



CHILD SUPPORT ENFORCEMENT DIVISION

APPLICATION FOR NON-PUBLIC ASSISTANCE CHILD SUPPORT SERVICES

Services

Child support services are provided to either parent, or to a third-party with whom the child(ren) resides by court order or with the consent of the parent who has legal custody.

We can help with:

- Parentage establishment
- Establishment of a support and medical order
- Enforcement of a support and medical order
- Enforcement actions, see Terms and Conditions

We cannot help with:

- Custodianship
- Custody establishment or modification
- Visitation establishment or modification

Interstate Cases: The Child support Enforcement Division (CSED) may request assistance from a child support agency in another state to work your case. If it is referred to another state that state controls the action taken in the case.

Cost of Services

The CSED is required to charge an application fee to individuals applying for child support services. It is **non-refundable**, even if the CSED determines your case is unworkable. Please attach your payment to this application. It **must** be a cashier's check or money order. **The CSED cannot accept personal checks or cash.**

Application Fee \$25.00 I am not receiving Medicaid No Fee I am receiving Medicaid

I am the Custodial Parent Non-Custodial Parent Other Custodian (relationship) _____

I am applying to receive services from the Mother Father

I understand the CSED will provide complete child support services. I request a modification of the support order.
The information I am providing in this application is true to the best of my knowledge.

Date _____

Signature _____

Release of Information

Information (including Social Security Numbers, names, and addresses) provided in this application or through other means may become part of the public record and may be shared with others.

Safety Information

If you are concerned that the release of case information could result in physical or emotional harm to you or your family, or if you have a protective or restraining order against a receiver of the information, you must notify the CSED.

IMPORTANT

Before getting started decide how many applications you will need.

Are you a Custodial Parent/Other Custodial Party?

A separate application is needed for each alleged father.

A separate application is needed for each parent from whom you are seeking support.

Are you a Non-Custodial Parent?

A separate application is needed for each Custodial Parent you will send child support to.

Incomplete responses may delay service. Please respond to questions as completely as possible.

Marital Status of Parents and Child Support Order Information

Marital Information Marriage date: _____ No, parents were not married
 Where were parents married?(city/cnty/st) _____

Divorce Information Date on divorce order: _____ Not divorced
 Cause Number: _____ city/cnty/st: _____

Child Support Order Is the child support order different from the divorce order? Yes No
 If yes, please provide Cause Number: _____ city/cnty/st: _____
 If no support order exists has legal action been started? Yes No

Certified copies of all orders must be included with submission of this application. Photocopies are not acceptable.
 A certified copy bears an original stamp from the clerk of court, in which the order(s) was filed.

Custodial Parent/Other Custodian Information

Last Name	First Name	Mid Name/Int./Maiden Name
_____	_____	_____
Gender <input type="checkbox"/> F <input type="checkbox"/> M	Alias/Other names used	Race
_____	_____	_____
Social Security Number	_____	
Date of birth _____	Place of birth (city/st) _____	
If Native American <input type="checkbox"/> Yes <input type="checkbox"/> No	Tribal Name _____	Enrollment# _____
Lives on a reservation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reservation Name _____	
Mailing Address (<input type="checkbox"/> Current <input type="checkbox"/> Last Known) _____	_____	
Street Address (<input type="checkbox"/> Current <input type="checkbox"/> Last Known) _____	_____	
How long has the Custodial Parent/Custodian lived in the above named state? _____		
Primary Phone # _____	Email Address _____	
Other Phone# _____ <input type="checkbox"/> cell <input type="checkbox"/> message <input type="checkbox"/> other(explain) _____	_____	
Have you ever received:		
Child Support Services in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ <input type="checkbox"/> No	
Public Assistance in Montana or in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ <input type="checkbox"/> No	
Medicaid in Montana or in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ <input type="checkbox"/> No	
Parents (children's grandparents) If deceased, enter name and indicate deceased o the address line.		
Name of Custodial Parent's Father _____	Phone# _____	
Address _____		
Name of Custodial Parent's Mother _____	Phone# _____	
Address _____		

Custodial Parent Information: Complete only if you are a Parent—Other custodian need not complete

