COLORADO
Child Support Services
Department of Human Services

Colorado Division of Child Support Services - Application for Child Support Services

Please complete this application to the best of your ability. Some highlighted sections are required. Providing as much information as possible will help us establish and enforce your child support order. If you're unable to answer a question please write unsure or not applicable (N/A). You can discuss your specific situation with your county.

Annual Service Fee

Federal law required CSS to charge an annual service fee. If you have never received TANF benefits and you receive at least $550 in child support each year, you will be charged $35. This fee will be deducted from your child support payment.

Tell Us About Yourself

Legal name _____

First Name _____

Middle Name _____

Last Name _____

Maiden Name _____

Other _____
CSS Tip: "Other" means different last names you may have used. This includes other married last names, or the name used before a legal name change.

Date of birth _____

Personal Identification Number _____ (Social Security Number or TIN). Please select one. (Social Security Number, Taxpayer Identification Number, Do Not Have One)

Gender _____
(Male, Female, Other)

Ethnicity _____
(Asian, Black, Hispanic, Native American, Other, White)

Where were you born?

City _____

State _____

Country _____

How can we reach you?

Home Phone _____

Work Phone _____

Cell Phone _____

Which number would you like us to use to contact you? _____
(Home Phone, Work Phone, Cell Phone)

Would you like to receive text messages about your child support case? _____
(Yes, No)

Email Address _____

Where do you live today?
CSS Tip: You cannot use a PO Box as a residential address.

Street Address _____

Apartment/Unit Number _____

City _____

State _____

Country _____

Zip _____

Can you receive mail here?
☐ Yes
☐ No

IF NO - Please provide an address where you can receive mail

Street Address _____

Apartment/Unit Number _____

City _____

State _____

Country _____

Zip _____

Are you currently working?

☐ Yes
☐ No
☐ I am a full-time student

IF YES
Where do you work? Please list the name of your current employer.

Employer Name _____

Address _____

City _____

State _____

Country _____

Zip _____

IF NO - What date did you last work? _____

Why are you currently unemployed? Please select at least one option.
☐ Disability
☐ Laid Off
☐ Other
Please Explain: _____

When will you graduate? _____

Primary Contact
CSS Tip: This is someone who will always know where you are, even if you move. This person will only be contacted if you cannot be reached.

First Name _____

Last Name _____

Phone Number _____

Street Address _____

Apartment/Unit Number _____

City _____

State _____

Country _____

Zip Code _____

Tell Us About the Other Parent

This person is the child (ren's):

☐ Mother
☐ Father
☐ Possible Father (paternity has not been established)

Legal Name _____

First Name _____

Middle Name _____

Last Name _____

Maiden Name _____

Other _____
CSS Tip: "Other" means different last names a person may have used. This includes other married last names, or the name used before a legal name change.

Personal Identification Number _____
(Social Security Number or TIN). Please select one. (Social Security Number, Taxpayer Identification Number, Do Not Have One, Do Not Know)

Date of Birth _____

Approximate Age if Date of Birth is Not Known _____

Gender _____
(Male, Female, Other)

Where was the other parent born? _____

City _____

State _____

Country _____

Zip Code_____

How can we reach the other parent?

Home Phone _____

Work Phone _____

Cell Phone _____

Email Address _____

Where does the other parent live today?
CSS Tip: You cannot use a PO Box as a residential address.

Street Address _____

Apartment/Unit Number _____

City _____

State _____

Country _____

Zip Code _____

Where does the other parent work? Please list the name of the current or last known employer. Only one is needed.

Name of employer _____

Address _____

City _____

State _____

Country _____

Zip Code _____

Tell Us More About the Other Parent So We Can Help Locate Him or Her

Ethnicity (Asian, Black, Hispanic, Native American, White, Other) _____

Hair Color - (Black, Blonde, Brown, Gray, Red, White, Other) _____

Eye Color- (Black, Blue, Brown, Green, Hazel, Other) _____

Height _____ *CSS Tip: Height and weight can be estimated.*

Weight _____

What other identifying markers does the other parent have? _____
CSS Tip: These could be tattoos, birthmarks or piercings.

