

**South Carolina Department of Social Services**  
**CUSTODIAL PARENT'S APPLICATION FOR CHILD SUPPORT SERVICES**

The disclosure of your Social Security Number is mandatory, in accordance with section 466(a)(13) of the Social Security Act. Social Security Numbers are used by the South Carolina Child Support Services Division to assist in locating individuals for the purposes of establishing paternity and establishing, modifying and enforcing child support obligations.

Date Application Requested: \_\_\_\_\_

Date Application Mailed: \_\_\_\_\_

Date Application Received: \_\_\_\_\_

**Child Support Services**

The South Carolina Department of Social Services, Child Support Services Division (CSSD), offers the following services to Non-TANF applicants who complete and sign the application. It is important that you carefully read the entire application and complete it to the best of your ability. If the application is not complete, we will return the application to you for completion. Please read Part II, "What to Expect," and detach for your records.

**Locate Only Service**

"Locate Only" service means that one complete search for the NCP will be made. This will include a search of all sources available to the CSSD. If found, you will be provided with a verified address and/or employer for the NCP. Your case will then be closed. Successful results are not guaranteed.

"Locate Only" service does not include scheduling the case for a hearing to determine paternity, secure or enforce child support, or review for medical support. If you would like these services, please choose "Full Service."

**Full Service**

"Full Service" means every reasonable effort will be made to:

- Locate the non-custodial parent (NCP) if his/her location is unknown. There is no guarantee that the NCP will be located.
- Establish paternity, if the parents of the child/ren were never married and it is legally feasible to do so.
- Obtain an order for support based on child support guidelines, if legally feasible to do so. Obtain medical support, if available to the NCP at a reasonable cost.
- Provide enforcement services that could include any of the following: wage withholding; federal and state tax refund offsets; establishing liens on real or personal property, posting bonds or security to guarantee payments, revoking licenses, credit bureau reporting; and obtaining medical support. An additional fee will be required when utilizing tax refund offsets.

You also have the right to request that we review your child support order for possible modification every three years. The review of the case may result in an increase or decrease of the child support award.

To obtain either of the services listed above, you must:

- Send the completed application to:  
South Carolina Department of Social Services  
Child Support Services Division  
P.O. Box 1469  
Columbia, South Carolina 29202-1469
- Completely fill out Part I. This must be completed before we can accept your application.
- Sign and date the application where indicated.
- Cooperate fully with CSSD in providing the needed information to proceed with the case.
- Pay any fees that may be required (for example, tax intercept fees).

**"Locate Only" Applicants**

I request "Locate Only" services and understand that DSS will not pursue paternity or support establishment on my behalf.

Under penalty of perjury, I declare that the information given in this application is true and complete to the best of my knowledge and belief. I have read all application instructions and pages nine and ten, "What to Expect", and agree to the conditions and fees as outlined in this application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Full Service Applicants Only**

If you are applying for Full Service, complete the Authorization and Assignment of Rights and sign.

**Authorization and Assignment of Rights**

- I do hereby apply to the South Carolina Department of Social Services (SCDSS), Child Support Services Division (CSSD) for Non-TANF services under Title IV-D of the Social Security Act. I hereby authorize the SCDSS to act in my behalf in enforcing and collecting my child support.
- In consideration for legal services and other assistance provided in obtaining child support. I hereby voluntarily assign and transfer unto SCDSS all the support rights, including those past, present and future, which I have against

\_\_\_\_\_ for the support of \_\_\_\_\_  
 (Non-Custodial Parent) (Child/Children)  
 \_\_\_\_\_ for whom I have care and custody.  
 (Child/Children)

