



APPLICATION FOR CHILD SUPPORT SERVICES-CUSTODIAL PARENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CHILD SUPPORT

SFN 374 (5-2026)

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Disclosure of the social security number is required pursuant to 42 USC 654a(e)(3) and (e)(4)(D) and is requested for the purpose of inclusion in the state case registry. Failure to disclose this information will affect participation in this program.

| | | | |
|------------------------|-------------------------|---|----------|
| Name | | | |
| Social Security Number | Date of Birth | Gender: Select One <input type="radio"/> Male <input type="radio"/> Female | |
| Address | City | State | ZIP Code |
| Home Telephone Number | Office Telephone Number | | |

1. I am not currently a recipient of TANF or Medicaid. Answer next question if applicable:

I previously received TANF and/or Medicaid in the state of _____
My case is now closed and Child Support services have been terminated.

2. The North Dakota Department of Health and Human Services, referred to as the Department, is authorized to undertake whatever action is necessary to locate the noncustodial parent, establish paternity, establish and/or enforce a support obligation, review and adjust support orders, and to execute, in my name, any pleadings relative to legal action pursuant to Title IV-D of the Social Security Act. Interested persons include the noncustodial parent identified in the next questions.

| | | | |
|------------------------|---------------|---|----------|
| Name | | | |
| Social Security Number | Date of Birth | Gender: Select One <input type="radio"/> Male <input type="radio"/> Female | |
| Address | City | State | ZIP Code |
| Telephone Number | | | |

Provide your information and the information for each child referenced in the previous statement. Complete all applicable fields for each person.

| Name | Sex Male or Female | Social Security Number | Date of Birth | Relationship to Child if Not Parent |
|------|-----------------------|---------------------------|---------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

3. I understand that I can apply to receive services related only to locating the noncustodial parent, or to receive all Child Support services as described in subsection II above. Select the following option if you wish to receive locate-only services. Otherwise, all services will be provided, as appropriate.

Select for Locate-only services

4. By my signature below, I am stating that I understand the Department's attorney is not my private attorney but, according to NDCC sections 14- 09-09.26 and 14-09-09.27, the real party in interest is the people of North Dakota and there is no creation of an attorney-client relationship between me and the Department's attorney.

5. I authorize the Department to endorse and negotiate any checks received for me in payment of support.

6. I agree to report to the Department any and all support payments that are hereinafter received by me directly from the noncustodial parent as long as this agreement is in effect. I will also report any arrangements made between me and the noncustodial parent that affect the amount due.

7. I acknowledge that all support payments collected will be paid out in accordance with federal and state distribution rules.

8. In the event that I have to repay the Department to correct an overpayment to me, I agree the Department may withhold a reasonable amount from future support payments.

- I understand that my consent is optional. The services I receive will not be affected by the choice I make.
- I understand that if I give my consent and later change my mind, I must notify the Department in writing that I am withdrawing my consent.
- I understand that if I do not give my consent, the Department is not prevented from seeking to correct an overpayment through other means, including taking me to court, if necessary.

Do you agree with these statements?
 Yes No

9. I understand that if I have never received TANF, the Department will charge an annual fee of \$35 for each federal fiscal year which runs October 1st through September 30th in which at least \$550 in support has been collected on my case. The Department will retain this fee from the support collections.

10. The Department may release any information contained in the office records to another state or jurisdiction when interstate enforcement action requires the information.

11. I have received a copy of the DN 1200 Child Support Services and Responsibilities.

| | |
|---------------------|------|
| Applicant Signature | Date |
|---------------------|------|

FOR OFFICE USE ONLY

| | | |
|-----------------------------|----------------------------|----------------------------|
| Date Requested (MM/DD/YYYY) | Date Provided (MM/DD/YYYY) | Date Received (MM/DD/YYYY) |
|-----------------------------|----------------------------|----------------------------|

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CHILD SUPPORT INFORMATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CHILD SUPPORT

SFN 74 (5-2025)

Clear Fields

Case Number (Agency Use Only)

Please complete this form to the very best of your ability. The information on this form will help the Child Support program provide services now and in the future. Some of the information you will likely know and other information you may need to research. For the information you need to research, some useful documents to consider include tax returns, identification cards, driver's license, bills, bank records, pay stubs, marriage licenses, and birth certificates.

* Disclosure of the social security number is required pursuant to 42 USC 654a(e)(3) and (e)(4)(D) and is requested for the purpose of inclusion in the state case registry. Failure to disclose this information will affect participation in this program.

A. INFORMATION ABOUT THE CUSTODIAL PARENT OR OTHER CARETAKER OF CHILDREN

| | | | | |
|---|-------------------|---|-----------------------------|----------------------------|
| Full Name (First, Middle, Maiden, Last, and Suffix) | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Social Security Number * | Date of Birth (MM/DD/YYYY) |
| Race (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> White | | | | |
| If Applicable, Tribe in Which the Custodial Parent or Caretaker is Enrolled | | | | Enrollment Number |
| Home Address | | City | State | ZIP Code |
| Home Telephone Number | Cell Phone Number | | Work Telephone Number | |
| Email Address | | | Preferred Method of Contact | |
| Name of Employer | | | | |