Driver's License Number _____

Issuing State _____

List any vehicles owned by the other parent:

Model _____

Make _____

Year _____

Vehicle Color _____

Please provide information on any other assets the other parent may have. *CSS Tip: Assets are defined as property (real estate),bank accounts or a professional services license.*

_____

_____

Is the other parent disabled?

☐ Yes
☐ No
☐ Do not know

IF YES - Does the other parent receive Supplemental Social Security Income (SSI) or other assistance?
☐ Yes
☐ No
☐ Do not know

IF YES. please provide more information on the additional support the other parent receives, if known.

_____

Has the other parent ever been sentenced to prison?

☐ Yes
☐ No
☐ Do not know

IF YES- Please provide the name of the facility. _____

Department of Corrections Number _____

When was the other parent released from prison? _____

Has the other parent served in the military?
☐ Yes
☐ No
☐ Do not know

IF YES - Military Branch _____
(Air Force, Army, Coast Guard, Marines, Navy, Space Force)

Tell Us More About the Other Parent's Family

Do you have information about the other parent's mother?

☐ Yes
☐ No

IF YES - Mother's First Name _____

Mother's Last Name or Maiden Name _____

Mother's Phone Number _____

Street Address_____

Apartment/Unit Number _____

City _____

State _____

Country _____

Zip Code _____

Do you have information about the other parent's father?

☐ Yes
☐ No

IF YES - Father's First Name _____

Father's Last Name _____

Father's Phone Number _____

Street Address _____

Apartment/Unit Number _____

City _____

State _____

Country _____

Zip Code _____

Tell Us More About Your Relationship with the Other Parent

Were you ever married to the other parent?
☐ Yes
☐ No

IF YES
What was the date of the marriage, common law marriage or civil union? _____

Where did the marriage take place? _____

Date of separation _____

Date of divorce _____

In what city was the divorce filed? _____

In what state was the divorce filed? _____

When did you last have contact with the other parent? _____

Does the other parent have other biological children?
☐ Yes
☐ No
☐ Do not know

IF YES
Please provide the names of the biological child (ren), if known. Please provide the name of the other parent of the biological child (ren), if known. Is there any other information that will help us locate the other parent?

_____

Tell Us About the Child (ren) Who Need Support

	Child 1	Child 2	Child 3
Legal First Name			
Last Name			
Date of Birth			
Personal Identification Number (SSN or TIN, none, unknown)			
Gender (Male, Female, Other)			
What city was the child born in?			
What state was the child born in?			
What country was the child born in?			
What county was the child conceived in?			
What city was the child conceived in?			
What state was the child conceived in?			
What country was the child conceived in?			
Who is the mother on the birth certificate?			
	Child 1	Child 2	Child 3
Who is the father on the birth certificate?			
Has parentage (paternity) been established? (Yes, No or Do not know)			
How was paternity established?(DNA testing,			

Acknowledgment of Paternity or Court Order)			
Has the other parent ever lived with or provided support for the child in Colorado? (Yes, No or Do not know)			
When did the other parent provide support for this child?			
Where did the other parent provide support for this child?			
What type of support did the other parent provide for this child? (money, clothing, food, medical bills, daycare bills, transportation or other bills)			
	Child 1	**Child 2**	**Child 3**
Has the child ever received public assistance from a state or tribe? (Yes, No or Do not know)			
Where did the child receive public assistance? (list the county, state or tribe)			
What type of public assistance did the child receive? (Foster Care, Medicaid, TANF)			

Add more than 3 kids at the bottom of this application

Tell Us More About Your Situation

Do you have an existing court order for child support? ☐ Yes ☐ No

IF YES- Name of the court where the order was established _____

Child support order number _____

City _____

State _____

When did you last receive support? _____

Is an attorney already involved in your case?
CSS Tip: You are not required to have an attorney to apply for or receive child support services.

