

Application for Full Services  
**New Mexico Health Care Authority/Child Support Services Division**

Applicant's information: I am the primary custodian for the child(ren)  I am the non-custodial party

**1. Information about the person with whom the child(ren) live(s):**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Sex: Male  Female   
Address: \_\_\_\_\_ Residential  Mailing   
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Relationship to Child(ren): \_\_\_\_\_ Maiden Name: \_\_\_\_\_

If you are not the parent of the child(ren), do you have a court order that places them in your care, such as a kinship guardianship?

Yes  No  If so, please include a copy of your order with this application.

Are there issues of domestic violence? Yes  No  Is there a no contact order or other domestic violence order that has been issued involving the custodial party and the noncustodial parent(s)? Yes  No  If so, please provide copies.

If there are issues of domestic violence, please see page 3, #7 Acknowledgement below.

Do you need an interpreter? Yes  No  If so, what type? \_\_\_\_\_

Do you have an attorney who represents you in any matters related to the children? Yes  No

If so, please provide attorney's name and phone number: \_\_\_\_\_

If you are a caretaker, and not the parent of the child(ren) when did the child(ren) begin to live with you? \_\_\_\_\_

**2. Non-custodial Party Information:**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Sex: Male  Female   
Address: \_\_\_\_\_ Residential  Mailing   
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Relationship to Child(ren): \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Is the non-custodial party currently incarcerated? Yes  No  If so, where? \_\_\_\_\_

Is non-custodial party on probation or parole? Yes  No

Is non-custodial party currently serving in the armed forces? Yes  No  If so, which branch? \_\_\_\_\_

Are there issues of domestic violence? Yes  No  If there are issues of domestic violence, please see page 3, #7 Acknowledgement below.

Application for Full Services  
**New Mexico Health Care Authority/Child Support Services Division**

3. The child(ren): (Attach additional sheets as needed for all children.)

First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Sex: Male  Female   
City of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Were the parents married to each other at the birth of the child? Yes  No   
Was the child adopted by the parents? Yes  No   
Did the father sign an Acknowledgement of Paternity? Yes  No  If so, please provide a copy.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Sex: Male  Female   
City of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Were the parents married to each other at the birth of the child? Yes  No   
Was the child adopted by the parents? Yes  No   
Did the father sign an Acknowledgement of Paternity? Yes  No  If so, please provide a copy.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Sex: Male  Female   
City of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Were the parents married to each other at the birth of the child? Yes  No   
Was the child adopted by the parents? Yes  No   
Did the father sign an Acknowledgement of Paternity? Yes  No  If so, please provide a copy.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Sex: Male  Female   
City of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Were the parents married to each other at the birth of the child? Yes  No   
Was the child adopted by the parents? Yes  No   
Did the father sign an Acknowledgement of Paternity? Yes  No  If so, please provide a copy.

Application for Full Services  
New Mexico Health Care Authority/Child Support Services Division

4. Parents' relationship to each other:

Married  Divorced  Separated  Never Married  Common Law  Widowed

5. Marriage information (If parents were married to each other):

Marriage Date (mm/dd/yyyy): \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
Divorce Date (mm/dd/yyyy): \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_  
Living Apart or Separated: Yes  No  Legal Separation Date (mm/dd/yyyy): \_\_\_\_\_

6. Court Order Information (if there is a court order that addresses custody and/or child support, please provide copies of the court order, and a complete payment record.)

Location/Court: \_\_\_\_\_ Docket/Case #: \_\_\_\_\_ Date of Last Order: \_\_\_\_\_  
Monthly Ongoing Support: \_\_\_\_\_ Monthly Arrears Payment: \_\_\_\_\_  
Total Arrears Judgment: \_\_\_\_\_ Payment Due Date: \_\_\_\_\_

