



# CHILD SUPPORT SERVICES 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:

- Guardianship
- Custody establishment or modification
- Visitation establishment or modification

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

**Application Fee**     \$25.00                                     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 CSSD 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 CSSD.

### IMPORTANT

***Before getting started decide how many applications you will need.***

Are you a Custodial Parent or Other Custodian?

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.**

R:\_\_\_\_\_ S:\_\_\_\_\_

**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**

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

**Custodial Parent Information—Complete this ONLY if you are a Parent (Other Custodian need not complete)**

**Employer Information**  
 Employer \_\_\_\_\_ Address (city/st/zip) \_\_\_\_\_  
 Phone# \_\_\_\_\_ Hours/week \_\_\_\_\_ Current Wage \$ \_\_\_\_\_ Usual Occupation \_\_\_\_\_  
 Union membership  Yes  No  Unknown If yes, Union Name & phone# \_\_\_\_\_  
**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 \_\_\_\_\_

Gender  F  M Alias/Other names used \_\_\_\_\_ Race \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth (city/st) \_\_\_\_\_

If Native American Tribal Name \_\_\_\_\_ Enrollment# \_\_\_\_\_

Lives on a reservation?  Yes  No Reservation Name \_\_\_\_\_

Mailing Address (city/st/zip)  Current  Last Known \_\_\_\_\_

Street Address (city/st/zip)  Current  Last Known \_\_\_\_\_

Is the Non-Custodial Parent currently incarcerated?  Yes Facility: \_\_\_\_\_  No

How long has the Non-Custodial Parent lived in the above named state? \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Other Phone# \_\_\_\_\_  cell  message  other(explain) \_\_\_\_\_

Have you ever received: \_\_\_\_\_ If Yes, where? (city/st) and when? \_\_\_\_\_

**Child Support Services** in another state?  Yes \_\_\_\_\_  No \_\_\_\_\_

**Public Assistance** in Montana or in another state?  Yes \_\_\_\_\_  No \_\_\_\_\_

**Medicaid** in Montana or in another state?  Yes \_\_\_\_\_  No \_\_\_\_\_

**Parents (children's grandparents)** If deceased, enter name and indicate deceased on the address line.

Name of Non-Custodial Parent's Father \_\_\_\_\_ Phone# \_\_\_\_\_

Address (city/st/zip) \_\_\_\_\_

Name of Non-Custodial Parent's Mother \_\_\_\_\_ Phone# \_\_\_\_\_

Address (city/st/zip) \_\_\_\_\_

**Non-Custodial Parent Information**

**Employer Information**

Employer \_\_\_\_\_ Address (city/st/zip) \_\_\_\_\_

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

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

**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 \$ \_\_\_\_\_

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

If there are more than three children include all requested information on a separate sheet.

Child Resides with: \_\_\_\_\_

**CH#1-Full Name** \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth(city/st) \_\_\_\_\_ Sex  M  F Social Security# \_\_\_\_\_

Race: \_\_\_\_\_

Were parents married at time of birth?  Yes  No Were parents living together?  Yes  No

Where conceived(city/st) \_\_\_\_\_ Has parentage been established?

No, it has not  Yes, genetic testing  Yes, acknowledgment of parentage  Yes, court order

If yes, provide a copy of the genetic results/acknowledgement/court order that establishes parentage.

Provide where is it filed city/cnty/st: \_\_\_\_\_

**Social Security Benefits** Is child receiving Social Security?  Yes Type & Amount \$ \_\_\_\_\_  No

Child Resides with: \_\_\_\_\_  
**CH#2-Full Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Place of Birth(city/st)** \_\_\_\_\_ Sex  M  F **Social Security#** \_\_\_\_\_  
**Race:** \_\_\_\_\_

Were parents married at time of birth?  Yes  No Were parents living together?  Yes  No  
 Where conceived(city/st) \_\_\_\_\_ Has parentage been established?  
 No, it has not  Yes, genetic testing  Yes, acknowledgment of parentage  Yes, court order

If yes, provide a copy of the genetic results/acknowledgement/court order that establishes parentage.  
 Provide where is it filed city/cnty/st: \_\_\_\_\_

