



KENNETH P. COTTER

PROSECUTING ATTORNEY
ST. JOSEPH COUNTY
60TH JUDICIAL CIRCUIT

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SUPPLEMENTAL ENROLLMENT PACKET ESTABLISHMENT

In addition to the State of Indiana Enrollment Form for services, we also require that you complete this packet and provide the documents listed below. This will help speed up the process of opening a case with our office.

What to Bring	<input type="checkbox"/> Your Photo ID <input type="checkbox"/> Child(ren)'s Birth Certificate <p><i>The following should also be brought if applicable to your situation:</i></p> <input type="checkbox"/> Paternity Affidavit or Genetic Test Results <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Court Orders of Separation or Divorce <input type="checkbox"/> Court Orders of Child Support for this child <input type="checkbox"/> Other: _____
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- ❖ Please submit ALL supplemental packet pages. Any missing pages will need to be completed before your supplemental packet can be accepted.
- ❖ Please fill out each page as completely as possible.
 - Do not leave blanks.
 - If you do not know the answer, please indicate that by writing "unknown."
 - All info is applicable – do not write N/A.

DO NOT Write In This Box, For Office Personnel Only

IF ANY OF THE ABOVE INFORMATION IS MISSING THEN YOU HAVE UNTIL _____ TO PROVIDE THIS OFFICE WITH THE INFORMATION REQUESTED OR THE CASE MAY BEGIN CLOSURE IF OUR OFFICE IS UNABLE TO MOVE FORWARD WITH PROCESSING YOUR ENROLLMENT REQUEST. A SANCTION WILL ALSO BE PLACED ON ANY TANF ASSISTANCE THAT YOU MAY BE RECEIVING FROM THE STATE.

ENROLLEE'S SIGNATURE

DATE

ENROLLEE'S PRINTED NAME

KEEP THIS INFORMATION FOR YOUR RECORDS

--SERVICES PROVIDED BY THE ST. JOSEPH COUNTY CHILD SUPPORT PROGRAM--

1. LOCATION

If the non-custodial parent's whereabouts are unknown, an attempt will be made to locate a residence and/or employer address if we have sufficient information.

2. ESTABLISHMENT OF PATERNITY, CHILD SUPPORT AND MEDICAL ORDERS.

If your child(ren) was born out of wedlock and no paternity affidavit was signed, then the child(ren)'s paternity will need to be established. All putative fathers must be named in this enrollment packet. If all putative fathers named in this enrollment packet are excluded this case will be closed until you provide our office with positive genetic test results that you have obtained on your own. Child support orders will be calculated based on the Indiana Child Support Guidelines.

3. ENFORCEMENT – CHILD SUPPORT AND MEDICAL SUPPORT ORDERS

Appropriate action will be taken to establish, modify and/or enforce a support order against the non-custodial parent. Enforcement methods may include:

- ❖ Administrative actions, such as credit bureau reporting, vehicle liens, income withholding, and medical support orders
- ❖ Judicial actions, such as court hearings to enforce or modify a child support order

****The Prosecuting Attorney and staff will have sole decision-making powers in regards to enforcement actions on your case.***

4. SERVICES NOT PROVIDED

- Dissolution of Marriage
- Custody or parenting time issues
- Enforcement of court ordered payment of unpaid bills, attorney's fees, medical bills, college expenses, property settlement obligations or tax exemption determination

5. INTERSTATE CASES

The Uniform Interstate Family Support Act (UIFSA) provides for establishment and enforcement of support orders across state lines. It is a complicated process and may involve the following steps:

- A) The non-custodial parent must be located and the address must be verified.
- B) If there is an order in effect, a copy of the most recent order must be provided.
- C) An appointment will be set for you to complete the necessary documents. If you fail to appear for this appointment, you will be sanctioned and or your case will be closed.
- D) The documents are forwarded to the state where the non-custodial parent resides. They are processed by a statewide Central Registry before being forwarded to the actual county or town where the non-custodial parent resides.
- E) The Child Support Program and the Court where the non-custodial parent lives will assume responsibility for enforcement. **PLEASE NOTE: All proceedings in another state will be governed by their laws and their time frames. When one or both parents live in other states, jurisdiction may be at issue.**