7. ACKNOWLEDGMENT

- a. I hereby apply for Child Support Services Division (CSSD) services and declare that all statements in this application are true and correct to the best of my knowledge.
- b. I have received a copy of CSSD Form 538B, Fact Letter on Child Support Services, and I acknowledge its contents.
- c. I accept, understand, and have signed the Statement of Understanding.
- d. I agree with the conditions as explained in the Fact Letter. I will provide all documentation requested so that CSSD can move forward with my case.
- e. I acknowledge my full cooperation is necessary for CSSD to work the case. If I fail to cooperate, CSSD may close the case.
- f. **Some of the information you provide may become available to the other party, such as your address and phone number. If you feel that pursuing child support poses a threat, and could result in physical or emotional harm to you or your child(ren), please request further information from the CSSD worker, including good cause case closure, or a nondisclosure process that will safeguard your personal information.**

Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

❖ Please keep a copy of the Statement of Understanding and Form 538B Fact Letter on Child Support Services.

Application for Full Services  
New Mexico Health Care Authority/Child Support Services Division

**I. STATEMENT OF UNDERSTANDING AND NOTICE OF NON-REPRESENTATION**

**The New Mexico Child Support Services Division (CSSD) serves the State's interest in having children adequately supported by their parents. CSSD also pursues reimbursement for TANF and Medicaid assignments, pursuant to State and Federal laws.** Your case will be primarily handled by non-attorney CSSD staff, who may or may not refer your case to a CSSD Attorney. You will likely be required to appear as a witness in court, meet with a CSSD Attorney, and/or meet with non-attorney CSSD personnel to discuss your case.

**The CSSD Attorney represents the State of New Mexico only.** There is no express or implied attorney-client relationship between you and any CSSD Attorney. And there is no confidential relationship between you and the CSSD attorney. The information you provide the CSSD attorney is not confidential and may be revealed to the other party. By law, the CSSD Attorney represents the State of New Mexico only, and the way he or she handles cases is also limited by law. If you are not satisfied with the actions taken by CSSD or its attorney(s), you may file your own pleadings with the court, or you may hire a private attorney to represent you.

**II. CONFLICT OF INTEREST**

**The CSSD Attorney only represents the interests of the State.** There may be times when the State's interests are different from the custodian's personal interests. The CSSD Attorney is required by law to act in the best interests of the State. For example, the State may ask that a judgment be entered in favor of the State only, if you fail to appear for a hearing when you had proper notice. All payments shall be made and processed through the CSSD State Disbursement Unit (SDU) and shall be distributed according to State and Federal laws. A CSSD Attorney may settle only the State's interest in your case without your input or approval.

**Your interests may conflict with the interests of another child support customer; some of your information may be available to the other parent.** If the non-custodial parent of your child has more than one child support case with CSSD your case will not receive preferential treatment. CSSD personnel working on the non-custodial parent's other case(s) will have access to information you provided to CSSD.

**The amount of your monthly support obligation may be modified based on State and Federal laws.** At the request of either party, your support order may be reviewed by CSSD for modification. If the review shows that the amount of support should be changed, CSSD may proceed to seek a modification. The support amount could be increased or decreased, based on the current circumstances of both parties and the child(ren). If a motion for modification is filed, a judge or hearing officer will make the final decision, based on New Mexico law. Your case will be subject to this review and modification process.

**III. CONFIDENTIALITY**

**Not all information you provide to any CSSD employee is confidential. Some information may be revealed to the other party.** There is no Attorney-Client relationship between you and any CSSD employees, including CSSD attorneys. Any information you provide to any CSSD employee will be available to everyone employed by CSSD, including the staff working on the other parent's case (if the other parent also receives CSSD services) and CSSD staff working on other custodial parents' cases, who share with you a common non-custodial parent. It is even possible that information provided by you to a CSSD employee may be used against you in certain circumstances. Such circumstances include, but are not limited to, revealing information that may lead to charges of welfare fraud against you. For example, if you received benefits, such as TANF, and you failed to report child support or other income to the Income Support Division.

Application for Full Services  
New Mexico Health Care Authority/Child Support Services Division

**IV. LIMITATION OF CSSD ACTION**

**By law, the role of CSSD or its attorneys is limited solely to the issue of child support and medical support.** CSSD will not provide services relating to other issues such as visitation, custody, property settlements, or other similar matters. If any issues other than support arise, you may contact a private attorney, Legal Aid, or you may consult with the self-help division at your courthouse.

