



APPLICATION FOR CHILD SUPPORT SERVICES-CUSTODIAL PARENT
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHILD SUPPORT/IV-D
SFN 374 (10-2022)

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		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Date of Birth	
Address	City	State	ZIP Code	Home Telephone Number	Office Telephone Number

I) I am not currently a recipient of TANF or Medicaid. Check below 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.

II) The North Dakota Department of Health and Human Services (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 to these actions include the noncustodial parent, namely:

Name		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Date of Birth
Address	City	State	ZIP Code	Telephone Number

As well as me and the following children:

Name	Sex (M or F)	Social Security Number	Date of Birth	Relationship to Child if Not Parent

III) 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. Check below if you wish to receive locate-only services:

Locate-only services

Otherwise, all services will be provided, as appropriate.

IV) **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.**

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

VI) 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.

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

VIII) 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. Yes No

* 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.

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

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

XI) I have received a copy of the services and responsibilities notice (DN 1200).

DISTRIBUTION: Original - Department

Applicant	Date
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FOR OFFICE USE ONLY-Application Information

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)

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.

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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"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Black <input type="checkbox"/> White <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)	
Address		City	State
Noncustodial Parent's Father's Name (First, Middle, Last, Suffix)		Place of Birth (City and State)	
Address		City	State
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 Section'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