

# WARRICK COUNTY PROSECUTOR'S OFFICE

-MICHAEL J. PERRY, PROSECUTOR-

Dear Parent,

Welcome to the Warrick County Prosecutor's Office Child Support Division. We have received your request to open a case for one or more services provided by our office. We are committed to providing excellent service to obtain child support for your family. In order to open a case with our office, you must complete and return the attached application for IV-D services. Due to the volume of cases handled by our office, providing a copy of the documents listed below will assist us in moving forward with action on your case.

Sincerely,  
Child Support Division

## **WHAT WE NEED TO GET STARTED ON YOUR CASE**

1. Paternity Affidavit(s), if applicable
2. Birth Certificate(s) of the child(ren)
3. Any and all child support orders, if applicable
4. Copy of license/ID
5. Copy of Social Security cards for yourself and the child(ren)
6. Completed Application Form 34882 (enclosed)
7. Signed Title IV-D Notice and Waiver (enclosed)
8. Completed Affidavit of Direct/In-Kind Payments, if applicable (Enclosed)
9. Copy of *Medicaid/Hoosier Healthwise/TANF* cards for your child(ren), if applicable

WARRICK COUNTY JUDICIAL CENTER  
ONE COUNTY SQUARE, STE 180 – BOONVILLE, IN 47601  
PHONE: (812)897-6199 - FAX: (812)897-6198  
EMAIL: [childsupport@warrickprosecutor.org](mailto:childsupport@warrickprosecutor.org)

**EVERY CHILD MATTERS**



# INDIANA CHILD SUPPORT SERVICES ENROLLMENT

State Form 34882 (R17 / 3-20) / CSB 425A  
DEPARTMENT OF CHILD SERVICES

### INSTRUCTIONS:

1. Complete this form by providing the requested information.
2. Take or mail the signed form to your County Child Support Office.

NOTICE TO ENROLLEE					
All custodial parties and non-custodial parents may enroll to receive child support services. There is no enrollment fee or residency requirement.					
Child Support Services include:					
<ul style="list-style-type: none"> <li>• Parent location,</li> <li>• Establishment of paternity,</li> <li>• Establishment, modification, and/or enforcement of child support obligations, and</li> <li>• Establishment, modification, and/or enforcement of medical support for dependent children.</li> </ul>					
Information provided for this enrollment is confidential and is protected to prevent unauthorized disclosure.					
ENROLLEE INFORMATION					
Last name		First name		Middle name	Suffix ( <i>Jr., III, etc.</i> )
Other names used		Relationship to dependents on this form ( <i>mother, father, guardian, other</i> )		Do you have primary physical custody of dependents on this form? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of birth ( <i>month, day, year</i> )	Gender	Race	Social Security Number / ITIN		
Home address ( <i>Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code</i> )					
Mailing address, if different from address above ( <i>Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code</i> )					
Telephone number ( <i>cellular</i> ) ( ) ( )	Telephone number ( <i>home</i> ) ( ) ( )	Telephone number ( <i>work</i> ) ( ) ( )	E-mail address		
Do you need special assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>If yes, complete next box.</i> )		Specify assistance needed here ( <i>i.e., physical, hearing impaired, language interpreter, other</i> )			
Do you believe that pursuing child support services may result in physical or emotional harm to you or your child(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>If yes, your case worker may discuss additional protections offered when providing child support services.</i> )					
Do either of the following apply? <input type="checkbox"/> Active Military Duty <input type="checkbox"/> Currently Incarcerated		Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>If yes, complete the next two boxes.</i> )		Name of employer	
Address of employer ( <i>Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code</i> )					
Marital status of enrollee to other parent <input type="checkbox"/> Never married <input type="checkbox"/> Divorced <input type="checkbox"/> Divorce pending <input type="checkbox"/> Married <input type="checkbox"/> Legally separated <input type="checkbox"/> Separated					
Do you have a private attorney handling paternity and/or support matters for dependents listed in this form? <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>If yes, complete next box.</i> )			Name of attorney ( <i>full name</i> )		
Are you applying for services for an unborn child? <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>If yes, complete next box.</i> )			Due date ( <i>month, day, year</i> )		
DEPENDENT #1 INFORMATION					
Last name		First name		Middle name	Suffix ( <i>Jr., III, etc.</i> )
Date of birth ( <i>month, day, year</i> )	Place of birth ( <i>City and State</i> )	Gender	Race	Social Security Number / ITIN	
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown ( <i>If yes, then complete the next two boxes.</i> )		How was paternity established? <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit ( <i>If by court order, complete the next box.</i> )		Where was paternity established? ( <i>County and state</i> )	
Is there a court ordered child support obligation for this dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown ( <i>If yes, complete the next box.</i> )			Where was child support ordered? ( <i>County and state</i> )		Enrolled in Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No
DEPENDENT #2 INFORMATION					
Last name		First name		Middle name	Suffix ( <i>Jr., III, etc.</i> )
Date of birth ( <i>month, day, year</i> )	Place of birth ( <i>City and State</i> )	Gender	Race	Social Security Number / ITIN	
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown ( <i>If yes, then complete the next two boxes.</i> )		How was paternity established? <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit ( <i>If by court order, complete the next box.</i> )		Where was paternity established? ( <i>County and state</i> )	
Is there a court ordered child support obligation for this dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown ( <i>If yes, complete the next box.</i> )			Where was child support ordered? ( <i>County and state</i> )		Enrolled in Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No

