

CHRIS GAAL
Prosecuting Attorney



Child Support
120 W 7th St, Suite 210
Bloomington, Indiana 47404
(812) 349-2675 / FAX 349-2045

STATE OF INDIANA

OFFICE OF THE PROSECUTING ATTORNEY
Tenth Judicial Circuit

REQUEST FOR SERVICES

What services would you like the Child Support Division to provide on your case? Please mark one or more of the following choices.

- Paternity has been established, but I have never had a Support Order and I would like the Child Support Division to establish a Support Order and issue an Income Withholding Order.
- Paternity has not been established for my child/children and I would like the Child Support Division to establish Paternity as necessary, and in addition establish Child Support and issue an Income Withholding Order.
- I have a Support Order and I would like the Child Support Division to enforce that existing order.
- I have a Support Order, but the amount of that support is no longer appropriate and I would like the Child Support Division to review said order and request a modification of support, if appropriate.
- I have a Support Order and would like the Child Support Division to issue an Income Withholding Order for that support and any arrearage that may exist.
- I have a Child Support Order that requires enforcement in another state and I would like the Child Support Division to issue a request for enforcement to that state.
- Other (please explain in detail): _____

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Tenth Judicial Circuit

APPLICATION FOR TITLE IV-D NON-AFDC CHILD SUPPORT SERVICES

In order to process your application for support, all sections of the application must be filled out completely. The success of enforcement depends upon how much information you can provide on the absent parent.

You must attach a copy of the Paternity Affidavit and Rights and Responsibilities or the original Paternity Order when applicable. You must attach a copy of the original Order of Support and copies of any orders after the original Order of Support.

If your children currently receive Medicaid or Hoosier Healthwise benefits there is no fee for our services. In all other instances the fee for our services is \$25.00. We accept only money orders in the amount of \$25.00 payable to:

DEPARTMENT OF CHILD SERVICES



APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES

State Form 34882 (R9 / 1-13) / CSB 425A

Approved by State Board of Accounts, 2013

PRIVACY STATEMENT
<p>*The records in this series are confidential according to 42 USC 653, 42 USC 654, and 42 USC 663. This agency is requesting disclosure of personal information for agency purposes as required by these statutes. Disclosure of this information is mandatory. Failure to provide any information may prevent this form from being processed.</p>

INSTRUCTIONS:

1. Take or mail this completed form to your local county Prosecutor's IV-D Child Support Office.
2. If multiple other parents, complete one application for each.

NOTICE (please read)

The Indiana Child Support Bureau offers child support services to persons desiring to obtain child support from a parent outside the home. These services are: Complete Service or Parent Locator Service Only. **ALL FEES FOR SERVICES ARE NONREFUNDABLE.**

COMPLETE SERVICE: The applicant will be entitled to the Parent Locator Service and the services of the local county Prosecutor's IV-D Child Support Office. These services include Establishing Paternity, Establishing and/or Enforcing a support obligation (including health insurance coverage). The complete service does NOT include handling a divorce case, enforcement of custody or parenting time, nor matters other than those associated with the support of dependent children. All support payments must be directed to the State of Indiana for disbursement. **ANY COSTS INCURRED IN EXCESS OF THE APPLICATION FEE, SUCH AS COURT COSTS, WITNESS FEES, GENETIC TEST COSTS, IRS OFFSET FEES AND ADMINISTRATIVE COSTS ASSOCIATED WITH THIS CASE MAY BE CHARGED AGAINST THE APPLICANT.**

In addition, the Tax Refund Offset Project may be used to collect child support arrearages. Application for complete service does not guarantee that your case will be submitted for tax refund offset nor that tax refund monies will be collected. If any children of the non-custodial parent have received TANF in the past, any collection made from an offset will first be applied to any unreimbursed public assistance on any former or current TANF case. If the IRS recalls any portion of an offset refund that has already been paid to you, you are obligated to repay the State of Indiana the amount recalled by the IRS. You authorize that any such repayment may be deducted from support collected on your behalf if other arrangements have not been fulfilled.

PARENT LOCATOR SERVICE ONLY: The applicant will be entitled to resources offered by the State and Federal Parent Locator Service until a verified address is provided or all sources for location are exhausted. The payment of the application fee does not guarantee a successful location.

TERMINATION OF SERVICES: The applicant may terminate services (if fees, costs and any child support overpayments have been paid in full) by notifying the local county Prosecutor's IV-D Child Support Office handling your case in writing that services are no longer desired. Services may be terminated only in accordance with 45 C.F.R. 303.11.

