25 service fee being charged to me in October, why am I being sent this letter?
You are receiving this notice because our records show you meet the qualifications for paying the service fee for Federal Fiscal Year 2013: You received more than $500 in disbursements; never received cash assistance benefits such as Temporary Assistance to Needy Families (TANF).

Q: How will I know when the fee will be taken?
The fee will be collected from the first disbursement after the first $500 in child support is collected and each disbursement thereafter until the entire $25 Fee is paid.

Q: Can I pay the fee now instead of waiting for the system to automatically withhold it?

No. The fee will be deducted from the first child support payment you receive on or after the first $500 is collected each year. If the first payment you receive on or after that $500 is collected additional deductions will be made until the $25 is collected.

Q: Can I send in a check to pay the fee?
No. Please do not send a check. The fee will be deducted from the first child support payment you receive on or after the first $500 is collected each year. If the first payment you receive on or after October 1 is less than $25, additional deductions will be made until the $25 is collected.

Q: Who can I contact with my questions about the $25 fee?
If you have questions after reading this page, please contact the Case Review Unit at 1-800-371-7179 or 207-624-7830.

Annual Fee Assessment

Q: What if I received assistance in the past?
If you have received TANF or AFDC in the past you may be exempt from the service fee.

Q: What if I begin receiving cash assistance benefits after the fee has been deducted?
The fee is collected based on money received during the federal fiscal year beginning October 1, so no adjustments will be made if the fee is collected prior to the receipt of public assistance. However, you may not have to pay the fee in the future.

Q: What if I received cash assistance before in another state, but the $25 service fee is collected in Maine?
You may be eligible for a refund. Contact the Division of Support Enforcement's Case Review Unit at 1-800-371-7179 or 207-624-7830.

Q: Will the NCP get credit for a full child support payment - even though the fee has been deducted.
Yes. The account of the parent obligated to pay will receive full credit for payment received.

Annual Service Fee Exemption

Q: Who do I contact if I believe I am exempt from the $25 fee?
You can write to:

Case Review Unit
Division of Support Enforcement
Station 11
Augusta, Maine 04333

You can also communicate by fax at 207-287-2334 or by e-mail at case.review@maine.gov

Q: Do I need to send in proof of the reason I am checking on the exemption form when I mail it back?