Employer Information

Employer _____ Address _____

Phone# _____ Hours/week _____ Current Wage \$ _____ Usual Occupation _____

Union membership Yes No Unknown If yes, Union Name & phone# _____

Does the union provide health insurance? Yes No Unknown

Military Service Member or former member of the Armed Forces Yes No

Receiving military retirement? Yes No Amount/month \$ _____

Receiving military disability income? Yes No Amount/month \$ _____

Non-Custodial Parent Information

Last Name	First Name	Mid Name/Int./Maiden Name

Alias/Other names used		

Race		

Social Security Number		

Gender <input type="checkbox"/> F <input type="checkbox"/> M		
Date of birth _____ Place of birth (city/st) _____		
If Native American Tribal Name _____ Enrollment# _____		
Lives on a reservation? <input type="checkbox"/> Yes <input type="checkbox"/> No Reservation Name _____		
Mailing Address (<input type="checkbox"/> Current <input type="checkbox"/> Last Known) _____		
Street Address (<input type="checkbox"/> Current <input type="checkbox"/> Last Known) _____		
How long has the Non-Custodial Parent lived in the above named state? _____		
Primary Phone # _____ Email Address _____		
Other Phone# _____ <input type="checkbox"/> cell <input type="checkbox"/> message <input type="checkbox"/> other(explain) _____		
Have you ever received:		
If Yes, where?(city/st) and when?		
Child Support Services in another state? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No		
Public Assistance in Montana or in another state? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No		
Medicaid in Montana or in another state? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No		
Parents (children's grandparents) If deceased, enter name and indicate deceased o the address line.		
Name of Custodial Parent's Father _____ Phone# _____		
Address _____		
Name of Custodial Parent's Mother _____ Phone# _____		
Address _____		

Non-Custodial Parent Information

Employer Information			
Employer _____		Address _____	
Phone# _____	Hours/week _____	Current Wage \$ _____	Usual Occupation _____
Union membership <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, Union Name & phone# _____	
Does the union provide health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Military Service Member or former member of the Armed Forces <input type="checkbox"/> Yes <input type="checkbox"/> No			
Receiving military retirement? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount/month \$ _____	
Receiving military disability income? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount/month \$ _____	

Child Information—Child(ren) for whom you are applying for services

Child resides with _____				
If there are more than three children include all requested information on a separate sheet.				
CH#1-Full Name	Date of Birth	Place of Birth(city/st)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social Security#
_____	_____	_____	Race	_____
Were parents married at time of birth? <input type="checkbox"/> Yes <input type="checkbox"/> No Were parents living together? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Where conceived(city/st) _____ Has parentage been established?				
<input type="checkbox"/> No, it has not <input type="checkbox"/> Yes, genetic testing <input type="checkbox"/> Yes, acknowledgment of parentage <input type="checkbox"/> Yes, court order				
If yes, provide a copy of the genetic results/acknowledgement/court order that establishes parentage.				
Provide where is it filed city/cnyt/st: _____				
Social Security Benefits Is child receiving Social Security? <input type="checkbox"/> Yes Type & Amount \$ _____ <input type="checkbox"/> No				

Child Information—Child resides with _____

CH#2-Full Name _____	Date of Birth _____	Place of Birth(city/st) _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social Security# _____
Race: _____				
Were parents married at time of birth? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were parents living together? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Where conceived(city/st) _____		Has parentage been established?		
<input type="checkbox"/> No, it has not	<input type="checkbox"/> Yes, genetic testing	<input type="checkbox"/> Yes, acknowledgment of parentage	<input type="checkbox"/> Yes, court order	
If yes, provide a copy of the genetic results/acknowledgement/court order that establishes parentage.				
Provide where is it filed city/cnyt/st: _____				
Social Security Benefits	Is child receiving Social Security? <input type="checkbox"/> Yes Type & Amount \$ _____			<input type="checkbox"/> No

Child Information—Child resides with _____

CH#3-Full Name _____	Date of Birth _____	Place of Birth(city/st) _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Social Security# _____
Race: _____				
Were parents married at time of birth? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were parents living together? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Where conceived(city/st) _____		Has parentage been established?		
<input type="checkbox"/> No, it has not	<input type="checkbox"/> Yes, genetic testing	<input type="checkbox"/> Yes, acknowledgment of parentage	<input type="checkbox"/> Yes, court order	
If yes, provide a copy of the genetic results/acknowledgement/court order that establishes parentage.				
Provide where is it filed city/cnyt/st: _____				
Social Security Benefits	Is child receiving Social Security? <input type="checkbox"/> Yes Type & Amount \$ _____			<input type="checkbox"/> No

