



# KENNETH P. COTTER

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ST. JOSEPH COUNTY  
60TH JUDICIAL CIRCUIT

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## SUPPLEMENTAL ENROLLMENT PACKET ENFORCEMENT

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:

- DRIVER'S LICENSE/STATE ID
- COURT ORDER (most recent)
- CHILD(REN)'S BIRTH CERTIFICATE
- OTHER: \_\_\_\_\_

- ❖ 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.

\_\_\_\_\_  
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

1. Dissolution of Marriage
2. Custody or parenting time issues
3. Enforcement of court ordered payment of unpaid bills, attorney's fees, medical bills, college expenses, property settlement obligations or tax exemption determinations.

## 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) 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.
- D) 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.
- 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 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 and/or court.

\_\_\_\_\_  
Enrollee's Signature

\_\_\_\_\_  
Date

**SUPPLEMENTAL PACKET FOR TITLE IV-D CHILD SUPPORT SERVICES**

**NON-CUSTODIAL PARENT 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 \_\_\_\_\_

**COURT DATA**

Name of the court where child support was ordered: \_\_\_\_\_ (Probate, Circuit, Superior)

Cause Number of Court Order \_\_\_\_\_ Amount Ordered \$ \_\_\_\_\_ per \_\_\_\_\_

Support is paid:  directly to you  through the Clerk of the Court and/or INSCCU

As of today's date, have you received direct support payments?  Yes  No If yes, what is the total? \$ \_\_\_\_\_

Is support paid by a Military Allotment?  Yes  No Amount \$ \_\_\_\_\_ per \_\_\_\_\_

Is Non-Custodial Parent paying support?  Yes  No Date last paid \_\_\_\_\_ Approximate amount of Arrears \_\_\_\_\_

**ADDITIONAL INFORMATION**

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: \_\_\_\_\_