**IMPORTANT**

**DO NOT SIGN BELOW UNLESS YOU FULLY UNDERSTAND AND AGREE TO ALL THE ABOVE.** If you have any questions concerning the above, you may want to discuss them with an attorney before applying for CSSD services.

---

I have read and understand the above terms. I understand that the CSSD attorney does not represent me. I agree to the above terms.

Applicant/Recipient Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

**FACT LETTER ON CHILD SUPPORT SERVICES**

The Child Support Program is a Federal/State effort to find non-custodial parties, their employers and/or assets; establish parentage; and establish and enforce support orders. The New Mexico **Child Support Services Division (CSSD)** provides an array of services. Neither CSSD nor its attorneys represent individual parties in a case. CSSD attorneys represent CSSD's interests, and NO ATTORNEY-CLIENT RELATIONSHIP, express or implied, exists between the attorney and any other party.

Continuing concern for the well-being of children who live with only one, or with neither of their parents, and a desire to reduce the costs to taxpayers for the public assistance (TANF) program prompted Congress to strengthen child support laws. Major improvements to the Federal/State Child Support Program include:

- Immediate wage withholding for **all** orders, unless both parents and/or the court agree to a different plan;
- Child support guidelines **must** be used unless it can be shown that to use them would be unjust or inappropriate;
- Genetic testing may be appropriate in certain disputed paternity cases.;
- States must notify both parties of their right to have CSSD review their cases every three (3) years for possible modification.

State and federal laws require child support payments to be withheld from an obligated parent's paycheck from the time child support is ordered, regardless of whether there is an arrearage.

Studies have shown that wage withholding is the tool that works best for enforcing child support orders. It taps the parent's income at its source: child support is deducted as automatically as income tax, social security, or union dues. With regular wage deductions for child support, children get their support payments on time and in most cases, the correct amount. Arrearage - overdue child support - can be eliminated, and a stable pattern of payments is set up from the beginning.

Wage withholding has advantages for the parent who is ordered to pay child support as well. It offers a clear record of child support payments that have been made. Wage withholding is a convenient way for a parent to fulfill a legal responsibility. A parent paying by wage withholding does not have to write checks or take payments to the other parent, child support office, or court every week or month. When child support payments are missed, the court may order an additional payment each month until the arrearage is eliminated. A parent who is delinquent could face court proceedings. In addition, a delinquency could result in administrative enforcement actions. Wage withholding avoids missed payments.

**Application.** Attached is the necessary form for applying for full child support enforcement and collection services. Please read carefully this explanation about our services and policies. If you wish to apply, fill out the application in its entirety, including the Statement of Understanding and Notice of Non-Representation. If you have been on public assistance and wish to continue receiving child support services, you are not required to fill out an application. However, you must complete and return the Statement of Understanding and Notice of Non-Representation.

**Locate.** Under Federal law, CSSD may to locate parents who have outstanding child support orders. **All other services are dependent upon accurate locate.** Generally, the primary source of locate information is the custodial party who will supply crucial data on the non-custodial party that CSSD relies on, such as: name, date of birth, home and work addresses, and Social Security number. This information forms the basis for automated locate efforts available to CSSD.

**Parentage Establishment.** This step is necessary if parentage has not been determined. Genetic testing is available upon request and under certain circumstances. Once parentage is determined, a court order for child support can be obtained.

**Establishment of Support** The fair amount of child support that a parent should pay is decided by using the child support guidelines and schedule. The needs of the child, the number of children who must be supported, and the ability of the parents to pay are all taken into consideration.

**Enforcement of Support.** In addition to income withholding, other enforcement mechanisms include liens against real and personal property, garnishment, civil contempt, offset of Federal and State tax refunds, bonds and other forms of security, suspension of licenses issued by the State, and reports to consumer reporting agencies (credit bureaus).