Health Insurance Information for Custodial & Non-Custodial Parents

Health Insurance Is available through employment, union or other group to:				
<input type="checkbox"/> Custodial Parent	<input type="checkbox"/> Non-Custodial Parent	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Neither Parent	
Custodial Parent	Insurance Company _____	Phone# _____	_____	
Address _____	Policy# _____	Group# _____		
All persons insured under policy _____				
Non-Custodial Parent	Insurance Company _____	Phone# _____	_____	
Address _____	Policy# _____	Group# _____		
All persons insured under policy _____				

Health Insurance Information for child(ren) named in this application

Health Insurance <input type="checkbox"/> Yes Who provides? <input type="checkbox"/> Custodial Parent <input type="checkbox"/> Non-Custodial Parent				
<input type="checkbox"/> No child is not covered <input type="checkbox"/> Other(name/relationship) _____				
Insurance Company _____		Phone# _____		
Address _____		Policy# _____	Group# _____	
If child(ren) is covered under more than one policy provide: Policy# _____ Group# _____				
Insurance Company _____				
If the health insurance information for one the children differs from above please complete:				
CHILD-Full Name	<input type="checkbox"/> Yes	Who provides?	<input type="checkbox"/> Custodial Parent	<input type="checkbox"/> Non-Custodial Parent
_____	<input type="checkbox"/> No child is not covered	<input type="checkbox"/> Other(name/relationship) _____		
Insurance Company _____		Phone# _____		
If more than on child has health insurance that differs from what has been provided include it on a separate sheet				



CHILD SUPPORT ENFORCEMENT DIVISION
APPLICATION FOR NON-PUBLIC ASSISTANCE
Child Support Received or Paid

Support Received

The CSED will collect ordered maintenance or alimony if it is also child collecting support. Initial all boxes you check and list payments on the payment tables.

I, the undersigned say,

- I received payments directly from the Non-Custodial Parent.
- I received payments from another state agency or court. Please provide a certified copy of pay records from the agency or court.

State agency or court (name/address/phone#) _____

- I have never received a child support payment.

Support Paid

Initial all boxes that you check. List payments on the attached payment tables. Provide a **certified copy** of pay records from the agency or court.

I, the undersigned say,

- I made payments directly to
Name of the individual, not an agency or court _____
- I made payments to another state agency or court. Please provide a certified copy of pay records from the agency or court.

State agency or court (name/address/phone#) _____

- I have never made a child support payment.

If you have received or paid child support for the children in this application
Complete the tables on page 6

Payment Tables

Year: _____				Year: _____				Year: _____			
Month	Amount Due	Amount Paid	✓ If Paid to or Rec'd from Court/Agency	Month	Amount Due	Amount Paid	✓ If Paid to or Rec'd from Court/Agency	Month	Amount Due	Amount Paid	✓ If Paid to or Rec'd from Court/Agency
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			

Year: _____				Year: _____				Year: _____			
Month	Amount Due	Amount Paid	✓ If Paid to or Rec'd from Court/Agency	Month	Amount Due	Amount Paid	✓ If Paid to or Rec'd from Court/Agency	Month	Amount Due	Amount Paid	✓ If Paid to or Rec'd from Court/Agency
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			

Attach additional pages if necessary

I declare under penalty of perjury and under the laws of the State of Montana that the foregoing is true and correct.

Date
County & State
Signature
Printed Name



CHILD SUPPORT ENFORCEMENT DIVISION
APPLICATION FOR NON-PUBLIC ASSISTANCE
Authorization of Services

AUTHORIZATION TO ACT

Children: _____ Parent's Name: _____
_____ Parent's Name: _____

I have applied for services from the Montana Child Support Enforcement Division (CSED). The CSED is authorized by law to take all actions necessary to work my case.