- The assignment is subject to the terms and conditions of Title IV-D of the Social Security Act, as amended (42 USC 654(6)).
- I understand that when this application for services is accepted, one of the people with whom I may discuss my case is an attorney who is an employee of the CSSD. None of the services provided to me establish an attorney-client relationship with the CSSD. The attorney is employed by the state of South Carolina and remains an attorney for the state. Submission of this application constitutes my acknowledgment and acceptance of this condition.
- I request that the CSSD obtain and/or enforce medical support from the NCP if it is available at a reasonable cost:  
 Yes  No, I have satisfactory insurance.
- I do hereby attest under penalties of perjury that the above information is true and complete to the best of my knowledge and belief and is given for the purpose of receiving services under Title IV-D of the Social Security Act. I have read all application instructions and pages nine and ten, "What to Expect", and agree to the conditions and fees as outlined in this application.
- I understand, that as part of the 2005 Deficit Reduction Act passed by Congress, beginning October 1, 2007, all applicants who have never received public assistance (AFDC/TANF) will be charged a \$35.00 fee each federal fiscal year (October - September) after \$550.00 in child support has been collected and paid out. This fee will not be charged until at least \$550.00 is collected and paid out. If you have more than one eligible case, the fee will be charged on each case meeting the \$550.00 threshold.
- Permission to Recoup an Overpayment:** Upon written notification of payment error from Child Support Services Division, I agree to allow CSSD to retain up to 10 percent of any future child support payments to correct any overpayment I received.  Yes  No

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART I**

**Custodial Parent Information**  
(Person with whom child or children is/are living)

Your Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Current Marital Status: \_\_\_\_\_

Place of Birth: City: \_\_\_\_\_ State: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Mailing Address: c/o Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Your Employer's Name: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Start Time: \_\_\_\_\_ Work End Time: \_\_\_\_\_

If Currently Married, Spouse's Name/Address: \_\_\_\_\_

Place of Marriage City: \_\_\_\_\_ State: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

If not currently married, have you ever been married?  Yes  No If Yes, provide the following:

Name of Former Spouse: \_\_\_\_\_ Date and Place of Marriage: \_\_\_\_\_

If Divorced, Date and Place of Divorce: \_\_\_\_\_

**Non-Custodial Parent Information**

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Place of Birth: City: \_\_\_\_\_ State: \_\_\_\_\_ Alias: \_\_\_\_\_  
Nickname: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_  
Driver's License Date: \_\_\_\_\_ Driver's License State: \_\_\_\_\_  
Current Marital Status: \_\_\_\_\_ If Married, NCP's Spouse's Name: \_\_\_\_\_  
Last School Attended by NCP: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Residential Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Is this address current?  Yes  No  Unknown Date Last Lived There: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
**Give directions to and a description of the NCR's home:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address: c/o Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Please furnish the following information on the non-custodial parent's current or last employer:  
Type of Employment: \_\_\_\_\_ Is the NCP currently employed?  Yes  No  Unknown  
Employer's Name: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date Last Worked: \_\_\_\_\_ What is the NCR's monthly salary? \$ \_\_\_\_\_ Shift Worked: \_\_\_\_\_  
Usual Occupation: \_\_\_\_\_ Other Skills: \_\_\_\_\_

Please list the names and addresses of any other past employers:

Name:	Address:	Date Last Worked:
_____	_____	_____
_____	_____	_____

**What are the names of the non-custodial parent's parents? (Please indicate their names even if they are deceased.)**

**Father:**

\_\_\_\_\_  
Last/Suffix/First/Middle:  
\_\_\_\_\_  
Street or P.O. Box  
\_\_\_\_\_  
City/State/Zip Code:  
\_\_\_\_\_  
Telephone:

**Mother:**

\_\_\_\_\_  
Maiden Name/Last/First/Middle  
\_\_\_\_\_  
Street or P.O. Box  
\_\_\_\_\_  
City/State/Zip Code:  
\_\_\_\_\_  
Telephone:

NCP's Height: \_\_\_\_\_ Feet: \_\_\_\_\_ Inches Weight: \_\_\_\_\_ Lbs. Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
 Identifying Mark/Scars: \_\_\_\_\_ Does the NCP have a police record  Yes  No  Unknown  
 Arrest Date: \_\_\_\_\_ Offense: \_\_\_\_\_  
 Arrest City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Incarceration Date: \_\_\_\_\_ Release Date: \_\_\_\_\_ Incarceration Location: \_\_\_\_\_  
 Incarceration City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Armed Forces Status: \_\_\_\_\_ VA Service Number: \_\_\_\_\_ Armed Forces Branch: \_\_\_\_\_  
 A- Active R-Retired D-Discharged  
 N-Never In U-Unknown  
 Armed Forces Entry Date: \_\_\_\_\_ Armed Forces Discharge Date: \_\_\_\_\_