APPLICANT'S OBLIGATIONS: The applicant is expected to fully cooperate with the local county Prosecutor's IV-D Child Support Office in the legal and non-legal preparation of the case, including, but not limited to notifying the local county Prosecutor's IV-D Child Support Office of change of address, supplemental information regarding the other parent, reuniting with the other parent, and other information pertinent to the case.

APPLICANT'S AFFIRMATION

I hereby swear and affirm under the penalties of perjury that the information contained in this application is true and correct to the best of my knowledge and providing false information could result in perjury charges being filed against me.

I understand that I am to cooperate with the local county Prosecutor's IV-D Child Support Office in order for my case to be processed, and non-cooperation can result in termination of services offered by the IV-D agency. I further understand that payment of the application fee does not guarantee successful action on the case but rather all reasonable attempts will be made in my behalf to obtain successful results for the service requested. I have read and understand the above **NOTICE**.

I hereby request the following service under the terms outlined above:

- Complete Service Parent Locator Service Only

Type of Services Requested:

- Paternity Establishment Support Establishment Support Modification Establishment/Enforcement Health Insurance

Signature of applicant

Date signed (month, day, year)

Application taken by:

Fee paid
\$

Case number

APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES *(continued)*

Part of State Form 34882 (R9 / 1-13) / CSB 425A

FOR OFFICIAL USE ONLY:		
Case Type	Assigned County of Ownership	Special Handling <input type="checkbox"/> Applicant <input type="checkbox"/> Other Parent
Notes/Description		

Is Applicant Under age of eighteen (18)?
 No Yes *If yes, Guardian must also complete the "Applicant Guardian Data" section.*

APPLICANT DATA

Full name of applicant (<i>last, first and middle initial</i>)	Alias
--	-------

Maiden	Previous	Nickname
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Date of birth (<i>month, day, year</i>)	Gender	Race	Social Security number*/ITIN	Alien Identification number
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Is English primary language? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>If no, please provide.</i>)	Primary language	Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Is special assistance needed? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>If yes, please specify.</i>)	Specify assistance here (<i>i.e. Physical, Hearing Impaired, Other</i>)
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Address of applicant (*number and street, rural route number, apartment, or room number, city, state, and ZIP code*)

My mailing address is:
 Same as above Different (*If different, print below including COUNTY.*)

Mailing address of applicant (*number and street, rural route number, apartment, or room number, city, state, and ZIP code - please include County*)

Telephone number (<i>home</i>) ()	Telephone number (<i>work</i>) ()	Telephone number (<i>mobile/other</i>) ()	E-mail address
--	--	--	----------------

Preferred Method of Contact:
 Personal E-mail/Work/Other E-mail Mobile telephone number Home telephone number Work telephone number Mail

Is there a history of family violence? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>If yes, complete next box.</i>)	Was a police report filed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date filed (<i>month, day, year</i>)	City and state filed
---	--	--	----------------------

Are you party to an active protective order related to the parties on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>If yes, complete the following boxes.</i>)	County of court order	State of court order
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Cause number	Date of court order (<i>month, day, year</i>)	Covered individuals
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Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>If yes, complete next box.</i>)	Name of employer
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Address of employer (*number and street, rural route number, apartment, or room number, city, state, and ZIP code*)

Military Status <input type="checkbox"/> Never <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired	List Military Branch here (<i>Army, Navy, Marines, Air Force or Coast Guard</i>)
---	--

Have you previously received Child Support Services from another state or county for the listed Dependents?
 Yes No (*If yes, complete next box.*)

County and State where services were previously received.	Is there an adoption pending for any child listed on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Are you requesting child support services for an unborn child? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the expected due date? (<i>month, day, year</i>)
--	--

APPLICANT GUARDIAN DATA

Guardian name of applicant <i>(first, middle, last and suffix)</i>			
Guardian address <i>(number and street, rural route number, apartment. or room number, city, state, and ZIP code)</i>			
Country <i>(If outside of US, complete the following box.)</i>		International code	
Guardian mailing address is: <input type="checkbox"/> Same as applicant above <input type="checkbox"/> Same as above <input type="checkbox"/> Different <i>(If different, print below.)</i>			
Guardian address <i>(number and street, rural route number, apartment. or room number, city, state and ZIP code)</i>			
Country <i>(if outside of US, complete the following box)</i>		International code	
Telephone number <i>(home)</i> ()	Telephone number <i>(work)</i> ()	Telephone number <i>(mobile/other)</i> ()	E-mail address