**Social Security Benefits** Is child receiving Social Security?  Yes Type & Amount \$ \_\_\_\_\_  No

Child Resides with: \_\_\_\_\_  
**CH#3-Full Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Place of Birth(city/st)** \_\_\_\_\_ Sex  M  F **Social Security#** \_\_\_\_\_  
**Race:** \_\_\_\_\_

Were parents married at time of birth?  Yes  No Were parents living together?  Yes  No  
 Where conceived(city/st) \_\_\_\_\_ Has parentage been established?  
 No, it has not  Yes, genetic testing  Yes, acknowledgment of parentage  Yes, court order

If yes, provide a copy of the genetic results/acknowledgement/court order that establishes parentage.  
 Provide where is it filed city/cnty/st: \_\_\_\_\_

**Social Security Benefits** Is child receiving Social Security?  Yes Type & Amount \$ \_\_\_\_\_  No

**Health Insurance Information for Custodial & Non-Custodial Parents**

**Health Insurance** Is available through employment, union or other group to:  
 Custodial Parent  Non-Custodial Parent  Both Parents  Neither Parent

**Custodial Parent** Insurance Company \_\_\_\_\_ Phone# \_\_\_\_\_  
 Address (city/st/zip) \_\_\_\_\_ Policy# \_\_\_\_\_ Group# \_\_\_\_\_  
 All persons insured under policy \_\_\_\_\_

**Non-Custodial Parent** Insurance Company \_\_\_\_\_ Phone# \_\_\_\_\_  
 Address (city/st/zip) \_\_\_\_\_ Policy# \_\_\_\_\_ Group# \_\_\_\_\_  
 All persons insured under policy \_\_\_\_\_

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

**Health Insurance**  Yes Who provides?  Custodial Parent  Non-Custodial Parent  
 No child is not covered  Other(name/relationship) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone# \_\_\_\_\_  
 Address (city/st/zip) \_\_\_\_\_ 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**  Yes Who provides?  Custodial Parent  Non-Custodial Parent  
 No child is not covered  Other(name/relationship) \_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Phone# \_\_\_\_\_

If more than one child has health insurance that differs from what has been provided include it on a separate sheet.



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

**Support Received**

The CSSD will collect ordered maintenance or alimony if it is also collecting child 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 named  
in this application complete the payment 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 signed                      Signature                      Printed Name



**CHILD SUPPORT SERVICES 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 Services Division (CSSD). The CSSD is authorized by law to take all actions necessary to work my case.

I am  
the  Custodial Parent  Non-Custodial Parent  
 Other 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 payment automatically go on the card.

#### Direct Deposit

- ReliaCard® I am choosing to receive support payments on a U.S. Bank ReliaCard®.
- Direct Deposit I am choosing Direct Deposit.

To receive Direct Deposit the information below must be complete. Your signature is required.

<b>Last Name</b>	<b>First Name &amp; Middle Initial</b>	<b>Social Security Number</b>	<b>My Phone Number</b>
_____	_____	_____	_____
<b>Financial Institution</b>	<b>Address</b>	<b>Phone Number</b>	
_____	_____	_____	
<b>ABA Routing#</b> _____	<b>Account#</b> _____	<b>Account Type</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<ul style="list-style-type: none"><li>• I will promptly repay any amount that is overpaid to this account.</li><li>• I will notify the CSSD in writing if I want my payments sent to a different account or if I want direct deposit stopped.</li><li>• I will complete a new Direct Deposit Form if I want payments sent to a different financial institution.</li></ul>			
_____		_____	
<b>Date</b>	<b>Signature</b>		

**Am I notified when a child support payment is deposited into my account?** The CSSD 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.

#### CSSD Direct Deposit Contact Information

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

#### ReliaCard®

ReliaCard® 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?** Please see the following pages for fee related disclosures associated with ReliaCard use. There may be additional withdrawal fees based on varying types of ATMs. U.S. Bank will send you a monthly statement showing your account activity or in activity. 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, as the CSSD does not issue these.

