

**DHS1201A, APPLICATION FOR IV-D CHILD SUPPORT SERVICES
(For Individuals Receiving FAP/CDC)**

Michigan Department of Health and Human Services (MDHHS)
Office of Child Support (OCS)
(New 9-24)

SECTION 1 – INFORMATION ABOUT THE CUSTODIAL PARENT/CARETAKER OF THE CHILD

Name (First, Middle, Last, Suffix) Maiden Name (if applicable)

Date of Birth Social Security Number Sex
☐ Male ☐ Female

Home Address (PO Box Number, Number, and Street)

City State Zip Code

Home Phone Number Cell Phone Number Email

Race (Select one)

- ☐ Black/African American
☐ East/Southeast Asian (Chinese, Japanese, Korean)
☐ Indigenous (Native People, Native Alaskan)
☐ Middle Eastern, North African, Arab (Iranian, Syrian, West Asian)
☐ Native Hawaiian, Pacific Islander
☐ White (German, Irish, English)
☐ South Asian (East Indian, Pakistani, Bangladeshi)
☐ Multi-Racial
☐ Other

Ethnicity (Select one)

- ☐ Hispanic, Latino, Spanish origin ☐ Not of Hispanic, Latino, Spanish origin

SECTION 2 – MOTHER'S MARRIAGE INFORMATION (Note: If you are not the mother, provide as much information as you can.)

Name of Mother's Spouse Spouse's Date of Birth

Marriage Date City State Country County

Separated or Divorced? Date of Separation/Divorce

- ☐ Separated ☐ Divorced

Court Order Number City State County

SECTION 3 – INFORMATION ABOUT THE PARENT WHO IS NOT IN THE HOME

Note: If **both** parents are out of the home or the children have different parents, provide information for each parent by attaching a separate sheet of paper for the other parent(s). If you are not a parent of the children, provide as much information as you can.

Parent's Name (First, Middle, Last, Suffix)			Maiden Name (if applicable)	
Date of Birth	Social Security Number	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address (PO Box Number, Number, and Street)			<input type="checkbox"/> Current Address <input type="checkbox"/> Last Known Address	
City	State	Zip Code		
Home Phone Number		Cell Phone Number		
Email		Social Media Accounts		
Weight	Height	Hair Color	Eye Color	
Race (Select one) <input type="checkbox"/> Black/African American <input type="checkbox"/> East/Southeast Asian (Chinese, Japanese, Korean) <input type="checkbox"/> Indigenous (Native People, Native Alaskan) <input type="checkbox"/> Middle Eastern, North African, Arab (Iranian, Syrian, West Asian) <input type="checkbox"/> Native Hawaiian, Pacific Islander <input type="checkbox"/> White (German, Irish, English) <input type="checkbox"/> South Asian (East Indian, Pakistani, Bangladeshi) <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other				
Ethnicity (Select one) <input type="checkbox"/> Hispanic, Latino, Spanish origin <input type="checkbox"/> Not of Hispanic, Latino, Spanish origin				

SECTION 4 – INFORMATION ABOUT THE CHILD(REN) IN THE HOME (Attach additional pages, if necessary.)

Child One

Child's Full Name (First, Middle, Last, Suffix)			Date of Birth	
Social Security Number	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	City, County, and State of Birth		
Who paid for the birth of the child? <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other				
When and where did the mother become pregnant?				
Date	City	County	State	
Has the father completed a document admitting he is the father of the child, such as an Affidavit of Parentage, or is there a court order establishing paternity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the following information about that document:				
Date Signed	City	County	State	

What is your relationship to this child?

- ☐ Custodial Parent ☐ Non-Custodial Parent or Alleged Father
☐ Other Caretaker, specify:

Child Two

Child's Full Name (First, Middle, Last, Suffix)

Date of Birth

Social Security Number

Sex

- ☐ Male ☐ Female

City, County, and State of Birth

Who paid for the birth of the child?

- ☐ Medicaid ☐ Private Insurance ☐ Mother ☐ Father ☐ Other

When and where did the mother become pregnant?

Date

City

County

State

Has the father completed a document admitting he is the father of the child, such as an Affidavit of Parentage, or is there a court order establishing paternity?

- ☐ Yes ☐ No If yes, provide the following information about that document:

Date Signed

City

County

State

What is your relationship to this child?

- ☐ Custodial Parent ☐ Non-Custodial Parent or Alleged Father
☐ Other Caretaker, specify:

SECTION 5 – ACKNOWLEDGEMENT FOR ALL APPLICANTS

I believe that disclosure of my address or other identifying information may result in physical or emotional harm to me or the child.

- ☐ Yes ☐ No

I request child support services available under Title IV-D of the Social Security Act.

- ☐ All Services
☐ Locate Only (for custodial parents and caretakers only)

I understand that disclosure of my Social Security number is mandated by the Social Security Act, 42 USC 666(a)(13), in order that Michigan's child support program may provide services related to the establishment of paternity and the establishment, modification and enforcement of child support obligations. I declare that the information provided above is true and correct to the best of my knowledge and agree to report changes in my circumstances that may affect support action in my case.

I have received or have had an opportunity to review a copy of DHS-Pub-748, "Understanding Child Support: A Handbook for Parents," at www.michigan.gov/childsupport. (Click "Resources," then click "For Child Support Policy, Forms and Publications.")

Applicant's Signature (Signature Is Required)

Date

Applicant's Printed Name

Return to:

Michigan Department of Health and Human Services
Office of Child Support
PO Box 30744
Lansing, MI 48909-8244

FOR OFFICE USE ONLY

Date Requested

Date Provided

Date Filed

IV-D Case Number

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

AUTHORITY: 45 Code of Federal Regulations 302.33.

COMPLETION: Completion of this application for IV-D child support services is voluntary.

You can get help and information in your language at no cost. To talk to an interpreter, call us at 866-540-0008. You can find Spanish and Arabic versions of this form at www.michigan.gov/childsupportpubs.

Puede obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llámenos al 866-540-0008. Puede encontrar versiones de este formulario en español y árabe en www.michigan.gov/childsupportpubs.

يمكنك الحصول على المساعدة والمعلومات بلغتك دون أي تكلفة. للتحدث إلى مترجم، ، اتصل بنا على 866-540-0008. يمكنك العثور على النسختين الإسبانية والعربية من هذا النموذج على الرابط www.michigan.gov/childsupportpubs.