☐ Yes
☐ No

IF YES - Please provide contact information for your attorney.

Name of Law Firm _____

First Name _____

Last Name _____

Phone _____

Address _____

Apartment/Unit Number _____

City _____

State _____

Country _____

Zip Code _____

Does the other parent have an attorney?
☐ Yes
☐ No
☐ Do not know

IF YES -Name of Law Firm _____

First Name _____

Last Name _____

Phone _____

Address _____

Apartment/Unit Number _____

City _____

State _____

Country _____

Zip Code _____

Tell Us About Your Child (ren)'s Health Insurance Coverage

Colorado law requires health insurance to also be ordered when a new child support order is established. In the order, the mother, father or either parent will be listed as the person required to provide medical coverage. Please answer the following questions to help us establish your medical support order.

Is your child (ren) enrolled in Colorado Medicaid? ☐ Yes ☐ No

IF NO - Does your child (ren) have other health insurance coverage? Select all that apply.

☐ Private insurance
☐ Medicaid from another state
☐ Medicaid and private insurance
☐ No
☐ Do not know

IF YES -Please provide information on your child's(ren) insurance provider.

Name of insurance company _____

Street Address _____

Apartment/Unit Number _____

City _____

State _____

Zip Code _____

Phone Number _____

Policy Number _____

Group Number/Member ID _____Date coverage began _____

Type of Coverage _____
(Dental, Medical, Other, Vision)

Who pays for the health insurance coverage? ☐ You ☐ The other parent ☐ Other

OTHER First Name _____

Last Name _____

Street Address _____

Apartment/Unit Number_____

City _____

State _____

Country _____

Zip Code _____

Phone Number _____

Personal Identification Number_____
(Social Security Number or TIN). Please select one. (Social Security Number, Taxpayer Identification Number, Do Not Have One, Do Not Know)

How is this person related to the children receiving health insurance?_____

Terms and Conditions - By signing my name below, I am submitting my application for child support services to the Colorado Division of Child Support Services. By submitting this form, I understand:

CSS represents the People of the State of Colorado. No attorney-client relationship or privilege exists between either party or the CSS staff.

CSS does not handle custody arrangements, parenting time (visitation) or property settlements.

CSS will not accept the application for services if all the children associated with the applicant have emancipated (left home).

CSS will not enforce spousal maintenance once the current child support order ends.

If there is a change that could cause the amount of the order to be adjusted (e.g. financial or medical), a modification (change) may be initiated by CSS or by any one of the parties involved.

CSS determines the appropriate actions to be used when providing services. Each Colorado county child support office determines how specific child support cases are handled.

If I have a disability or need additional support under the Americans with Disabilities Act, I must contact my county child support office for assistance.

I must notify CSS in writing to stop child support services. The case may remain open if my children receive public assistance or if assigned arrears (outstanding payments) are owed. CSS may also close my case if required by state and federal regulations.

I must provide CSS with the information needed to establish and enforce my child support order. My case may be delayed if this information is not received and/or if another state becomes involved.

I am required to cooperate with CSS. If I do not, my case may be closed.

Caretaker/relatives (e.g., grandparent, aunt, uncle, adult sibling, stepparent, etc.) applying for child support, must open a case against both biological parents. CSS is unable to close only one of the two cases against the biological parents.

I may be required to complete and sign a legal document agreeing to the amount of child support arrears owed (if there is a current child support order).

I will notify CSS in writing if any of the following occurs. If I do not, my medical or child support payments may be affected.

1. Change to legal name, residence or mailing address, telephone or contact numbers, place of employment or health insurance.
2. Any similar changes about the other party.
3. If child support payments are made directly to the custodial parent instead of through the Family Support Registry (FSR).
4. If a child no longer lives with the custodial parent, or if the child is now living with the other parent or a caretaker.
5. If parenting time (visitation) changes for longer than one month.
6. If a private attorney or private collection agency is hired for help with child support collection, parenting time or parental custody.
7. If an action has been filed with a court that CSS was not involved with (e.g., separation, divorce, custody, etc.).