**How will I know when I start receiving payments on ReliaCard®?** The first time the CSSD 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.

\*\*\*\*\* CSSD Use Only \*\*\*\*\*

Date Entered/Initials \_\_\_\_\_

Date Verified/Initials \_\_\_\_\_



 **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**

<b>If you live in:</b>	<b>If you live in:</b>	<b>If you live in:</b>	<b>If you live in:</b>
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 Services Division 201 First St South, STE 1A Great Falls MT 59405	Submit application to: Child Support Services Division 1500 Poly Drive, STE 200 Billings MT 59102	Submit application to: Child Support Services Division 129 W Park ST STE 201 Butte MT 59701	Submit application to: Child Support Services Division 2675 Palmer ST STE C Missoula MT
<p>If you are the <b>Custodial Parent/Guardian</b> and live outside Montana submit application to:</p> <p><b>Child Support Services Division</b> <b>P O Box 202943</b> <b>Helena MT 59620-2943</b></p>		<p>If you are the <b>Non-Custodial Parent</b>, and the Custodial Parent/Guardian and children live outside Montana submit application to:</p> <p><b>Child Support Services Division</b> <b>P O Box 202943</b> <b>Helena MT 59620-2943</b></p>	

**IMPORTANT**

**Detach & Keep this  
and the following pages for your records**

## Terms and Conditions

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

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

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

### Confidentiality/Privacy Notice

When you receive child support services, state and federal laws require you to provide the CSSD 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 CSSD services, you authorize the use of these social security numbers for providing child support services.

The CSSD 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 CSSD. However, you should be aware that some laws require the sharing of certain information. For example, the CSSD 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 CSSD 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 CSSD.** If the CSSD 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 CSSD 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 CSSD on an open case.

### We help with

- **Locate Services**  
The CSSD will search for addresses and assets using available automated resources.
- **Parentage Establishment**  
The CSSD will work to establish the parentage of children.
- **Order Establishment**  
Once parentage is established, the CSSD 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 CSSD 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/guardian of the children may ask the CSSD 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 CSSD automatically provides medical support enforcement services. If medical insurance coverage is not ordered in the support order, the CSSD may require the order to be modified to include medical insurance provisions.

## We cannot help with

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

- **Services**

### The CSSD,

- 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.
- will determine the proper action or remedy to apply and the sequence of events, including the time frames, within which each case will proceed, not a case participant. 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 CSSD 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 CSSD 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 CSSD.
- may seek reimbursement from persons who receive money to which they are not entitled. The CSSD 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 CSSD to keep a portion of current support (and any amount that exceeds current support) to reimburse the State. The CSSD may also take action to recover these amounts either administratively or through a court order. The CSSD 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.

## Your Responsibilities:

- ✓ Keep the CSSD 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 CSSD 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 CSSD is providing.
- ✓ Forward any information that adds to, differs from, or contradicts information in the CSSD case so that it may be considered.
- ✓ Provide certified copies of all orders concerning your case. This includes actions that occur after CSSD services begin.
- ✓ If you are the obligee, you agree that the value of CSSD 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 CSSD or any payment you are required to make to the CSSD. You may be liable if the CSSD takes an enforcement action because you failed to timely forward a payment. Credit may not be given unless payments are made through the CSSD.**
- ✓ **Send all child support payments to:**  
**Child Support Services Division**  
**PO Box 8001**  
**Helena, Montana 59604**

## Other Information

The CSSD cannot guarantee success in establishing parentage, establishing a support order, or collecting support. The CSSD may not be able to continue to provide services because of circumstances outside the CSSD'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 CSSD 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 CSSD 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.

## 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 ReliaCard®.

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

### Verify a payment:

- ➔ Go to Montana Child Support Payment Lookup at <https://app.mt.gov/csed/>
- ➔ Call the CSSD 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 CSSD 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; CSSD EFT Disbursements, Fiscal Unit, PO Box 202943, Helena MT 59620

### CSSD Direct Deposit Contact Information

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

### ReliaCard®

ReliaCard® 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?** Please see the following pages for fee related disclosures associated with ReliaCard use. There may 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, as the CSSD does not issue these.