Does the NCP have income other than employment income?  Yes  No  Unknown

If yes, source of income: \_\_\_\_\_ Amount: \_\_\_\_\_  
 \_\_\_\_\_ Amount: \_\_\_\_\_  
 \_\_\_\_\_ Amount: \_\_\_\_\_

Does the NCP have any bank accounts/assets?  Yes  No  Unknown

Name of Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_ Type: \_\_\_\_\_  
 (Checking/Savings)

Name of Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_ Type: \_\_\_\_\_  
 (Checking/Savings)

Assets: \_\_\_\_\_

Does the NCP own any property (real estate, car, etc)?  Yes  No  Unknown

Please list type and location: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What is the name of the insurer with whom the NCP has medical insurance coverage?

Carrier Name: \_\_\_\_\_ Type of Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Case Information**

Do you have an attorney actively seeking support?  Yes  No If yes, attorney's name: \_\_\_\_\_

Do you have a previous court order established?  Yes  No If yes, provide support order number: \_\_\_\_\_  
 (Please attach a copy of the court order)

Name of Court: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Amount of Support: \_\_\_\_\_ If you do not have a court order, does the NCP pay voluntarily?  Yes  No

Frequency of Support: \_\_\_\_\_ Date Last Payment Received: \_\_\_\_\_

B-Biweekly S-Semimonthly M-Monthly W-Weekly D-Seasonal

Support Method: \_\_\_\_\_ D-Direct to You C-Through the Court Effective Date of Support Order: \_\_\_\_\_

Are you willing to submit to a paternity test?  Yes  No To pay the cost of such test?  Yes  No

Comments: \_\_\_\_\_

**Child Information**  
(Complete a separate section for each child)

Child's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_ SSN: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Has paternity been established for this child?  Yes  No What is your relationship to this child? \_\_\_\_\_  
Were the parents married at the time of the child's birth?  Yes  No If no, describe the relationship^ \_\_\_\_\_  
If Married: Date of Marriage: \_\_\_\_\_ Place: \_\_\_\_\_ If Divorced: Date: \_\_\_\_\_ Place: \_\_\_\_\_

**Complete Only If You Are NOT The Mother of This Child**

Who are the child's parents? Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
Relationship of the parents at the time of birth: \_\_\_\_\_  
If Married: Date: \_\_\_\_\_ Place: \_\_\_\_\_ If Divorced: Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Was the mother ever married to anyone else?  Yes  No Name: \_\_\_\_\_  
If Married: Date: \_\_\_\_\_ Place: \_\_\_\_\_ If Divorced: Date: \_\_\_\_\_ Place: \_\_\_\_\_

**Full Service Applicants Only**

(Answer if you are the MOTHER of this child. However, if you were married to the father when the child was born and this is his child, omit the following questions. If the father is already under a court order to support this child, please return a copy to us and omit the following questions.)

1. In which state did you become pregnant? \_\_\_\_\_ When did you get pregnant? \_\_\_\_\_  
(Month/Day/Year)
2. Did the father have his name put on the birth certificate or sign a voluntary paternity acknowledgement?  
 Yes  No
3. What did the child weigh at birth? \_\_\_\_\_ Lbs. \_\_\_\_\_ Oz. Was the child?  Early  On Time  Late
4. Did the father:  
Buy any presents?  Yes  No Visit the child?  Yes  No  
Pay or offer to pay the medical bills of your pregnancy?  Yes  No Admit being the father?  Yes  No  
Have his picture taken with the child?  Yes  No Visit the hospital?  Yes  No  
Discuss Abortion?  Yes  No Offer to marry you?  Yes  No
5. Were you having sexual relations with anyone other than the father during the month you got pregnant?  
 Yes  No  
During the month before? \_\_\_\_\_ During the month after? \_\_\_\_\_  
If yes to any of these questions, provide names and addresses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Child Information**  
(Complete a separate section for each child)