B. INFORMATION ABOUT THE NONCUSTODIAL PARENT (You must complete a separate form for each noncustodial parent)

| | | | | |
|--|--|--|--|---|
| Full Name (First, Middle, Maiden, Last, and Suffix) | | Nickname or Alias | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Social Security Number * | US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, Citizen of What Country | | |
| Date of Birth (MM/DD/YYYY) | Approximate Date of Birth (if birthdate unknown) | Place of Birth (City and State or Country) | | |
| Is Noncustodial Parent Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Date of Death (MM/DD/YYYY) | Place of Death (State) | | |

If deceased, skip to Section C.

| | | | | |
|---|-------------------|---|--|-------------------|
| Height | Weight | Race (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian | | |
| If Applicable, Tribe in Which the Noncustodial Parent is Enrolled | | | | Enrollment Number |
| Hair Color (Check only one) <input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Red/Auburn <input type="checkbox"/> White <input type="checkbox"/> Bald | | | | |
| Eye Color (Check only one) <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Gray <input type="checkbox"/> Hazel <input type="checkbox"/> Black | | | List Other Distinguishing Features, (ie, tattoos or scars) | |
| Does Noncustodial Parent Have Any Other Children? <input type="checkbox"/> No <input type="checkbox"/> Yes-Full Names of Children: | | | | |
| Home Address | | City | State | ZIP Code |
| Home Telephone Number | Cell Phone Number | Email Address | | |
| Mailing Address (if different from home address) | | City | State | ZIP Code |
| Previous Address if Current Address Unknown | | City | State | ZIP Code |

| | | | |
|--|---|--|-------------------|
| Name of Employer | | City | State |
| Name of Previous Employer | | City | State |
| Is Noncustodial Parent Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | Usual Occupation | | |
| Currently in the Military <input type="checkbox"/> No <input type="checkbox"/> Yes-Branch of Service: | Previously in the Military <input type="checkbox"/> No <input type="checkbox"/> Yes-Branch of Service: | | |
| Noncustodial Parent Receives (check all that apply) <input type="checkbox"/> SSI <input type="checkbox"/> Public Assistance, State: _____ <input type="checkbox"/> Workers Compensation, State: _____ <input type="checkbox"/> Social Security Disability <input type="checkbox"/> Unemployment Compensation, State: _____ | | | |
| Noncustodial Parent's Mother's Name (First, Middle, Maiden, Last) | | Place of Birth (City and State) | Telephone Number |
| Address | | City | State ZIP Code |
| Noncustodial Parent's Father's Name (First, Middle, Last, Suffix) | | Place of Birth (City and State) | Telephone Number |
| Address | | City | State ZIP Code |
| Is Noncustodial Parent in Prison? <input type="checkbox"/> No <input type="checkbox"/> Yes-Where? | | Has Noncustodial Parent Been in Prison in the Past? <input type="checkbox"/> No <input type="checkbox"/> Yes-Where? | |

C. INFORMATION ABOUT THE CHILDREN OF THE NONCUSTODIAL PARENT WHO IS LISTED IN SECTION B

| | | | |
|---|--------------------------|----------------------------|--|
| 1. Full Name (First, Middle, Last, and Suffix) | | | |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Social Security Number * | Date of Birth (MM/DD/YYYY) | Place of Birth (City and State or Country) |
| Race (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> White | | | |
| If Applicable, Tribe in Which the Child is Enrolled | | | Enrollment Number |
| 2. Full Name (First, Middle, Last, and Suffix) | | | |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Social Security Number * | Date of Birth (MM/DD/YYYY) | Place of Birth (City and State or Country) |
| Race (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> White | | | |
| If Applicable, Tribe in Which the Child is Enrolled | | | Enrollment Number |
| 3. Full Name (First, Middle, Last, and Suffix) | | | |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Social Security Number * | Date of Birth (MM/DD/YYYY) | Place of Birth (City and State or Country) |
| Race (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> White | | | |
| If Applicable, Tribe in Which the Child is Enrolled | | | Enrollment Number |

E. IF YOU ARE NOT THE PARENT, COMPLETE THIS SECTION (otherwise, skip to Section F)

| | | | |
|--|--|---|---------------------|
| Were the parents married? <input type="checkbox"/> No <input type="checkbox"/> Yes | | Are the parents divorced? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| How are you related to the children? | | | |
| Do you have legal custody of the children? <input type="checkbox"/> No-Skip to Section F <input type="checkbox"/> Yes-Complete this section | | | |
| State and County of Court Involved | | Case Number | Year of Court Order |

F. (OPTIONAL) DESCRIBE ANYTHING ELSE THAT WOULD AFFECT THIS CASE

| |
|---|
| Describe Anything Else That Would Affect This Case. |
|---|

G. ACKNOWLEDGMENT OF NONREPRESENTATION

I have read and I understand the following:

- The Child Support Section has lawyers to assist in securing child support but these lawyers are not my lawyers. These lawyers represent the interests of the State of North Dakota and will take actions that they consider necessary and appropriate to work on my case.
- I can hire my own lawyer, at my expense, if I want legal advice or specific legal action or if I want to manage the legal activity on my case.
- The Child Support Section's lawyers may work on my case to establish paternity, if necessary, and to establish and enforce child support and medical support. I must cooperate with them if I want to receive services from the Child Support Section.
- The Child Support Sections's lawyers will not be able to help me with residential responsibility (custody) or parenting time (visitation). If I want legal help with these matters, I must hire my own lawyer.

H. STATEMENT AND SIGNATURE

| | |
|--|------|
| I understand the information given above may be investigated and I certify that this information is true and complete to the best of my knowledge. | |
| Signature | Date |