I am required to return any money I receive from CSS by mistake.

Once I receive an FSR account number, sending or receiving direct payment may result in my case being closed.

CSS will provide a yearly statement summarizing the amount of child support that has been collected. I have an opportunity to receive the information through email if I choose this option.

☐ **I hereby certify that I personally have provided all information in this document and it is true and correct to the best of my knowledge and belief.**

SIGNATURE_____**DATE**_____

	Child 4	Child 5	Child 6
Legal First Name			
Last Name			
Date of Birth			
Personal Identification Number (SSN or TIN, none, unknown)			
Gender (Male, Female, Other)			
What city was the child born in?			
What state was the child born in?			
What country was the child born in?			
What county was the child conceived in?			
What city was the child conceived in?			
What state was the child conceived in?			
What country was the child conceived in?			
Who is the mother on the birth certificate?			
Who is the father on the birth certificate?			
	Child 4	Child 5	Child 6
Has parentage (paternity) been established? (Yes, No or Do not know)			

Use the following additional pages to include additional children or complete a declaration of paternity, as required, for each child active on grant or included on case:

How was paternity established?(DNA testing, Acknowledgment of Paternity or Court Order)			
Has the other parent ever lived with or provided support for the child in Colorado? (Yes, No or Do not know)			
When did the other parent provide support for this child?			
Where did the other parent provide support for this child?			
	Child 4	**Child 5**	**Child 6**
What type of support did the other parent provide for this child? (money, clothing, food, medical bills, daycare bills, transportation or other bills)			
Has the child ever received public assistance from a state or tribe? (Yes, No or Do not know)			
Where did the child receive public assistance? (list the			

county, state or tribe)			
What type of public assistance did the child receive? (Foster Care, Medicaid, TANF)			

DENVER HUMAN SERVICES
ELECTRONIC COMMUNICATIONS PERMISSION FORM

We'd love to keep in touch with you!
If you're like us, text messages and emails are often easier to receive than phone calls or mail. This form allows you to opt in or out of text message and/or email communications from Denver Human Services. Read this whole form before you opt in, and don't forget the fine print. We want all of our communication with you to be as safe and secure as possible. *

SOME HELPFUL INFORMATION ABOUT EMAIL AND TEXT MESSAGES:

a. Denver Human Services will never request or deliver Personal Identifiable Information (PII) or Protected Health information (PHI) through text messages.
b. Denver Human Services emails containing PII and/or PHI will always be sent encrypted. Clients responding to these emails will be provided with automatic encryption.
c. You may opt out by revoking your consent in writing to DHS at any point.
d. Denver Human Services is not liable for breaches of confidentiality caused by you or any third party.

It is your responsibility to follow up and/or schedule an appointment if warranted.

OPT IN: Please select the electronic communications you would like to receive. If the check box is left blank you will not receive this type of communication.

Text Messages:

- ☐ Text messages related to services I am receiving from Denver Human Services.
- ☐ Text messages about free events, local programs, and resources from Denver Human Services.

Phone number to receive text messages: _____

Emails:

- ☐ Emails related to the services I am receiving from Denver Human Services.
- ☐ Email messages about free events, local programs, and resources from Denver Human Services.

Email address to receive email messages: _____

OPT OUT:

- ☐ I do not wish to receive any email or text communication from Denver Human Services.

CLIENT ACKNOWLEDGEMENT AND AGREEMENT:
I acknowledge I have read and fully understand this consent form. I understand the risks outlined above and consent to the conditions outlined above. In addition, I understand charges may be imposed by service providers. Denver Human Services is not responsible for these charges.

Client Name: _____

Client Signature: _____ Date: _____

CONDITIONS FOR THE USE OF EMAIL AND TEXT MESSAGES:
Denver Human Services will use reasonable means to protect the security and confidentiality of text messaging information sent and received; however, due to the risks outlined below we cannot guarantee the confidentiality and security of text messages and emails Therefore, clients need to specifically grant permission for the use of email and text messaging.