I am the Custodial Parent Non-Custodial Parent
 Custodian (relationship) _____

I declare under penalty of perjury and under the laws of the State of Montana that the foregoing is true and correct.

_____ Date _____ County and State _____ Signature _____ Printed Name

PAYMENT INFORMATION
PLEASE CHOOSE DIRECT DEPOSIT OR RELIACARD®
If no choice is made payments automatically go on ReliaCard®

Payments are issued electronically by direct deposit to a bank account or to a U.S. Bank ReliaCard® Visa® prepaid debit card. You can choose direct deposit or ReliaCard®. If you do not make a choice payments automatically go on the card.

<input type="checkbox"/> ReliaCard® I am choosing to receive support payments on a U.S. Bank ReliaCard®.			
<input type="checkbox"/> Direct Deposit I am choosing Direct Deposit.			
To receive Direct Deposit the information below must be complete. Your signature is required.			
Last Name	First Name & Middle Initial	Social Security Number	My Phone Number
_____	_____	_____	_____
Financial Institution	Address	Phone Number	
_____	_____	_____	
ABA Routing# _____	Account# _____	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<ul style="list-style-type: none"> • I will promptly repay any amount that is overpaid to this account. • I will notify the CSED in writing if I want my payments sent to a different account or if I want direct deposit stopped. • I will complete a new Direct Deposit Form if I want payments sent to a different financial institution. 			
Date _____		Signature _____	

Direct Deposit

Am I notified when a child support payment is deposited into my account? The CSED does not notify you of payments transferred to your bank account, but payment information is available from our website or automated voice response unit. Also, your financial institution can verify a deposit. It will appear on your bank statement.

Is there a fee for direct deposit? Fees or restrictions are those that may be imposed by your financial institution.

CSED Direct Deposit Contact Information: Phone number (406) 444-2775 Fax number (406) 444-6934

ReliaCard®

The card can be used to make purchases and to request cash back at the time of purchase anywhere Visa® debit cards are accepted. A cash withdrawal is available at an Automatic Teller Machine (ATM).

Are there fees for ReliaCard cash withdrawals? The first ReliaCard® cash access each month is free from an *in network* ATM. There could be additional withdrawal fees based on varying types of ATMs. U.S. Bank will send you a monthly statement showing your account activity or inactivity. There is a charge for inactive accounts. You may also check the U.S. Bank website for recent transactions.

Upon receipt of your ReliaCard® you will receive information from U.S. Bank instructing you in the use of the card. It is important to keep these instructions for future reference. The CSED does not send them out.

How will I know when I start receiving payments on ReliaCard®? The first time the CSED processes your payment U.S. Bank will send you a card and instructions for using it. It takes 7 to 10 days to receive the card.


***** CSED Use Only *****

Date Entered/Initials _____

Date Verified/Initials _____

Save this application for your records

The Clear All button *deletes all of the information entered above*

It is recommended to print *double sided on the long edge* 

 **Application for Services Checklist**

Are these items attached?

- Cashier’s check or money order, page 1
- Certified copies, page 2
- Copies of the birth certificate or acknowledgement of parentage, pages 3-4

Are these sections complete?

- Payment Tables of payments Received or Paid, page 6
- Payment Information—Choose a method of payment: Direct Deposit or ReliaCard®, page 8

Are these signed?

- Information provided is true to the best of my knowledge, page 1
- Payment Tables for payments received or paid, page 6
- Authorization to Act, page 7
- Receive a payment information-- Direct Deposit or ReliaCard®, page 8

Where to submit this application

If you live in:	If you live in:	If you live in:	If you live in:
Blaine Petroleum	Big Horn Musselshell	Beaverhead Lewis & Clark	Flathead Mineral
Cascade Phillips	Carbon Powder River	Broadwater Madison	Lake Missoula
Chouteau Pondera	Carter Prairie	Deer Lodge Meagher	Lincoln Ravalli
Daniels Roosevelt	Custer Richland	Fergus Park	Sanders
Glacier Sheridan	Dawson Rosebud	Gallatin Powell	
Hill Teton	Fallon Treasure	Golden Valley Silver Bow	
Liberty Toole	Garfield Wibaux	Granite Stillwater	
Valley	McCone Yellowstone	Jefferson Sweetgrass	
		Judith Basin Wheatland	
Submit application to: Child Support Enforcement Division 201 First St South, STE 1A Great Falls MT 59405	Submit application to: Child Support Enforcement Division 1500 Poly Drive, STE 200 Billings MT 59102	Submit application to: Child Support Enforcement Division 17 West Galena Butte MT 59701	Submit application to: Child Support Enforcement Division 2675 Palmer St, STE C Missoula MT 59808
If you are the Custodial Parent/Custodian and live outside Montana submit application to: Child Support Enforcement Division P O Box 202943 Helena MT 59620-2943		If you are the Non-Custodial Parent, and the Custodial Parent/Custodian and children live outside Montana submit application to: Child Support Enforcement Division P O Box 202943 Helena MT 59620-2943	