Child's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_ SSN: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Has paternity been established for this child?  Yes  No What is your relationship to this child? \_\_\_\_\_  
Were the parents married at the time of the child's birth?  Yes  No If no, describe the relationship: \_\_\_\_\_  
If Married: Date of Marriage: \_\_\_\_\_ Place: \_\_\_\_\_ If Divorced: Date: \_\_\_\_\_ Place: \_\_\_\_\_

**Complete Only If You Are NOT The Mother of This Child**

Who are the child's parents? Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
Relationship of the parents at the time of birth: \_\_\_\_\_  
If Married: Date: \_\_\_\_\_ Place: \_\_\_\_\_ If Divorced: Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Was the mother ever married to anyone else?  Yes  No Name: \_\_\_\_\_  
If Married: Date: \_\_\_\_\_ Place: \_\_\_\_\_ If Divorced: Date: \_\_\_\_\_ Place: \_\_\_\_\_

**Full Service Applicants Only**

(Answer if you are the MOTHER of this child. However, if you were married to the father when the child was born and this is his child, omit the following questions. If the father is already under a court order to support this child, please return a copy to us and omit the following questions.)

1. In which state did you become pregnant? \_\_\_\_\_ When did you get pregnant? \_\_\_\_\_  
(Month/Day/Year)
2. Did the father have his name put on the birth certificate or sign a voluntary paternity acknowledgement?  
 Yes  No
3. What did the child weigh at birth? \_\_\_\_\_ Lbs. \_\_\_\_\_ Oz. Was the child?  Early  On Time  Late
4. Did the father:  
Buy any presents?  Yes  No Visit the child?  Yes  No  
Pay or offer to pay the medical bills of your pregnancy?  Yes  No Admit being the father?  Yes  No  
Have his picture taken with the child?  Yes  No Visit the hospital?  Yes  No  
Discuss Abortion?  Yes  No Offer to marry you?  Yes  No
5. Were you having sexual relations with anyone other than the father during the month you got pregnant?  
 Yes  No  
During the month before? \_\_\_\_\_ During the month after? \_\_\_\_\_  
If yes to any of these questions, provide names and addresses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Child Information**  
(Complete a separate section for each child)

Child's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_ SSN: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Has paternity been established for this child?  Yes  No What is your relationship to this child? \_\_\_\_\_  
Were the parents married at the time of the child's birth?  Yes  No If no, describe the relationship: \_\_\_\_\_  
If Married: Date of Marriage: \_\_\_\_\_ Place: \_\_\_\_\_ If Divorced: Date: \_\_\_\_\_ Place: \_\_\_\_\_

**Complete Only If You Are NOT The Mother of This Child**

Who are the child's parents? Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
Relationship of the parents at the time of birth: \_\_\_\_\_  
If Married: Date: \_\_\_\_\_ Place: \_\_\_\_\_ If Divorced: Date: \_\_\_\_\_ Place: \_\_\_\_\_  
Was the mother ever married to anyone else?  Yes  No Name: \_\_\_\_\_  
If Married: Date: \_\_\_\_\_ Place: \_\_\_\_\_ If Divorced: Date: \_\_\_\_\_ Place: \_\_\_\_\_

**Full Service Applicants Only**

(Answer if you are the MOTHER of this child. However, if you were married to the father when the child was born and this is his child, omit the following questions. If the father is already under a court order to support this child, please return a copy to us and omit the following questions.)

