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 completely. 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. Only when your application is complete will DSER’s Central Office create a case.

The following documents 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 other parent owes you 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.

You are the best source of facts about your family. The more information we have from all sources, the better job we can do for you. If you do not send us the required documents, the packet will be returned to you and no action will be taken until you return them completed.

Initially you will be enrolled in the ReliaCard Debit card to ensure any collections we receive are paid to you promptly (see the fee schedule below). However, you have the option as to how you receive your payments, including direct deposit to your bank account. If you would like direct deposit please contact (207) 624-4100 to request the paperwork.

Learn more about the ReliaCard at www.usbankreliacard.com.

U.S. Bank ReliaCard® Pre-Acquisition Disclosure
Program Name: Maine Child Support

<table>
<thead>
<tr>
<th>Monthly fee</th>
<th>Per purchase</th>
<th>ATM withdrawal</th>
<th>Cash reload</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>$0</td>
<td>$0 in-network</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$1.75* out-of-network</td>
<td></td>
</tr>
</tbody>
</table>

- ATM Balance Inquiry (in-network or out-of-network): $0
- Customer Service (automated or live agent): $0 per call
- Inactivity (after 365 days with no transactions): $2.00 per month

We charge 2 other types of fees. One of them is:
- Card Replacement (standard or expedited delivery): $0 or $15.00

* This fee can be lower depending on how and where this card is used.

No overdraft/credit feature.
Your funds are eligible for FDIC insurance.

For general information about prepaid accounts, visit cfcb.gov/prepaid.
Find details and conditions for all fees and services inside the card package or call 1-888-282-2021 or visit usbankreliacard.com.

CR-17723775
What happens when a Child Support case is opened/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. Once your application is complete, your case could be in a field office for 4–6 weeks before action begins on your case. 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).

Once 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; including medical support/insurance and childcare.
- Enforcing child support, spousal support that accompanies child support, medical support/insurance, and child care obligations.
- Collecting, recording and disbursing child support payments.
- Reviewing and taking necessary steps to modify child support orders when circumstances change. The timeframe of this service is subject to the availability of resources.

Services DSER cannot provide:

- Legal advice.
- Obtaining divorce judgments or spousal support orders.
- Enforcing visitation rights or getting involved in custody matters.
- Enforcing property settlements.
- Services to children seeking child support from a parent. Your guardian or custodian, however, may seek assistance from DSER.
- Legal representation to you or the non-custodial parent. When an Assistant Attorney General is assigned to a case, that attorney’s client is DHHS, not you or the other parent. You may hire your own attorney representative if you desire.
- Charging interest on child support debts.
- Establishing or enforcing orders for tuition.

DSER 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. By signing the application, you acknowledge your understanding of what we can and can’t provide for you.

Distribution of child support collections in Non-TANF cases:

- Non-TANF collections normally are processed within two days of the date 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 according to a federally-established formula.

- Current support is always paid first from any money collected from the other parent.
- If you are owed past support, you will be paid first, unless there is a past TANF debt owed to 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, since a portion of the refund may belong to the unobligated spouse of the other parent.
- To find out how much child support is collected on your case from week-to-week, call 1-800-371-7179.

When services end:

If at any time you no longer want DSER’s services, tell us this in a letter. If DSER 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 other parent no longer owes child support.
- You or your representative will not cooperate with us.
- We cannot contact you because we do not have your current address.

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

**Child Support – Annual Federal Fee of $35**

Under 42 United States Code, section 654(6)(B)(ii), states are required to pay a $35 annual federal fee for certain child support cases. To reimburse this fee, Maine Revised Statutes, Title 19-A, section 2103(3-A) requires DSER to charge the custodial parent a $35 fee every year for each case in which:

- DSER has disbursed at least $550 of child support to the family; and
- the family has never received cash assistance from Temporary Assistance to Needy Families (TANF)

**How the annual federal fee is collected**

Each year, in each eligible case, DSER will redirect $35 from the custodial parent’s child support payments, but only after it has disbursed $550 to the custodial parent. DSER will collect the fee on each of the custodial parent’s eligible cases. The federal fiscal year (October 1 to September 30) is used to determine when DSER has disbursed $550 of support in an eligible case.