**Tax Intercept.** CSSD can intercept the tax refunds of payor(s), which includes the spouse’s portion of the refund. If your case meets certain conditions, it may be submitted to the Internal Revenue Service (IRS) or the New Mexico Taxation and Revenue Department (TRD) to have any refunds intercepted. There is no guarantee any amount will be collected on the custodian’s behalf. If taxes are intercepted, the State has the authority to hold certain refunds up to six months before disbursing them. If you have received public assistance, a tax intercept collection may first be applied to satisfy any child support debt owed to the State. Collections are applied in accordance to the New Mexico Administrative Code (NMAC) Fees, Payments and Distributions Part 8.50.125.11 and 8.50.125.12.

**Credit Bureau Referral.** Once a support order has been obtained and a debt identified, the non-custodial party may be referred to national credit rating agencies. CSSD provides this service for all cases that meet the referral criteria.

**Intergovernmental Cases.** If the non-custodial party lives in another state, CSSD can have the case referred to the other state’s child support agency to assist with taking proper action.

**Medical Support.** State and federal laws require the inclusion of medical support as part of any support order. Medical support includes any one of the following: private health insurance, health care coverage (health, dental, or vision) provided by a public entity (Medicaid), coverage through the Indian Health Services (IHS), the Defense Enrollment Eligibility Reporting Services (DEERS), cash medical support, or a percentage split of uncovered medical expenses for the minor child(ren). If medical support is ordered, either party may be required to provide health care coverage such as insurance through an employer or health care coverage provided by a public entity (Medicaid).

**Modification and Review.** All CSSD cases with child support orders should be reviewed for modification at least once every three (3) years. If the review shows that application of the guidelines results in a change of 20% more or less in the monthly obligation, the court can modify the order without any further justification. CSSD is required by law to share financial data with the parties, including when the data indicates a downward adjustment would be appropriate. If custody of the child(ren) changes at any time, a modification may be requested.

**Kidnapping and Child Custody Cases.** CSSD has an agreement with the Office of Child Support Services (OCSS) to use the Federal Parent Locator Service (FPLS) to assist in locating persons who are being sought in relation to child custody and parental kidnapping. Because of this agreement, an authorized person may request FPLS to locate persons sought relating to child custody and parental kidnapping cases. Neither parents nor their private legal representative may apply directly to CSSD for this service. A parent can request appropriate state officials who are authorized persons to make a locate request. An "authorized person" is any U.S. Attorney, Attorney General, District Attorney, Sheriff, Agents and Attorneys who are empowered to act on behalf of the State to enforce a child custody determination. Private attorneys are not considered agents of the court since they do not have the authority to make or enforce a child custody determination.

**Cooperation.** CSSD may request additional information or documents in order to proceed with your requesting in establishing and enforcing a support order. CSSD may terminate its services for your failure to provide requested information, or refusal to comply with CSSD policies or procedures, or if your actions are detrimental to the operation of the CSSD program.

**Direct Payments from the Non-Custodial Party.** All child support payments you receive directly from the non-custodial party must be reported immediately to CSSD. Failure to comply could result in closure of your case.

**Wage Withholding Only or Payment Processing Services (non-IV-D).** Individuals choosing to apply for payment processing services only will not be charged an annual processing fee.

**Fraud.** Any applicant who intentionally gives misleading or false statements to CSSD may be refused CSSD services and could be liable for prosecution.

**Recoupments/Overpayments.** Occasionally, CSSD makes payments to custodial parties in error. The custodial party is personally liable for the paying back any amounts received which were paid erroneously. When this occurs, CSSD will automatically retain a portion of the outgoing collection(s) until the amount owed is paid in full. This is referred to as a recoupment. CSSD will recoup from the custodial party's outgoing collection(s) as follows:

<b>Reason</b>	<b>Amount</b>
Insufficient funds (NSF)	No more than 100% of any future payment to the custodial party
Amended tax return of the non-custodial party or reversal of part or all of the intercepted tax refund	No more than 25% of any future payment to the custodial party
Any other overpayment reason	No more than 25% of any future payment to the custodial party