***SOME OF THE RISKS ASSOCIATED TO THE USE OF EMAIL AND TEXT MESSAGES:**

a. Email and text messages can be circulated, forwarded, or stored in electronic files.
b. Email and text message senders can easily misaddress an email or text and send the information to an undesired/unintended recipient.
c. Email and text messages can be intercepted, altered, forward, or used without authorization or detection.
d. Email and text messaging may not be secure, and therefore it is possible that a third party may breach the confidentiality of such communications.
e. Backup copies of emails and text messages may exist even after the sender and/or recipient has deleted his or her copy.
f. Emails and text messages can be used as evidence in court.
g. Emails and text messages can be lost in transmission.

STATEMENT OF INFORMATION

Declaración de información

Previous Public Assistance / Asistencia pública anterior

☐ **Yes, I have received TANF or AFDC cash assistance in the state of** _____**.**
Si, he recibido TANF o AFDC asistencia de dinero efectivo en el estado de
From/Desde_____ (**date**/fecha) **to**/hasta _____ (**date**/fecha).

☐ **No**

Conflict of Interest / Conflictos de interés

Do you know anyone who works for Child Support Services or for the Denver City Attorney's Office? / *Conoce a alguien empleado por la oficina de Manutención de Menores o por la oficina del Abogado Municipal para la ciudad de Denver?*

☐ **Yes (Please complete the Conflict of Interest Questionnaire**) / *Si (por favor complete el cuestionario de conflictos de interés)*

☐ **No**

Should you determine a conflict of interest at a later date, you are required to report this to your Child Support worker immediately. Failure to report a potential conflict of interest could hinder your ability to access our services in an expedient manner. / *Si determina un conflictos de interés en el futuro, usted está obligado a reportarlo inmediatamente a su trabajador de Manutención de Menores. El fracaso de relatar un conflictos de interés podría impedir su capacidad de tener acceso a nuestros servicios en una manera expedita.*

Nondisclosure of Information / No divulgación de información

I believe the release of my and/or the child(ren)'s address, and/or other identifying information would unreasonably put me and/or the child(ren)'s health, safety, or liberty at risk. / Yo creo que la divulgación de mi dirección de residencia y/o de mi(s) niño(s), y/o otros datos identificativos, irrazonablemente pondrán a mí, y/o el/los niño(s), en riesgo de salud, seguridad, o libertad.

☐ **Yes**

☐ **No**

I do hereby state under penalty of perjury that the following information is true and correct. I also understand that this statement will be used in court and may affect the Child Support entered in this case. / *Declaro bajo pena de perjurio que la información que he proveído en esta declaración es correcta y verdadera. También entiendo que esta declaración jurada se usará en el tribunal y puede afectar la orden de Manutención de Menores en este caso.*

_____ _____ _____

Printed Name (nombre completo en letra imprenta) **Signature** (Firma) **Date** (Fecha)

Colorado Department of Human Services
people who help people

INCOME & EXPENSE DECLARATION

Are you a Caretaker / Relative - ☐ Yes (Only complete the highlighted portion of this form) ☐ No

Name: _____ SSN _____

Address: _____ DOB: _____

City: _____ State _____ Zip _____ Phone: _____

Identify your employer in box below. If you are not currently employed provide information about your most recent employer. Show your hourly wage or monthly income at the time your job ended.

