



## TARRANT COUNTY CHILD SUPPORT SERVICES NON-CUSTODIAL PARENT APPLICATION FOR IV-D SERVICES

Please complete and sign the application. There is no cost to apply for services.

### Important Safety Information

(Please Print All Information)

If you have concerns regarding family violence, there are some protections available in the child support process. The following questions will provide relevant information to determine the actions necessary for your case. You may wish to visit [www.texasattorneygeneral.gov/child-support](http://www.texasattorneygeneral.gov/child-support) to find out about the protections available in the child support process.

Have you or your child(ren) experienced the following by the other parent?

Physical abuse	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emotional abuse	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Threats	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Harassment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Serious harm or Injury	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Will opening a child support case pose a family violence risk for you and/or your child(ren) with the other parent?  Yes  No

Will opening a child support case pose a family violence risk for you and/or your child(ren) with someone other than the parent of your child(ren)?  Yes  No  
If you selected YES, please provide the name of the other person and describe the relationship between you/or your child(ren):

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Do you have a protective order, police report, or other supporting document?  Yes  No **If possible attach a copy of any documentation.**

In certain circumstances, a court can order that information related to your place of residence or contact information be excluded from the court order. Would requiring you to provide residence or contact information to the other parent or another party cause you or your child(ren) harassment, abuse, serious harm, or injury?  Yes  No

My name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ My relationship to child(ren): \_\_\_\_\_

If you are under the age of 18 years and are not married or emancipated, please list your parent or guardian's name and contact information.

Name of parent/guardian: \_\_\_\_\_ Phone number: \_\_\_\_\_

Check this box if you are under 18 years of age and you do not have a parent or guardian who can serve as your adult representative.

Check this box if you are under 18 years of age and you are married, you have joined the military, or the court has declared you emancipated.

The person who has custody of the child(ren) is:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ ZIP: \_\_\_\_\_

Relationship to child(ren):  Father  Mother  Other: \_\_\_\_\_

What is the current relationship between the mother and the biological father of the child(ren)?

Never Married  Divorced  Married

Date of Marriage Ceremony: \_\_\_\_\_ County: \_\_\_\_\_ St: \_\_\_\_\_

If you are divorced or have any court order (divorce order, paternity order, custody order, protective order, etc.) of any kind regarding the child(ren) please attach a copy of the order to this form. If you are unable to provide a copy you must provide the following:

Date: \_\_\_\_\_ Cause/Case Number: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Court: \_\_\_\_\_

List the child(ren) and dates of birth for whom this person is, or may be, responsible:

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_
2. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_
3. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_
4. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_
5. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_
6. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

If this application relates to more than six children, provide the names and dates of birth on a separate page for any additional children.

**Texas Government Code Chapter 559 gives you the right to review and request correction of information on this form.**

I request all appropriate IV-D services of the Office of the Attorney General, Child Support Division. The information in this application is true and complete. I have either read the attached information, or had it read to me. My signature is my agreement to the above statement and to the other statements included in this application packet.

Signature:

Date: