Commonwealth of Virginia
Department of Social Services
Division of Child Support Enforcement

PO BOX 28450
RICHMOND, VA 23228-8450
https://www.dss.virginia.gov/empowering-families/
1-800-468-8894

Child Support Enforcement Services Application

DCSE USE ONLY

Date request received: _____

1. Tell Us About You

You are the child or children's ☐ Father ☐ Mother ☐ Caretaker **(Please check only one box)**

Full Name:		**Date of Birth:**	**Ethnicity:**
Social Security Number (or ITIN):	**Gender:**	**Place of Birth (City, State, Country):**	
Address:			**Maiden Name:**
Email:		**Daytime Phone:**	**Cell Phone:**

Do you already have a court order for child support? ☐ Yes ☐ No If yes, what court issued the order? _____

Your preferred way for us to contact you is: ☐ Cell Phone ☐ Daytime Phone ☐ Email ☐ Mail **(Please check only one box)**

Were the parents of the child(ren) ever married to each other? ☐ Yes ☐ No If yes, please provide the following:

Date of Marriage _____ Place of Marriage _____ If divorced, date of Divorce _____

2. Tell Us About the Child or Children Who Need Support

Full Name	Gender	Date of Birth	State of Birth	Ethnicity	Social Security Number (or ITIN)

The person who has custody of the child or children is ☐ Father ☐ Mother ☐ Caretaker. **(Please check only one box)**

3. Tell Us About the Mother. Skip this section if you are the mother

Full Name:	**Date of Birth:**	**Ethnicity:**
Social Security Number (or ITIN):	**Place of Birth (City, State, Country):**	
Address:		**Maiden Name:**
Email:	**Daytime Phone:**	**Cell Phone:**

4. Tell Us About the Father. Skip this section if you are the father

Full Name:	**Date of Birth:**	**Ethnicity:**
Social Security Number (or ITIN):	**Place of Birth (City, State, Country):**	
Address:		
Email:	**Daytime Phone:**	**Cell Phone:**

5. Tell Us about the Release of Your Personal Information

Do you have a Protective Order? ☐Yes ☐No

Do you believe that releasing information about you or your children may result in physical or emotional harm to you or them? ☐ Yes ☐ No

Attached to this request is a copy of the *Information You Need To Know*. Please check this box: ☐ so we know that you received it.

6. Payment Disbursement Options

You must select one of the following options by checking a box: ☐ Direct Deposit OR ☐ Debit Card. Review and complete the *Direct Deposit Debit Card Authorization* form to receive your payment disbursements. Return the *Authorization* as instructed in that form.

7. Authorize and Sign This Document

☐ I authorize DCSE to withhold from future child support payments money paid to me in error after notice of the error has been provided to me.

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

Signature: _____ **Date**: _____

8. Send Us the Signed Document: You can either mail the completed form to the address at the top of the page, or send it electronically by emailing a picture of the completed form to this address: askDCSE@dss.virginia.gov. If you have questions, please contact our Enterprise Customer Service Center at 1-800-468-8894.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
DIVISION OF CHILD SUPPORT ENFORCEMENT
1-800-468-8894 | askDCSE@dss.virginia.gov

Next Steps to Protect Your Personal Information

1. If you have a **protective order**, please upload a copy at mychildsupport.dss.virginia.gov, mail it to the District Office where you reside, or mail it to PO BOX 28450, Richmond, VA 23228-8450.
2. If you checked the box that **releasing information** about you or your children could bring harm to you or them, **we will send you a form to complete and return to us**. Without the follow-up form, the law requires us to put certain information on documents, such as your child support order and documents provided to the other parent.

Resources to Identify and Address Domestic Violence

Please visit: www.dss.virginia.gov/community/dv

Virginia Family Violence and Sexual Assault Hotline
800-838-8238 (available 24 hours a day, seven days a week)

The *National Domestic Violence Hotline*
800-799-7233 (TTY for deaf/hard of hearing: 800-787-3224)

Rights and Responsibilities

You have the **right** to:

- Have your information kept confidential per law
- Hire an attorney to represent you
- Request genetic testing to confirm paternity
- Appeal certain actions we take
- Receive notice of major case decisions
- Receive prompt payment of collected support
- Receive copies of orders on your case
- Receive timely notice of scheduled hearings
- Receive copies court and hearing decisions

You have the **responsibility** to:

- Provide information to process your case
- Complete requested documents
- Cooperate with us
- Share changes in your circumstances
- Ensure all support payments are paid through us

What We Will Do After Receiving Your Application

We will take steps to get your children the support they need, such as:

- Locating biological and putative parents
- Establishing paternity (legal fatherhood)
- Establishing and changing orders for child support and health care coverage
- Collecting and distributing child support (and spousal support, if that is part of a child support order)
- Collecting and distributing medical support payments for a specific dollar amount ordered by a court

Fees, Payments, and Disbursements

Fees: Federal law requires us to charge a $35 annual fee to each case where we have collected at least $550 in child support payments between Oct. 1 and Sept. 30 and for which the case has never received TANF benefits.

We charge a $25 fee if you reopen a case within 6 months from the date that you asked us to close the case.

Other fees may apply, such as genetic test, intercept, or state fees. The foregoing is not a complete list of potential fees.

Payments: Federal and state law decides how we apply payments. When support is owed on more than one case, we divide the payment among the cases. Current support due is paid first. Past-due support (arrearages) are paid after that.

If the parent paying support does not earn enough to cover both the child support amount and the cost of health care coverage, the child support amount will be collected first. The cost of health care coverage may not be paid.

Disbursements: Complete the *Direct Deposit Debit Card Authorization* form and return it as instructed in that form. You are liable to repay support received erroneously in the event of an agency mistake. Hold such funds and contact us.

Notify the Division when (1) there is a change in custody for a child; (2) you retain or dismiss legal counsel; (3) you change your mailing address, phone number, or email address; or (4) you obtain new information about the other parent.

Case Actions: Laws and regulations determine which steps we can take on your case. These laws ensure there is no bias to mothers, fathers and guardians. We have no authority to arrest or jail a parent. We cannot collect support from a parent without assets or income, but we have programs to help that parent obtain job skills and employment. Visit www.dss.virginia.gov/family/dcse for locations and child support information. Each case is different; we cannot guarantee specific results.

Legal Services: We cannot provide you with an attorney or offer legal advice. *The Division's legal counsel provides assistance to DCSE and not to you personally*. At its sole discretion, DCSE will make final decisions governing any legal action that may be taken in your case. DCSE will advise you of actions it has decided to take. You have the right to retain legal representation for yourself at any time.

Your Privacy: Social Security Numbers: Section 466(a) (13) of the Social Security Act requires all people subject to child support orders to provide their social security numbers. We take your privacy very seriously. Social Security numbers are kept in case records and are only used to locate parents to establish paternity and establish, modify, and enforce support obligations.