Employer Name: _____ Phone: _____

Address: _____

City: _____ State _____ Zip _____ Date Terminated: _____

1. Monthly Gross Income: (HOURLY WAGE = $_____) $ _____ per month
   (Include income from salaries, wages, commissions, bonuses, dividends, pensions, interest trust income, Social Security benefits, worker's compensation benefits, independent contract payments, self-employment, proprietorship of a business, business draw, rental income, unemployment insurance, disability benefit payments and in-kind payments such as free rental or meals.) Attach pay-stubs and most recent year's I.R.S. income tax return including Form 1040 and all attachments submitted with it to the I.R.S.
   A. Pre-existing court-ordered child support paid by you monthly $ _____
   B. Court-ordered spousal support paid by you monthly $ _____
2. MONTHLY ADJUSTED GROSS INCOME $ _____
3. Number of all children whom you are legally obligated to support (not including step children) and there is no court-ordered child support obligation. Attach birth certificates showing your parenthood. _____
4. Number of overnights the children in this matter spend with you each year as stated in your custody or visitation court order (if ordered) _____

5. CREDITS PERMITTED BY COLORADO CHILD SUPPORT GUIDELINES

A. Monthly Amount of work-related Child Care costs—monthly average. Attach proof. $ _____

B. Extraordinary Medical Expenses—monthly average. Attach proof (include uninsured expenses costing over $100.00 monthly for the children of this matter only). $ _____

C. Medical and/or Dental insurance payment—monthly average (include amount paid monthly for children of this matter only). Attach proof of enrollment and of cost $ _____

I affirm this information is true and complete to the best of my knowledge: _____
Signature

DECLARATION OF ARREARS/DIRECT PAYMENTS

Payment History for Noncustodial Parent (NCP)

NCP Name:

What type of support is this document being completed for? **(If both Child Support and Spousal Support/ Maintenance are ordered, please use a separate form(s) for each type of support)** Please check **ONE** box:

☐ Child Support ☐ Spousal Support

I have received payments directly from the NCP? Please check **ONE** box:

☐ Yes (If yes please start with the most recent month/year) ☐ No (If no, please skip to the **Declaration** at the bottom)

YEAR: Select Year			YEAR: Select Year			YEAR: Select Year		
Month	**Amount Due**	**Amount Paid**	**Month**	**Amount Due**	**Amount Paid**	**Month**	**Amount Due**	**Amount Paid**
Jan			Jan			Jan		
Feb			Feb			Feb		
Mar			Mar			Mar		
Apr			Apr			Apr		
May			May			May		
June			June			June		
July			July			July		
Aug			Aug			Aug		
Sept			Sept			Sept		
Oct			Oct			Oct		
Nov			Nov			Nov		
Dec			Dec			Dec		
TOTAL	$0.00	$0.00	**TOTAL**	$0.00	$0.00	**TOTAL**	$0.00	$0.00

YEAR: Select Year			YEAR: Select Year			YEAR: Select Year		
Month	**Amount Due**	**Amount Paid**	**Month**	**Amount Due**	**Amount Paid**	**Month**	**Amount Due**	**Amount Paid**
Jan			Jan			Jan		
Feb			Feb			Feb		
Mar			Mar			Mar		
Apr			Apr			Apr		
May			May			May		
June			June			June		
July			July			July		
Aug			Aug			Aug		
Sept			Sept			Sept		
Oct			Oct			Oct		
Nov			Nov			Nov		
Dec			Dec			Dec		
TOTAL	$0.00	$0.00	**TOTAL**	$0.00	$0.00	**TOTAL**	$0.00	$0.00

Declaration: I declare under penalty of perjury the information I have provided on this declaration is true and correct to the best of my knowledge and belief and the statements contained herein are made for the purposes stated herein including, but not limited to, obtaining assistance in paternity and order establishment, and the enforcement and distribution of child support. By signing this application, I acknowledge the responsibilities as listed and agree to the services the Child Support Services Division provides.

