



STATE OF INDIANA

OFFICE OF THE PROSECUTING ATTORNEY

Tenth Judicial Circuit

ENROLLMENT FOR SERVICES

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 Program to establish a Support Order and issue an Income Withholding Order.**
- ☐ **Paternity has not been established for my child(ren) and I would like the Child Support Program 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 Program 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 Program to review said order and request a modification of support, if appropriate.**
- ☐ **I have a Support Order and would like the Child Support Program 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 Program to issue a request for enforcement to that state.**
- ☐ **Other (please explain in detail):** _____

ERIKA OLIPHANT
Prosecuting Attorney



Child Support Program
214 West 7th Street, Suite 110
Bloomington, IN 47404
(812)349-2675 / FAX (812)349-2045

STATE OF INDIANA

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TITLE IV-D SERVICES ENROLLMENT

THERE IS NO FEE TO ENROLL FOR OUR SERVICES.

IN ORDER TO PROCESS YOUR ENROLLMENT REQUEST, ALL SECTIONS OF THE ENROLLMENT PACKET MUST BE FILLED OUT COMPLETELY.

THE SUCCESS OF ESTABLISHMENT AND ENFORCEMENT DEPENDS UPON HOW MUCH INFORMATION YOU CAN PROVIDE ABOUT THE OTHER PARENT.

YOU MUST ATTACH A COPY OF THE PATERNITY AFFIDAVIT AND RIGHTS AND RESPONSIBILITIES, OR THE PATERNITY ORDER WHEN APPLICABLE.

YOU MUST ATTACH A COPY OF THE ORIGINAL ORDER OF SUPPORT AND COPIES OF ALL ORDERS REGARDING SUPPORT ISSUED AFTER THE ORIGINAL ORDER OF SUPPORT WHEN APPLICABLE.

IF THE CHILD OR CHILDREN RECEIVE HOOSIER HEALTHWISE OR MEDICAID BENEFITS, PLEASE PROVIDE A COPY OF THEIR CARDS WITH YOUR ENROLLMENT PACKET.

Request for Private Meeting Due to Family Violence

Family Violence is a pattern of behaviors by one partner (or past partner) to gain or maintain power and control over the other partner in a close (or intimate) relationship. These behaviors might include emotional or psychological abuse, intimidating or controlling behaviors, threats of physical violence, actual physical violence, sexual violence, and/or stalking.

Signs of possible Family Violence may include (among other things):

- (1) Current or past protective orders, restraining orders, or orders of protection issued against one of the partners; or
- (2) Charges against or conviction of one of the partners of crime(s) involving assault, battery, injury to another, threat, intimidation, confinement, stalking, invasion of privacy, or any other crime involving violence or threatened violence.

Some Family Violence, however, is not reported to the authorities. Someone who has experienced Family Violence may not seek help from the authorities for one or more reasons, including concerns that doing so might be dangerous or unsafe for that person or others.

If you have experienced Family Violence, you may request to meet privately with a representative from the Child Support Program to discuss:

- (1) A referral to a local domestic violence program;
- (2) Whether you are asking that the other parent not be allowed to know your physical address or other contact information due to safety concerns; and/or
- (3) Whether you are asking that child support not be collected due to safety concerns.

If you would like to meet privately with a representative from the Child Support Program, please check “Yes” in the box below. If you do not want this meeting, please check “No” in the box below. If you would prefer not to respond, please check “Prefer not to respond” in the box below; in this case, you will also meet privately with a representative from the Child Support Program.

In responding on this form, please consider that the Child Support Program will designate this form signed by you as confidential work product and will keep it confidential and will not voluntarily provide it to the other parent. However, the Child Support Program cannot guarantee that your response would never be seen by the other parent in this case in the event that the other parent tries to compel the production of this document by court order.

☐ Yes

☐ No

☐ Prefer not to respond

Signature

Date

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. In addition, the program offers services to noncustodial parents. There is no fee for program services.

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.

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 their involvement to 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 an Action Request Form, which are available in our office. Such letters and requests should be sent to your case worker, Child Support Program, Monroe County Prosecutor's Office, 214 W. 7th Street, Suite 110, Bloomington, IN 47404. In the alternative, you may call this office between the hours of 8:00 AM to 4:00 PM, Monday through Friday, 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 case worker 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 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 N College Avenue, Bloomington, IN 47404, as well as the Child Support Bureau Kids Line at 1-800-840-8757, 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

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

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