DEPENDENT INFORMATION

Last name		First name		Middle name
Suffix		Alias		Nickname
Date of birth <i>(month, day, year)</i>	Gender	Race	Social Security number* / ITIN	
Does this child receive SSD or SSI benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		SSD Amount		SSI Amount
Is the child of this application currently placed in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was this child born out of wedlock? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, then complete the following box.)</i>		
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, then complete the following information.)</i>		How was paternity established? <i>(If by Court Order, complete the following information.)</i> <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit		
Date of court order <i>(month, day, year)</i>	Name of court			
County of court	State of court		Court cause number	
Do you have a private attorney handling paternity and/or support matters for the child of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of attorney <i>(first, last, and suffix)</i>			Telephone number of attorney ()	
Do you have a court ordered support obligation for child(ren) listed on the application? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, complete the following information.)</i>				
Name of court				
County of court	State of court		Court cause number	
Is there a court order for custody? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete the following box.)</i>		Name of person granted custody by court		

DEPENDENT INFORMATION

Last name		First name		Middle name
Suffix		Alias		Nickname
Date of birth <i>(month, day, year)</i>	Gender	Race	Social Security number* / ITIN	
Does this child receive SSD or SSI benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		SSD Amount		SSI Amount

Is the child of this application currently placed in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was this child born out of wedlock? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, then complete the following box.)</i>		Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes, then complete the following information)</i>	
How was paternity established? <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit <i>(If by Court Order, complete the following information.)</i>			Date of court order <i>(month, day, year)</i>
Name of court			
County of court		State of court	Court cause number
Do you have a private attorney handling paternity and/or support matters for the child of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of attorney <i>(first, last, and suffix)</i>			Telephone number of attorney ()
Do you have a court ordered support obligation for child(ren) listed on the application? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, complete the following information.)</i>			
Name of court			
County of court		State of court	Court cause number
Is there a court order for custody? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete the following box.)</i>		Name of person granted custody by court	
DEPENDENT INFORMATION			
Last name		First name	Middle name
Suffix		Alias	Nickname
Date of birth <i>(month, day, year)</i>	Gender	Race	Social Security number* / ITIN
Does this child receive SSD or SSI benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	SSD Amount		SSI Amount
Is the child of this application currently placed in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was this child born out of wedlock? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, then complete the following box.)</i>		Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes, then complete the following information)</i>	
How was paternity established? <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit <i>(If by Court Order, complete the following information.)</i>			Date of court order <i>(month, day, year)</i>
Name of court			
County of court		State of court	Court cause number
Do you have a private attorney handling paternity and/or support matters for the child of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of attorney <i>(first, last, and suffix)</i>			Telephone number of attorney ()
Do you have a court ordered support obligation for child(ren) listed on the application? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, complete the following information.)</i>			
Name of court			
County of court		State of court	Court cause number
Is there a court order for custody? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete the following box.)</i>		Name of person granted custody by court	

DEPENDENT INFORMATION

Last name		First name		Middle name	
Suffix		Alias		Nickname	
Date of birth (<i>month, day, year</i>)		Gender	Race	Social Security number/ITIN	
Does this child receive SSD or SSI benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		SSD Amount		SSI Amount	
Is the child of this application currently placed in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Was this child born out of wedlock? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>If yes, then complete the following box.</i>)			Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>if yes, then complete the following information</i>)		
How was paternity established? <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit (<i>If by Court Order, complete the following information.</i>)				Date of court order (<i>month, day, year</i>)	
Name of court					
County of court		State of court		Court cause number	
Do you have a private attorney handling paternity and/or support matters for the child of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of attorney (<i>first, last, and suffix</i>)				Telephone number of attorney ()	
Do you have a court ordered support obligation for child(ren) listed on the application? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (<i>If yes, complete the following information.</i>)					
Name of court					
County of court		State of court		Court cause number	
Is there a court order for custody? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>If yes, complete the following box.</i>)			Name of person granted custody by court		