1. In which state did you become pregnant? \_\_\_\_\_ When did you get pregnant? \_\_\_\_\_  
(Month/Day/Year)
2. Did the father have his name put on the birth certificate or sign a voluntary paternity acknowledgement?  
 Yes  No
3. What did the child weigh at birth? \_\_\_\_\_ Lbs. \_\_\_\_\_ Oz. Was the child?  Early  On Time  Late
4. Did the father:  
Buy any presents?  Yes  No Visit the child?  Yes  No  
Pay or offer to pay the medical bills of your pregnancy?  Yes  No Admit being the father?  Yes  No  
Have his picture taken with the child?  Yes  No Visit the hospital?  Yes  No  
Discuss Abortion?  Yes  No Offer to marry you?  Yes  No
5. Were you having sexual relations with anyone other than the father during the month you got pregnant?  
 Yes  No  
During the month before? \_\_\_\_\_ During the month after? \_\_\_\_\_  
If yes to any of these questions, provide names and addresses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Child Information**  
(Complete a separate section for each child)

Child's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Suffix: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ SSN: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Has paternity been established for this child?  Yes  No What is your relationship to this child? \_\_\_\_\_

Were the parents married at the time of the child's birth?  Yes  No If no, describe the relationship: \_\_\_\_\_

If Married: Date of Marriage: \_\_\_\_\_ Place: \_\_\_\_\_ If Divorced: Date: \_\_\_\_\_ Place: \_\_\_\_\_

**Complete Only If You Are NOT The Mother of This Child**

Who are the child's parents? Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Relationship of the parents at the time of birth: \_\_\_\_\_

If Married: Date: \_\_\_\_\_ Place: \_\_\_\_\_ If Divorced: Date: \_\_\_\_\_ Place: \_\_\_\_\_

Was the mother ever married to anyone else?  Yes  No Name: \_\_\_\_\_

If Married: Date: \_\_\_\_\_ Place: \_\_\_\_\_ If Divorced: Date: \_\_\_\_\_ Place: \_\_\_\_\_

**Full Service Applicants Only**

(Answer if you are the MOTHER of this child. However, if you were married to the father when the child was born and this is his child, omit the following questions. If the father is already under a court order to support this child, please return a copy to us and omit the following questions.)

1. In which state did you become pregnant? \_\_\_\_\_ When did you get pregnant? \_\_\_\_\_  
(Month/Day/Year)

2. Did the father have his name put on the birth certificate or sign a voluntary paternity acknowledgement?  
 Yes  No

3. What did the child weigh at birth? \_\_\_\_\_ Lbs. \_\_\_\_\_ Oz. Was the child?  Early  On Time  Late

4. Did the father:

Buy any presents?  Yes  No Visit the child?  Yes  No

Pay or offer to pay the medical bills of your pregnancy?  Yes  No Admit being the father?  Yes  No

Have his picture taken with the child?  Yes  No Visit the hospital?  Yes  No

Discuss Abortion?  Yes  No Offer to marry you?  Yes  No

5. Were you having sexual relations with anyone other than the father during the month you got pregnant?

Yes  No

During the month before? \_\_\_\_\_ During the month after? \_\_\_\_\_

If yes to any of these questions, provide names and addresses: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Part II

### What to Expect

(Please read this page and the next carefully and DETACH for your records.)

The South Carolina Department of Social Services (DSS) provides child support services to Custodial Parents (guardians) through its Child Support Services Division (CSSD). You must complete the application to open a case with the CSSD.

The CSSD uses its resources to help a custodial parent (CP) to:

- Locate the non-custodial parent (NCP).
- Establish paternity if the child/children was/were born out of wedlock.
- Establish a child support/medical support order against the NCP.
- Work with the appropriate Family Court staff to enforce the child support order.
- Review the case for modification of the child support order upon the request of the CP or the NCP.

All cases accepted by the CSSD are handled on a first come, first served basis. Claims for visitation, custody or other issues that are often associated with child support are not handled by CSSD.

You must complete this application as thoroughly and accurately as possible and return it to the address indicated so that the CSSD may determine your eligibility for child support services. When completing the application you may not know the answer to all of the questions, but you should provide as much accurate information as possible. Please double check any information about which you are not certain. The more accurate the information you provide the faster and more efficiently CSSD can process your case.