Keep for your records

Terms and Conditions

Either parent or a caretaker/guardian of a child may open a case with the Child Support Enforcement Division (CSED) by completing an application. Families receiving certain types of public assistance receive CSED services automatically.

The Terms and Conditions explain your rights, responsibilities and the services the Child Support Enforcement Division (CSED) will provide. **Please read this form carefully and keep it.**

You may retain your own attorney, at your expense. The CSED represents the public interest. Your objectives, goals, and financial interest may be different from the interest of the CSED. The CSED and the CSED attorney do not represent any individual.

Confidentiality/Privacy Notice

When you receive child support services, state and federal laws require you to provide the CSED with certain information, including social security numbers for you and your children. This information is used to establish parentage and establish, enforce and modify support orders. By submitting an application for CSED services, you authorize the use of these social security numbers for providing child support services.

The CSED is committed to protecting your privacy and keeping information about your case confidential in compliance with state and federal law. This is also required of all agencies and organizations that work with the CSED. However, you should be aware that some laws require the sharing of certain information. For example, the CSED may need to provide certain information to another agency or person working on your case; to a third party such as an insurance company; or to the other parent. Additionally, be aware that once a legal action is started to establish, modify or collect child support, all information included in the proceeding becomes a matter of public record.

Safety Information

Information received becomes a part of the case record. The CSED may disclose this information, including your name, address, and phone number, to other parties in the case. **If you are concerned that the release of case information could result in physical or emotional harm to you or your family, or if you have a protective or restraining order against a receiver of the information, you must notify the CSED.** If the CSED determines there is clear evidence of risk, your address and phone number will be removed from documents issued to other parties in the future. Also, if you have a protective or restraining order, you must provide the CSED with a copy.

Payment Distribution and Credit Information

Payments are distributed according to state and federal rules, regulations and laws. To receive credit a payment **must** be sent through the CSED on an open case.

We help with

- **Locate Services**
The CSED will search for addresses and assets using available automated resources.
- **Parentage Establishment**
The CSED will work to establish the parentage of children.
- **Order Establishment**
Once parentage is established, the CSED will move to establish an order for child and medical support. The order will address each parent's share of the total obligation.
- **Support Order Enforcement**
Actions the CSED may take to enforce a support obligation include, but are not limited to:
 - Issue income withholding orders
 - Report past-due amounts to credit bureaus
 - Seize cash assets
 - Impose liens on real and personal property
 - Suspend licenses
 - Intercept state/federal income tax refunds & other government payments

We help with

- **Order Review and Modification**

Either parent or a caretaker/custodian of the children may ask the CSED to review the support order for possible modification. The request for review must be made in writing. Orders will be reviewed based on current laws, rules and regulations.

- **Medical Support Enforcement**

The CSED automatically provides medical support enforcement services. If medical insurance coverage is not ordered in the support order, the CSED may require the order to be modified to include medical insurance provisions.