PARTICIPANT INFORMATION FOR OTHER PARENT

Relationship to Dependents on this application (e.g. Mother, Father, Guardian, Other)							
Full name of other parent (last, first, middle)				Alias (last, first, middle)			
Maiden		Previous			Nickname		
Last known mailing address (number and street, PO Box, rural route number, apartment, or room number, city, state and ZIP code - please include County)							
Last known street address: <input type="checkbox"/> Check here if the same. (If different, complete the information below.)							
Mailing address (number and street, rural route number, apartment, or room number, city, state and ZIP code - please include County)							
Country (If outside of US, complete the following box.)				International code			
Telephone number (home) () ()		Telephone number (work) () ()		Telephone number (mobile/other) () ()		E-mail address	
Date of birth (month, day, year)		Approximate age range	Gender	Race	Social Security number*/ITIN		Alien Identification number
Is English primary language? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please provide)				Primary language		Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is special assistance needed? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please specify)				Specify assistance here (i.e. Physical, Hearing Impaired, Other)			
Is the other parent currently incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No		County of incarceration		State of incarceration		Name of Department of Correction facility	
Height		Weight		Hair color		Facial hair	
Color of eyes		Glasses		Distinguishing marks / tattoos		Other identifying characteristics	
Last known employer						Telephone number of employer () ()	
Address of employer (number and street, city, state and ZIP code - please include Country)							International Code
Military Status: <input type="checkbox"/> Never <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired			List Military Branch here (Army, Navy, Marines, Air Force or Coast Guard)			Deployed Overseas? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the other parent deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please complete information.)			Date of death (month, day, year)		Place of death (city, county, state, country)		
Photo available of other parent? <input type="checkbox"/> Yes <input type="checkbox"/> No							

APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES (continued)

Part of State Form 34882 (R9 / 1-13) / CSB 425A

TO BE COMPLETED BY COUNTY OFFICE

Application taken by:	Date (month, day, year)	Application request number
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APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES - ASSIGNMENT FOR COLLECTION FOR PERSONS NOT RECEIVING PUBLIC ASSISTANCE

Name of applicant

**AGREEMENT
(TO BE COMPLETED BY THE APPLICANT)**

I understand and agree that support payments collected hereafter from the non-custodial parent named above on behalf of myself and/or the above named children will be paid to the Department of Child Services, Child Support Bureau, and that said support payments will be paid to me by the agency after deduction of any charges due and owing to that agency. Such charges are explained on page one of the "Application for Title IV-D Child Support Services", executed by the applicant. This authorization shall continue in effect until terminated in the manner set forth on page one of the "Application for Child Support Services".

Printed name of applicant

Signature of applicant X	Date signed (month, day, year)
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NOTICE OF REPRESENTATION

Thank you for entering into the IV-D Child Support Program. This program was created under Title IV-D of the Social Security Act for the purpose of establishing and enforcing child support on behalf of persons receiving AFDC and also for custodial parents who request such assistance and pay the required fee of \$25. In addition, the program offers certain limited services to noncustodial parents upon payment of the same fee.

Under the program, the State will establish paternity, obtain orders for support, file court documents necessary to enforce the support order, issue income withholdings and implement parent locator services and tax intercepts of federal and state tax refunds. In addition, the State will periodically review cases for modification of support and file such cases on behalf of custodial parents where the incomes of the parties or the situations involving the children have changed sufficiently to make such a modification appropriate. In the case of noncustodial parents, the State will evaluate cases for modification and calculate appropriate support pursuant to the Indiana Guidelines. Such information will be provided to the noncustodial parent to allow such parent to proceed with a Request for Modification. In addition, the noncustodial parent may take advantage of Parent Locator Services in cases where the custodial parent's whereabouts are unknown.

Under the IV-D Program, the State will take court action reasonably necessary to accomplish the above goals. In such cases, the State of Indiana becomes a party to the divorce, paternity or support action and acts on behalf of the best interests of the child. The State is represented by an attorney from the Monroe County Prosecutor's Office. Said attorney does not represent either parent in an action and does not act as an attorney for any party other than the State. Needless to say, the goals of the State in establishing paternity and support and enforcing support orders are certainly consistent with and coincide very closely with the goals of the majority of custodial parents. However, if either parent wishes to have legal representation in such cases or if such parent wishes to present evidence or make recommendations or requests to the Court, that parent will need to consult their own private attorney.

Since the IV-D Program is designed and implemented for the creation and enforcement of child support, under no circumstance can this office become involved in matters of custody, visitation, name change, property division or any other nonsupport issues. If you have questions, need legal advice, or wish to take action in such areas, you will need to consult with your own attorney. If such matters arise in a court hearing, the IV-D attorney will be required to withdraw from participation in that portion of the hearing and will limit himself to involvement in support issues only.