DEPENDENT #3 INFORMATION					
<i>(Attach separate page with information requested below for all additional dependents.)</i>					
Last name		First name		Middle name	
Date of birth (month, day, year)		Place of birth (City and State)		Gender	Race
Has paternity been established for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, then complete the next two boxes.)</i>		How was paternity established? <input type="checkbox"/> Court order <input type="checkbox"/> Paternity affidavit <i>(If by court order, complete the next box.)</i>		Where was paternity established? (County and state)	
Is there a court ordered child support obligation for this dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>(If yes, complete the next box.)</i>		Where was child support ordered? (County and state)		Enrolled in Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	

OTHER PARENT INFORMATION					
<i>(Attach separate page with information requested below for all additional parents, or additional potential parents if paternity has not been established.)</i>					
Last name		First name		Middle name	
Other names used		Relationship to dependents on this form <i>(mother, father, potential father, guardian, other)</i>		Does this parent have primary physical custody of dependents on this form? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of birth (month, day, year)		Gender		Race	Social Security Number / ITIN
Height	Weight	Hair Color		Other distinguishing characteristics <i>(eye color, tattoos, etc.)</i>	
Home address <i>(Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code)</i>					
Mailing address, if different from address above <i>(Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code)</i>					
Telephone number (cellular) ( ) ( )		Telephone number (home) ( ) ( )		Telephone number (work) ( ) ( )	
E-mail address		Does this parent need special assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete next box.)</i>			
Specify assistance needed here <i>(physical, hearing impaired, language interpreter, other)</i>		Do either of the following apply? <input type="checkbox"/> Active Military Duty <input type="checkbox"/> Currently Incarcerated			
Current or last known employer		Employer telephone number ( ) ( )			
Address of employer <i>(Full address including number and street, Rural Route number, Apartment or Room number, city, state, and ZIP code)</i>					
Does this parent have a private attorney handling paternity and/or support matters for dependents listed in this form? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete next box.)</i>				Name of attorney <i>(full name)</i>	

AFFIRMATION AND AGREEMENT	
<ul style="list-style-type: none"> <li>I hereby swear and affirm under the penalties of perjury that the information contained in this form is true and correct to the best of my knowledge. Providing false information could result in perjury charges being filed against me.</li> <li>I understand that child support services DO NOT include establishment or enforcement of parenting time or parenting time credits, the assignment of the right to claim a child as a dependent for federal or state tax purposes, nor any matters other than those associated with establishment of paternity (if needed) and the financial support of dependent children.</li> <li>I am advised that attorneys and staff at the Child Support Bureau and County Child Support Office providing these child support services represent the State of Indiana and do not represent the enrollee or any other person or entity. Communications between the enrollee or other participants and the Child Support Bureau or County Child Support Office are not confidential communications protected by the attorney/client privilege under IC 34-46-3-1.</li> <li>I understand that I must cooperate with the County Child Support Office in order for my case to be processed, and non-cooperation can result in termination of child support services. I further understand that this enrollment to receive child support services does not guarantee successful action on the case but rather that all reasonable attempts will be made to obtain successful results.</li> <li>I understand that I may terminate services by notifying the County Child Support Office handling my case in writing that services are no longer desired. Services may only be terminated in accordance with 45.C.F.R. 303.11. Termination of these services does not modify or terminate existing child support orders or obligations.</li> <li>I authorize the Indiana State Central Collection Unit (INSCCU) to endorse and negotiate any checks received by INSCCU for payment of support on my child support case.</li> </ul>	
Printed name of parent / guardian <i>(if enrollee is an unemancipated minor)</i>	Signature of parent / guardian <i>(if enrollee is an unemancipated minor)</i> X _____
Printed name of enrollee	I agree that if I am overpaid, the state may recoup the amount of the overpayment from future child support payments owed to me. <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of enrollee X _____	Date signed <i>(month, day, year)</i>

STATE OF INDIANA    )  
                                  ) SS:  
COUNTY OF WARRICK )

**TITLE IV-D NOTICE AND WAIVER**

I, the undersigned custodial parent or custodian, hereby acknowledge that the Prosecuting Attorney is an agent of the State of Indiana and the Indiana Family and Social Services Administration, and cannot and does not serve as a private attorney to custodial parents or other custodians. The function of the Office of the Prosecuting Attorney is to protect and promote the interests of the State at large and the best interests of children in particular, and these interests may conflict at times with my interests or desires.

I understand that the Prosecuting Attorney does not actually represent custodial parents or custodians, but is merely providing child support services under Title IV-D of the Federal Social Security Act. These services are limited to: (1) location of absent parents; (2) establishment of paternity and other support orders; (3) enforcement of support orders; and (4) modification of support orders. Furthermore, I realize that the Prosecuting Attorney is not my personal attorney, and that I may need to consult with a private attorney or a legal services agency regarding my legal rights, including but not limited to dissolution, separation, paternity, custody, visitation, and property settlement.

I acknowledge that I am not entering into an attorney-client relationship with any attorney in the Office of the Prosecuting Attorney, and that any confidential information provided to the Prosecutor's Office is not information protected by an attorney-client relationship. As such, any information provided to the Office of the Prosecuting Attorney may be used by that Office in the prosecution of criminal offenses or civil violations without regard to the source of the information. I further acknowledge that involvement in the Title IV-D Child Support Program does not protect me from prosecution of any criminal offense or civil infraction.

**NOTE: THIS FORM IS A WAIVER OF LEGAL RIGHTS AND SHOULD BE SIGNED ONLY AFTER BEING READ CAREFULLY. YOUR SIGNATURE VERIFIES THAT YOU HAVE READ AND UNDERSTAND THE CONTENTS OF THIS DOCUMENT.**

I have read the above and fully understand the contents of this waiver and consent to its terms. I affirm under the penalties of perjury that foregoing representations are true.

DATE

Signature

PRINTED NAME