**Frequently Asked Questions**

**Q: Why did I receive a letter regarding a $35 service fee?**
You will receive a notice if our records show that during the Federal Fiscal Year you received more than $550 in disbursements, and never received cash assistance benefits such as TANF for a child in your case, and therefore we are collecting a $35 service fee for collecting child support on your behalf.

**Q: When will the $35 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 $35, additional deductions will be made until the $35 has been collected.

**Q: What if I have more than one child support case?**
Subject to the conditions covered elsewhere in these FAQs, you will be charged $35 for each qualifying case. The fee will not exceed $35 per case.

**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 $550 is collected each year. If the first payment you receive after the first $550 is collected is less than $35, additional deductions will be made until the $35 has been collected. Please do not send any money to the Department.

**Q: What if I do not want to pay the fee?**
Custodial parents who applied for child support services and have never received public assistance may ask to have their case closed if they do not want to pay the service fee.

**Q: Who can I contact with my questions about the fee?**
If you have questions after reading this page, or you believe you are exempt from this fee, please contact the Case Review Unit at 1-800-371-7179 or 207-624-7830, by e-mail at case.review@maine.gov, or using our Client Portal at: https://gateway.maine.gov/dhhs/mecportal/ApplicationLogin.aspx
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. Date married to the other parent______________City___________________State____

    Date separated: ________________________________

11. Has the other parent lived with you in Maine?______________________________

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. Have you ever had a private agreement with the other parent for child support?
16. Are there any court actions pending in any state to establish or enforce support?

17. Is there an existing court support order? If so from what court?

18. Do you currently employ an attorney or private agency for the collection of child support? (If yes provide name and address)

19. Does the other parent pay support?

20. Has the other parent missed any support payments?

**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

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 and place of the marriage. _________________________________

Spouse’s Name_______________________________________

Social Security Number_________________________ Date of Birth________________

Last Known Address _____________________________________________

_____________________________________________________________________________

City _________________________________ State _________ Zip __________
INFORMATION ABOUT THE OTHER PARENT

1. Other Parent’s Name ______________________________________________________

2. Social Security No. ______________________________________________________

3. Place of Birth ______________________ Date of Birth ________ Sex ________

4. Mailing Address _________________________________________________________
   City __________________________ State ________ Zip ___________

5. Home Telephone #: _____________________ Cell #__________________________

6. E-mail Address __________________________________________________________

7. Employer Name _________________________________________________________

8. Employer Address _______________________________________________________

9. The Other Parent’s Father’s Full Name ______________________________________

10. The Other Parent’s Mother’s Maiden Name __________________________________

11. What is the other parent’s usual occupation/trade? ___________________________

12. Does the other parent have any professional or trade licenses? (Please list)
    _______________________________________________________________________

13. Does the other parent own any property? (e.g. houses, land, buildings) or bank
    accounts? (Please list property and location) ________________________________
    _______________________________________________________________________

14. 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

Is the child support order payable to you?  [ ] 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 Statement of Child Support Paid.
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, 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.

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, 268 Whitten Rd., 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 through the web: http://www.maine.gov/dhhs/OF1/dser/, by e-mail at Case.Review@maine.gov, or through our Client Portal at: https://gateway.maine.gov/dhhs/mecportal/ApplicationLogin.aspx.

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.
Statement of Child Support Paid

This form is your opportunity to tell the Division how much you are owed by ______________________________ for the support of your children.

(the person who is ordered to pay support for your children)

Are you now receiving, or have you ever received public assistance (TANF) in Maine or any other state?  [ ] Yes  [ ] No

IF YOU ARE OWED SUPPORT, PLEASE CALCULATE HOW MUCH YOU ARE OWED BY YEAR BELOW

<table>
<thead>
<tr>
<th>Year</th>
<th>Child Support Ordered (for that year)</th>
<th>Amount Actually Paid (for that year)</th>
<th>Amount Still Owed (for that year)</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: 2012</td>
<td>$100 per week</td>
<td>$1,000</td>
<td>$4,200</td>
<td>Missed 42 weeks of payments ($100 per week order)</td>
</tr>
</tbody>
</table>

TOTAL:

As of the date of this Statement, the total child support owed to me for all years is:

$___________

I hereby acknowledge that the information above is true to the best of my knowledge and belief.

Signature __________________________ Date: ________

Please print name: ____________________________________________

Please have another adult witness your signature.

Witness __________________________ Date: ________________

Print name __________________________