Your IV-D case will be assigned to a caseworker who will evaluate your situation and prepare your case for implementation of the services provided above. If court action becomes necessary, the caseworker will consult with the IV-D attorney and prepare and file the necessary documents. The attorney will appear in Court for the State of Indiana in your case and prosecute your case accordingly. Because of the large volume of cases handled by this office, personal interviews or appointments are not possible under normal circumstances. If you wish to

communicate with your caseworker, you may send a letter with your request or question or fill out a Request For Enforcement (forms available in the office). Such letters and requests should be sent to your Caseworker, Child Support Division, Monroe County Prosecutor's Office, 120 W Seventh Street, Suite 210, Bloomington, IN 47404. In the alternative, you may call this office between the hours of 8:00 AM to 11:30 AM and 12:30 PM to 4:00 P.M. at (812) 349-2675. The person receiving your call may be able to answer your question immediately or, if not, will forward a message to your caseworker to contact you.

We will begin working on your case as soon as possible. If it becomes necessary to file an action in court we will forward copies of such documents to you and advise you of the court hearing date. If, for any reason, you are unable to attend a Court hearing, you should contact this office immediately. If you change your address, please let us know so that we may remain in contact with you with respect to hearing dates and enforcement actions. In addition, you should advise the Monroe County Clerk's Office, 301 North College, Bloomington, IN 47404, as well as the State Child Support Bureau, Attn: Inquiry Unit, Room W360, 402 West Washington Street, Indianapolis, IN 46204, of your address change. If you have any questions about the IV-D Program, the State's involvement in your case or your own responsibilities regarding the issues referred to above, please feel free to ask for further information.

I HAVE READ AND UNDERSTAND THE INFORMATION PROVIDED ABOVE.

DATE: _____

Signature of Program Participant

Instructions: Please read and sign two copies of this Notice of Representation. You should give one copy to this Office for our records and you should retain the other copy for your own future reference. Thank You.

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Since the IV-D Program is designed and implemented for the creation and enforcement of child support, under no circumstance can this office become involved in matters of custody, visitation, name change, property division or any other nonsupport issues. If you have questions, need legal advice, or wish to take action in such areas, you will need to consult with your own attorney. If such matters arise in a court hearing, the IV-D attorney will be required to withdraw from participation in that portion of the hearing and will limit himself to involvement in support issues only.

Your IV-D case will be assigned to a caseworker who will evaluate your situation and prepare your case for implementation of the services provided above. If court action becomes necessary, the caseworker will consult with the IV-D attorney and prepare and file the necessary documents. The attorney will appear in Court for the State of Indiana in your case and prosecute your case accordingly. Because of the large volume of cases handled by this office, personal interviews or appointments are not possible under normal circumstances. If you wish to

communicate with your caseworker, you may send a letter with your request or question or fill out a Request For Enforcement (forms available in the office). Such letters and requests should be sent to your Caseworker, Child Support Division, Monroe County Prosecutor's Office, 120 W Seventh Street, Suite 210, Bloomington, IN 47404. In the alternative, you may call this office between the hours of 8:00 AM to 11:30 AM and 12:30 PM to 4:00 P.M. at (812) 349-2675. The person receiving your call may be able to answer your question immediately or, if not, will forward a message to your caseworker to contact you.

We will begin working on your case as soon as possible. If it becomes necessary to file an action in court we will forward copies of such documents to you and advise you of the court hearing date. If, for any reason, you are unable to attend a Court hearing, you should contact this office immediately. If you change your address, please let us know so that we may remain in contact with you with respect to hearing dates and enforcement actions. In addition, you should advise the Monroe County Clerk's Office, 301 North College, Bloomington, IN 47404, as well as the State Child Support Bureau, Attn: Inquiry Unit, Room W360, 402 West Washington Street, Indianapolis, IN 46204, of your address change. If you have any questions about the IV-D Program, the State's involvement in your case or your own responsibilities regarding the issues referred to above, please feel free to ask for further information.

I HAVE READ AND UNDERSTAND THE INFORMATION PROVIDED ABOVE.

DATE: _____
Signature of Program Participant

Instructions: Please read and sign two copies of this Notice of Representation. You should give one copy to this Office for our records and you should retain the other copy for your own future reference. Thank You.