



# APPLICATION CONTRACT FOR CHILD SUPPORT SERVICES NONCUSTODIAL PARENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CHILD SUPPORT  
SFN 1761 (5-2026)

[Click Here to Clear Field Data](#)

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

Name of Employer	Telephone Number		
Address	City	State	ZIP Code

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

Child's Name	Address	Sex Male or Female	Social Security Number	Date of Birth

1. I am applying for the following services. See DN 906 Addendum to the Noncustodial Parent Application Contract. Select all that apply.

<input type="checkbox"/> Paternity services <input type="checkbox"/> Review and adjustment services <input type="checkbox"/> Alternate payment arrangement in place of immediate income withholding <input type="checkbox"/> Suspension of interest on unpaid child support <input type="checkbox"/> Other, describe: _____
---

2. I understand that upon approval of this application, all child support services will be provided. These may include establishment of paternity, establishment of child and medical support obligations, and enforcement of child and medical support obligations. All services will continue to be provided until I make a written request to the Department of Health and Human Services, referred to as the Department, to cancel this contract.
3. I understand that the Department's attorney is not my private attorney but, according to NDCC 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.
4. I have received a copy of the DN 1200 Child Support Services and Responsibilities and DN 906 Addendum to the Noncustodial Parent Application Contract.

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

**FOR OFFICE USE ONLY**

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

DISTRIBUTION: Original - Department



# 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

4. 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

*If more than 4 children, please attach a separate sheet providing the above information*

Health Care Coverage available for the children (check all that apply) <input type="checkbox"/> Medicaid or Healthy Steps (CHIP) <input type="checkbox"/> Indian Health Services (IHS) <input type="checkbox"/> Private Health Insurance (provide details below)		
---	--	--

**Private Health Insurance Details**

Name of Policyholder	Policyholder's Relationship to the Children		
Insurance Company Name			
Insurance Company Address	City	State	ZIP Code
Policy Number	Group Number	Effective Date	
Names of children who are covered			

Is there an order for Noncustodial Parent to provide support for any of the children listed above? <input type="checkbox"/> No-Skip next 2 lines <input type="checkbox"/> Yes-Continue with questions below:			
Amount per	For Which Children?		
Date Last Received (MM/DD/YYYY)	State/County, or Tribal Court Involved	Case or Court File Number	Year of Court Order
Has paternity been established for the children by signing a Voluntary Acknowledgment of Paternity? <input type="checkbox"/> No <input type="checkbox"/> Yes-For Which Children?           Which State?           When?			
Were the children born while the parents were married or within 9 months of divorce? <input type="checkbox"/> No <input type="checkbox"/> Yes-Skip to Section D			
Has paternity been established for the children by a court order? <input type="checkbox"/> No-Skip to Section D <input type="checkbox"/> Yes-For Which Children?			
State/County, or Tribal Court Involved		Case or Court File Number	Year of Court Order

**D. IF YOU ARE THE PARENT, COMPLETE THIS SECTION** (if you are NOT the parent of the children, skip to Section E).

Are you, or were you legally married to the other parent? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, When (month and year)	Where Married (city and state)
Are you legally divorced from the other parent? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, When (month and year)	Where Divorced (city and state)
Is there any legal action pending against the Noncustodial Parent, for example, a divorce action? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Did you ever live with the other parent? <input type="checkbox"/> No <input type="checkbox"/> Yes	Date Lived With Other Parent From: _____ To: _____	

**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