We cannot help with

- Enforcing property settlements
- Enforcing custody and visitation provisions of an order
- Calculating and collecting interest unless it has been reduced to a judgment
- Limit services at your request. Once a case is opened, the CSED is required to take certain actions.
- Deciding custody disputes
- Collecting attorney's fees
- Collecting spousal support when no child support is owed
- Collecting payments on medical bills that are not part of a judgment

Services

The CSED,

- will enter an order setting both parents' support obligation when establishing or modifying a support order. Enforcement of the support order will be determined by the custody arrangement.
- will collect medical support if it has been reduced to a judgment which is to be paid in a specific dollar amount.
- not a case participant, will determine the proper action or remedy to apply and the sequence of events, including the time frames, within which each case will proceed. This includes attempts to establish parentage when necessary, secure financial and medical support, and modify orders when appropriate.
- will intercept federal & state income tax refunds when appropriate and apply them to unpaid support debt. Persons receiving support may be required to repay intercepts if federal and state adjustments occur.
- may charge an application fee. If another agency or entity charges collection fees, the CSED will pass on the cost to the person receiving support.
- will collect interest on support debts only when the amount of unpaid interest is reduced to a lump sum judgment by an order. The CSED does not have the ability to calculate the amount of interest that may be due or that may become due. This limitation is not to be construed as a waiver of any right to collect interest independent of the CSED.
- may seek reimbursement from persons who receive money to which they are not entitled. The CSED will provide an opportunity to repay or deny that money should be repaid to the State of Montana. Failure to repay or deny within 10 days of notification allows the CSED to keep a portion of current support (and any amount that exceeds current support) to reimburse the State. The CSED may also take action to recover these amounts either administratively or through a court order. The CSED is not required to collect amounts owed to the parent who paid the support.
- will close a case:
 - a) upon your request if there has been no other application for service.
 - b) when you fail to cooperate or fail to abide by these Terms and Conditions.

Note: A case may not be eligible for closure if a child receives Medicaid services or state provided public assistance.

Keep for your records

Your Responsibilities:

- ✓ Keep the CSED informed of any change in your address, phone number, or employment. You must also provide updated information about other participants in the case.
- ✓ Promptly inform the CSED of any changes in the physical custody of the children, modification of the support order, other collection actions, adoption proceedings, and any other matter that may affect or change the services the CSED is providing.
- ✓ Forward any information that adds to, differs from, or contradicts information in the CSED case so that it may be considered.
- ✓ Provide certified copies of all orders concerning your case. This includes actions that occur after CSED services begin.
- ✓ If you are the obligee, you agree that the value of CSED services exceeds any interest that might have accrued on collections that are held pending proof of validity, confirmation of funds, or possible adjustments from joint federal tax offsets, and thereby waive that interest. Joint federal tax offsets may be held up to six months pursuant to federal law.
- ✓ **Immediately forward any support payment you receive that has not been issued by the CSED or any payment you are required to make to the CSED. You may be liable if the CSED takes an enforcement action because you failed to timely forward a payment. Credit may not be given unless payments are made through the CSED.**
- ✓ **Send all child support payments to:**
 - Child Support Enforcement Division**
 - PO Box 8001**
 - Helena, Montana 59604**

Other Information

The CSED cannot guarantee success in establishing parentage, establishing a support order, or collecting support. The CSED may not be able to continue to provide services because of circumstances outside the CSED's control. All warranties, expressed or implied, are specifically disclaimed. Please be aware the enforcement of child support is a complex undertaking. It will take time to process your case thoroughly.

The Terms and Conditions govern all child support enforcement services. Any changes to the Terms and Conditions will not be binding until the CSED notifies you.

It is the policy of the Montana Department of Public Health and Human Services to provide equal agency services to all persons regardless of race, color, religion, creed, sex, national origin, age, physical or mental disability, marital status, or political belief.

Alternative accessible formats of this document will be provided upon request.

Interstate Cases

The CSED may request assistance from another state's child support agency to work your case. If your case is referred to another state, that state controls the actions taken in the case.

Keep for your records

Receive and Make a Payment

Receive a Payment

Payments are issued electronically by direct deposit to a bank account or to a U.S. Bank ReliaCard® Visa® prepaid debit card. You can choose direct deposit or ReliaCard®. If you do not make a choice payments automatically go on the card.

Payments are distributed according to state and federal rules, regulations and laws.

Verify a payment:

- ➔ Go to [Montana Child Support Payment Lookup](#)
- ➔ Call the CSED Interactive Voice Response Unit (IVR): In-state 1-800-346-KIDS (5437), Helena area 444-9855, Out-of-state 1-406-444-9855

Your MT Case Number and Social Security Number are required to access both options.