South Carolina law requires that you notify the CSSD in writing when you move, change your name, change jobs or change your telephone number (at home or at work) so that staff will be able to contact you without delay. You must notify the CSSD of these changes within 10 days of the change. If you do not notify the CSSD as required, the court or the CSSD may take actions on your case without your knowledge.

If you cannot provide a current address for the non-custodial parent, CSSD's first step is to locate the person. Our Parent Locate Unit will use the information that you provide to obtain a home or work address. The time it takes depends on how much information you have provided. The NCP's Social Security number is always helpful, but this does not mean our parent locators will be able to find the NCP right away. If you apply for "Parent Locate Services Only," we will notify you when we obtain information about a home and/or work address. We will not take further action unless you request it.

If you apply for "Full Service" and if we locate the NCP, your case will be turned over to a child support specialist in one of CSSD's regional offices for legal action. If you already have a court order for child support, CSSD will take steps to enforce that order. You should attach a copy of your support order or divorce decree and any modifications to that order.

If you do not have a court order for child support, the regional office staff will bring legal action to obtain a court order. The regional office will notify you in writing of any court hearings or conferences that you must attend.

Please keep in mind that we cannot tell you how long these proceedings may take. It may take longer under any of the following circumstances: the NCP moves or quits his or her job after the location is determined; the NCP refuses to admit paternity or to pay child support, thus requiring additional court hearings; or the NCP is located outside of South Carolina.

Please understand that we need your full cooperation throughout this entire process. Your failure to cooperate could result in CSSD closing the case. Before CSSD takes any action to close a case, we will send you a letter indicating what will be required to avoid case closure. You may also close your case at any time by mailing to CSSD a written statement requesting case closure. As a state agency operating under state law and federal law, legal requirements and policies may conflict with what you request. If a conflict of interest arises, CSSD staff will contact you to discuss the situation.

When the NCP makes child support payments to the Clerk of Court, the clerk will send all of these payments directly to you. If you have ever received Temporary Assistance to Needy Families (TANF), formerly known as Aid to Families with Dependent Children (AFDC), the clerk will send your child support payments to CSSD's Financial Services Division for processing. CSSD will forward to you 100% of your current monthly child support obligation if you no longer receive TANF. If the NCP pays child support in excess of the monthly obligation, CSSD will pay to you any and all arrearages/reimbursements due to you. Once all sums due to you have been paid, DSS will begin retaining collections in excess of the monthly obligation to be applied toward any arrearage or reimbursement due to the state. Through this action the state and federal governments recoup money for the AFDC or TANF payments made to you.

In addition to working with the appropriate Family Court staff to enforce your child support order, CSSD will refer the case to our Tax Intercept Unit for assistance in collecting the past-due child support. If the NCP has a qualifying arrearage, CSSD will refer the NCP to the South Carolina Department of Revenue and/or the Internal Revenue Service (IRS) for the possible interception of any refund that the NCP might be due from the year's tax returns. You may be charged a nominal fee for the successful use of this service. If you have received AFDC or TANF and arrearages are owed to the state, the money collected by tax offset must first be applied to satisfy that arrearage.

You are protected by Title VI of the Civil Rights Act and can make written complaints to the Director, South Carolina Department of Social Services, P.O. Box 1520, Columbia, South Carolina 29202-1520, within 180 days, if at any time you believe you are denied services or otherwise discriminated against because of race, color, creed, sex, religion or national origin.

Listed below are the telephone numbers of CSSD offices.

Thank you for your cooperation. The Department of Social Services pledges to make every effort to help you obtain the child support owed to your family.

**Central Inquiry:** (803) 898-9210/1-800-768-5858

**Financial Services:** (803) 898-9210/1-800-768-6779

**Columbia Regional Office:** (803) 898-9282

**Charleston Regional Office:** (843) 953-9700

**Tax Intercept Unit:** (803) 898-9314/1-800-922-0852  
or 1-888-454-5360

**Florence Regional Office:** (843) 661-4750

**Greenville Regional Office:** (864) 282-4650

**Additional information can be found at [www.state.sc.us/dss/csed/index.html](http://www.state.sc.us/dss/csed/index.html)**