Name of Applicant (please print):

Signature of Applicant: **Date:**

DECLARATION OF CUSTODIAN AS TO MINOR CHILD(REN)

Declaración del Tutor con Respecto al Infante(s) Menor(es) de Edad

Household Number: _____ **Docket Number**: _____
Número del Caso del Departamento Número del Caso de la Corte

Telephone Number: _____ **Email Address**: _____
Número de Teléfono Dirección de Correo Electrónico

Name of Children / Nombre(s) del Infante(s)	**Date of Birth** / Fecha de Nacimiento	**Child Has Been In My Care from The Following Date:** El/los infante(s) ha(n) estado bajo mi cuidado a partir de la siguiente fecha:	**Relationship to Child** Relación con el/los infante(s)

Home Address / Dirección residencial:

City/Ciudad **State/**Estado **Zip Code**/Código postal

I do hereby state under penalty of perjury that the following information is true and correct. I also understand that this Declaration will be used in court and may affect the child support entered in this case.
Yo declaro, bajo pena de perjurio, que la siguiente información es verdadera y correcta. También comprendo que esta Declaración será utilizada en el tribunal y puede afectar la manutención de menores impuesta en este caso.

Printed Name of Custodial Party Nombre Impreso de la Parte con Custodia	**Signature of Custodial Party** Firma de la Parte con la Custodia	**Date** Fecha

DECLARATION OF PARENTAGE AS TO MINOR CHILD(REN)

DECLARACIÓN DE PARENTESCO HACIA EL MENOR(ES)

My Name Is: _____ **Child's Name**: _____
Mi nombre es:_____ **Nombre del Niño/a:**_____

Child 's Date of Birth Fecha del Nacimiento del Niño(a)		Name of 2nd Parent On The Birth Certificate Nombre de la segunda persona en el certificado de nacimiento.	
City and State of Birth Ciudad y Estado de Nacimiento		City and State of Conception Ciudad y Estado de Concepción	

I had sexual relations that may have resulted in this pregnancy with the following people either 45 days prior to or after the conception date of this child. (Who could possibly be the 2nd biological parent?) (Please list even if they have previously been excluded)

Yo tuve relaciones sexuales que pudieron resultar en este embarazo, 45 días antes o después de la fecha de concepción de este niño(a). (¿Quién puede ser la segunda posible persona?, Escriba los nombres aun si han sido anteriormente excluidos.)

_____ _____ _____

Marital Status (Please check all boxes that apply. Common law marriage must be included)

ESTADO CIVIL (Marque todos los casilleros correspondientes. Debe incluir el matrimonio en unión libre.)

☐ I have **never** been married.
Nunca he estado casada(o).

☐ I am **presently** married.
Estoy actualmente Casada(o)

_____ Name of Current Spouse / Nombre del esposo actual
_____ Date of Marriage / Fecha del Matrimonio
_____ Location of Marriage / Lugar del Matrimonio

☐ I have **previously** been married/ He estado ***anteriormente*** *casada(o)*.

Name of Former Spouse Nombre del Ex-esposo(a)	Date of Marriage Fecha del Matrimonio	Date of Divorce Fecha del Divorcio	Location of Divorce Lugar del Divorcio	Court Case Number Numero del Caso Judicial

Parentage Information

☐ No person has held themself out to be this child's 2nd parent/ Ninguna persona ha declarado ser el segundo en parentesco de este niño(a).

☐ The following people have held themselves out to be this child's 2nd parent./ Las siguientes personas se han declarado en ser el segundo en parentesco de este niño(a).

_____ _____ _____

Child Support

☐ No person is ordered to pay support for this child.
Ninguna persona ha sido ordenada a pagar la manutención de este niño(a).

☐ _____ has been ordered to pay support for this child.
ha sido ordenado(a) a pagar la manutención de este niño(a)

I do hereby state under penalty of perjury that the following information is true and correct. I am the parent of the child listed above. I also understand that this Declaration will be used in court and may affect the child support entered in this case./ Yo juro y afirmo bajo pena de perjurio que la siguiente información es verdadera y correcta. Yo soy la primera persona en parentesco del niño(a) mencionado(a) anteriormente. También entiendo que esta declaración se utilizará en el tribunal y puede afectar la manutención de los niños impuesta en este caso.

_____ _____ _____
Printed Name/Nombre Impreso **Signature /Firma** **Date / Firma**