Direct Deposit

Am I notified when a child support payment is deposited into my account? The CSED does not notify you of payments transferred to your bank account, but payment information is available from our website or automated voice response unit. Also, your financial institution can verify a deposit. It will appear on your bank statement.

Is there a fee for direct deposit? Fees or restrictions are those that may be imposed by your financial institution.

To cancel direct deposit or to change banking information fax or mail your request to

Fax: (406) 444-6934; Mail; CSED EFT Disbursements, Fiscal Unit, PO Box 202943, Helena MT 59620

CSED Direct Deposit Contact Information

Phone number (406) 444-2775 Fax number (406) 444-6934

ReliaCard®

The card can be used to make purchases and to request cash back at the time of purchase anywhere Visa® debit cards are accepted. A cash withdrawal is available at an Automatic Teller Machine (ATM).

Are there fees for ReliaCard cash withdrawals? The first ReliaCard® cash access each month is free from an *in network* ATM. There could be additional withdrawal fees based on varying types of ATMs. U.S. Bank will send you a monthly statement showing your account activity or inactivity. There is a charge for inactive accounts. You may also check the U.S. Bank website for recent transactions.

Upon receipt of your ReliaCard® you will receive information from U.S. Bank instructing you in the use of card. It is important to keep these instructions for future reference. The CSED does not send them out.

How will I know when I start receiving payments on ReliaCard®? The first time the CSED processes your payment U.S. Bank will send you a card and instructions for using it. It takes 7 to 10 days to receive the card.

To make a payment

- ➔ Go to [Montana Child Support Make a Payment](#)
- ➔ Mail payments to CSED, PO Box 8001, Helena, MT 59604

To receive credit a payment must be sent through the CSED on an open case, refer to Terms & Conditions.

Nondiscrimination Provision

The Montana Department of Public Health and Human Services (DPHHS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. DPHHS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Montana Department of Health and Human Services (DPHHS)

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages
- Makes reasonable modifications to policies and procedures to ensure people with disabilities have an equal opportunity to participate in both employment and our programs and services.

If you need any of these services, contact Lloyd Sparks, civil rights and EEO coordinator, Office of Human Resources; 111 North Sanders, Room 202, Helena, MT 59601-4520; (406) 444-1386, TTY: (800) 833-8503, fax: (406) 444-0262; HHShumanresources@mt.gov.

If you have questions regarding this policy, or if you believe that DPHHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you may file a grievance with:

Office of Human Resources
Civil Rights/EEO Specialist, Lloyd Sparks

PO Box 4210
Helena, MT 59604
Phone: (406)4441386
V, TTY: (800)8338503
Fax: (406) 444-0262
HHShumanresources@mt.gov

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Lloyd Sparks is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

Office for Civil Rights (OCR)
U.S. Dept. of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: (800) 368-1019
TDD: (800) 537-7697
[HHS.gov Office for Civil Rights](https://www.hhs.gov/office-for-civil-rights)

DPHHS complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-406-444-1386 (TTY: 1-800-833-8503).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-406-444-1386 (TTY: 1-800-833-8503).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-406-444-1386 (TTY: 1-800-833-8503)。

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-406-444-1386 (TTY: 1-800-833-8503) まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-406-444-1386 (TTY: 1-800-833-8503).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-406-444-1386 (TTY: 1-800-833-8503).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-406-444-1386 (TTY: 1-800-833-8503).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-406-444-1386 (TTY: 1-800-833-8503) 번으로 전화해 주십시오.

تامدخ نإف، غللال ركذا ثدحتت تنك اذ: طوحلم
كل رفاوتت ةيوغلل 1-406-444-1386 ةدعاسملا
مقر: 1-800-833-8503 مرقرب لصتا. ناجملاب
(مكبلاو مرصلا فتاه)

เรียน:

ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี
โทร 1-406-444-1386 (TTY: 1-800-833-8503).

MERK: Hvis du snakker norsk, er gratis språkassistanstjenester tilgjengelige for deg. Ring 1-406-444-1386 (TTY: 1-800-833-8503).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-406-444-1386 (TTY: 1-800-833-8503).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-406-444-1386 (телетайп: 1-800-833-8503).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-406-444-1386 (TTY: 1-800-833-8503).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-406-444-1386 (TTY: 1-800-833-8503).