6. MISCELLANEOUS INFORMATION

- Our Deputy Prosecutors by law represent the State of Indiana, and they are not your personal attorneys.
- All cash child support payments must be made through the Clerk of the Court, all other payments must be made through INSCCU (Indiana State Central Collection Unit) or online by credit card at <https://www.childsupportbillpay.com/indiana>. Acceptance of direct payments from the non-custodial parent may result in the closure of your case.
- A non-public assistance case can be closed by a written request of the enrollee or at the prosecutor's request.*

****An enrollee for paternity or support order establishment may request closure only after the establishment order is granted, unless there has been a "good cause" determination.***

- As a condition of receiving TANF, support payments will be distributed to the state for reimbursement.
- In the State of Indiana, unless otherwise stated in the order, age of emancipation is nineteen (19).
- If a parent of a child involved in this case is under the age of eighteen (18), a parent or guardian must appear at any appointments and court hearings.

DESCRIPTION OF ENROLLEE'S RESPONSIBILITIES

1. At intake the enrollee must provide:
 - A copy of your most recent court order
 - Non-custodial parent's social security number, date of birth, address, and employer
 - Summary and affidavit of direct payments, if applicable
 - Completed enrollment form
 - Birth certificate and paternity affidavit, if applicable
 - Any other information as requested

2. After enrollment, the enrollee agrees to:
 - Report changes which may affect your case, such as change of address, employer, medical insurance, or custody, and provide documentation where applicable within 48 hours
 - Complete all documents as requested and required by the program, in a timely manner
 - Appear upon notice to the Child Support Office; court and/or genetic test lab
 - Direct case-specific questions to the caseworker in writing, by email or by phone

ENROLLEE COPY

**OFFICE OF THE PROSECUTING ATTORNEY
OF ST. JOSEPH COUNTY**

Child Support Division

Kenneth P. Cotter, Prosecuting Attorney
Ethan C. McKinney, Director

AGREEMENT OF RESPONSIBILITIES

I, _____, have read through and understand completely the points listed below. By signing this document, I agree to the guidelines and structures of the Child Support Division.

- ❖ I understand and agree that the Prosecuting Attorney and staff are not my private counsel.
- ❖ I understand and agree that the Prosecuting Attorney and staff work on behalf of the State of Indiana for and in the best interest of my child(ren).
- ❖ I understand and agree that I cannot request closure of this case if it was opened for the purpose of establishing paternity and/or establishing a support order, until after a court order is in place.
- ❖ I understand that if a Paternity Affidavit has already been executed, the Prosecuting Attorney's office may oppose any Genetic Test request to the court.
- ❖ I understand and agree that the Prosecuting Attorney and staff will have sole decision-making powers regarding enforcement actions on my case.
- ❖ I understand that I reserve the right to hire a private attorney at any time to enforce my child support case.
- ❖ I understand and agree that if I behave inappropriately (for example: using obscenities, shouting or continually using a loud voice, making rude comments or threats, etc.) the Prosecuting Attorney's Office reserves the right to limit my communication options with the office, close my case, and file criminal charges where suitable.
- ❖ I understand and agree that it is my responsibility to provide all necessary information requested by the IV-D Office or my Child Support case will be closed.
- ❖ I understand and agree that I must update the Child Support Division within 48 hours of any change of address, employment, insurance, or custody.
- ❖ I understand and agree that I must appear upon notice to the Child Support Office, court, and/or genetic test lab.

Enrollee's Signature

Date

NON-CUSTODIAL PARENT #1 INFORMATION

FIRST NAME MIDDLE LAST NAME MAIDEN

Place of Birth (City & State)

Non-Custodial Parent is currently in the military has been in the military has never been in the military. If yes, Branch of service: _____

Non-Custodial Parent is currently in jail has been in jail, prison or institution has never been incarcerated. If yes, when & where? _____

Non-Custodial Parent's Father's Name _____ Address _____

Non-Custodial Parent's Mother's Name _____ Address _____

Other Contact Person for Non-Custodial Parent _____ Address _____

Does the Non-Custodial Parent have any other children? Yes No Names & Ages of those children _____

***DO NOT COMPLETE UNLESS THERE IS MORE THAN ONE POSSIBLE FATHER OR YOU ARE THE
GUARDIAN OF THE CHILD AND OPENING A CASE AGAINST THE FATHER AND MOTHER**

NON-CUSTODIAL PARENT #2 INFORMATION

FIRST NAME MIDDLE LAST NAME MAIDEN

Place of Birth (City & State)

Non-Custodial Parent is currently in the military has been in the military has never been in the military. If yes, Branch of service: _____

Non-Custodial Parent is currently in jail has been in jail, prison or institution has never been incarcerated. If yes, when & where? _____

Non-Custodial Parent's Father's Name _____ Address _____

Non-Custodial Parent's Mother's Name _____ Address _____

Other Contact Person for Non-Custodial Parent _____ Address _____

Does the Non-Custodial Parent have any other children? Yes No Names & Ages of those children _____

NON-CUSTODIAL PARENT #3 INFORMATION

FIRST NAME MIDDLE LAST NAME MAIDEN

Place of Birth (City & State)

Non-Custodial Parent is currently in the military has been in the military has never been in the military. If yes, Branch of service: _____

Non-Custodial Parent is currently in jail has been in jail, prison or institution has never been incarcerated. If yes, when & where? _____

Non-Custodial Parent's Father's Name _____ Address _____

Non-Custodial Parent's Mother's Name _____ Address _____

Other Contact Person for Non-Custodial Parent _____ Address _____

Does the Non-Custodial Parent have any other children? Yes No Names & Ages of those children _____

MARITAL STATUS

What is the current marital status between the mother and father of the child(ren) listed in this packet? (Select one)

- Married
- Divorced
- Married but Separated
- Married but Legally Separated
- Never Married

 Date Married County & State of Marriage Date Separated or Divorced County & State Separated or Divorced

- ❖ If married and separated, are you going to file for divorce, if so when? _____
- ❖ Have you ever been married to anyone at all? Yes No
- ❖ If yes, to whom and what are the dates of the marriage? _____

INFORMATION ABOUT CONCEPTION TO BE COMPLETED BY THE MOTHER

When and where did you meet the person(s) you believe to be the father of your child(ren)? (City and State)

Did you and he live together? Yes No If yes, when? _____

Where? (City and State) _____

What City and State was the child conceived in? _____

During the month before, month of, or month after conception, did you have sexual intercourse with anyone else? Yes No

If yes, who? (List all): _____

Were you married to someone else other than the presumed father, at the time of conception? Yes No If yes, to whom? _____

INFORMATION ABOUT CONCEPTION TO BE COMPLETED BY THE (ALLEGED) FATHER (ONLY IF HE IS THE ENROLLEE)

When and where did you meet the mother of the child(ren)? (City and State) _____

Did you and she live together? Yes No If yes, when? _____

Where? (City and State) _____

What City and State was the child conceived in? _____

Are you named as the father on the child's birth certificate? Yes No

Was the mother married to someone else other than you at the time of conception? Yes No If yes, to whom? _____

ADDITIONAL INFORMATION

Has genetic testing been completed? Yes No If yes, what were the results? _____

If genetic testing has not been completed, will the non-custodial parent request genetic testing? Yes No Maybe

*If a Paternity Affidavit has already been executed, the Prosecuting Attorney's office may oppose any Genetic Test request to the court.

Have any police reports, protective orders, no contact orders, or criminal charges been filed as a result of domestic violence, stalking, or sexual assault? Yes No

If yes, please provide names of parties involved, dates, location, and supporting documentation: _____

Any other information that you believe is important that you did not already state: _____

I affirm under penalty of perjury that the foregoing information is true and correct to the best of my knowledge and belief.

Signature of Enrollee _____

Date: _____

Acknowledgement of Putative Fathers
(To be signed by the Mother)

1. I acknowledge that I have named all potential fathers.
2. I understand if all alleged fathers named at this time are excluded as a possible father to the child in question, my Medicaid and/or TANF benefits will be sanctioned.
3. I understand that if my case closes it will only be reopened once I provide positive genetic test results that I have obtained on my own.
4. I understand that the sanction will only be lifted once there is an order entered for the father to pay child support.

Signature of Mother _____

Date: _____