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

### To make a payment

- ➔ Go to <https://app.mt.gov/csp/> Montana Child Support Payment Website

- ➔ Mail payments to CSSD, PO Box 8001, Helena, MT 59604

**To receive credit a payment must be sent through the CSSD 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](mailto: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](mailto: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  
<http://www.hhs.gov/ocr/office/file/index.html>

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

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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.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل 1-406-444-1386 (رقم هاتف الصم والبكم) 1-800-833-8503

เรียน:

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

MERK: Hvis du snakker norsk, er gratis språkassistansetjenester 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)] schwetzscht, 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).



U.S. Bank ReliaCard® Pre-Acquisition Disclosure  
 Program Name: Montana Child Support

Monthly fee	Per purchase	ATM withdrawal	Cash reload
<b>\$0</b>	<b>\$0</b>	<b>\$0</b> in-network <b>\$1.25*</b> out-of-network	<b>N/A</b>
ATM Balance Inquiry (in-network or out-of-network)			\$0
Customer Service (automated or live agent)			\$0 per call
Inactivity (after 365 days with no transactions)			\$2.00 per month
<b>We charge 2 other types of fees. One of them is:</b>			
Card Replacement (standard or expedited delivery)			\$0 or \$15.00
<p>* This fee can be lower depending on how and where this card is used.</p> <p><b>No overdraft/credit feature.</b>            Your funds are eligible for FDIC insurance.</p> <p>For general information about prepaid accounts, visit <a href="http://cfpb.gov/prepaid">cfpb.gov/prepaid</a>.            Find details and conditions for all fees and services inside the card package or call  <b>1-855-203-3863</b> or visit <a href="http://usbankreliacard.com">usbankreliacard.com</a>.</p>			

# U.S. Bank ReliaCard® Fee Schedule

Program Name: Montana Child Support

All fees	Amount	Details
<b>Get cash</b>		
ATM Withdrawal (in-network)	\$0	This is our fee per withdrawal. "In-network" refers to the U.S. Bank or MoneyPass® or SUM® ATM networks. Locations can be found at <a href="http://usbank.com/locations">usbank.com/locations</a> or <a href="http://moneypass.com/atm-locator">moneypass.com/atm-locator</a> or <a href="http://sum-atm.com">sum-atm.com</a> .
ATM Withdrawal (out-of-network)	\$1.25	This is our fee per withdrawal. This fee is waived for your first ATM withdrawal per month, which includes both ATM Withdrawals (out-of-network) and International ATM Withdrawals. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass or SUM ATM networks. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Teller Cash Withdrawal	\$0	This is our fee for when you withdraw cash off your card from a teller at a bank or credit union that accepts Visa®.
<b>Information</b>		
ATM Balance Inquiry (in-network)	\$0	This is our fee per inquiry. "In-network" refers to the U.S. Bank or MoneyPass or SUM ATM networks. Locations can be found at <a href="http://usbank.com/locations">usbank.com/locations</a> or <a href="http://moneypass.com/atm-locator">moneypass.com/atm-locator</a> or <a href="http://sum-atm.com">sum-atm.com</a> .
ATM Balance Inquiry (out-of-network)	\$0	This is our fee per inquiry. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass or SUM ATM networks. You may also be charged a fee by the ATM operator.
<b>Using your card outside the U.S.</b>		
International Transaction	0%	This is our fee which applies when you use your card for purchases at foreign merchants and for cash withdrawals from foreign ATMs and is a percentage of the transaction dollar amount, after any currency conversion. Some merchant and ATM transactions, even if you and/or the merchant or ATM are located in the United States, are considered foreign transactions under the applicable network rules, and we do not control how these merchants, ATMs and transactions are classified for this purpose.
International ATM Withdrawal	\$1.25	This is our fee per withdrawal. This fee is waived for your first ATM withdrawal per month, which includes both ATM Withdrawals (out-of-network) and International ATM Withdrawals. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
<b>Other</b>		
Card to Bank Transfer	\$0	This is our fee per transfer to transfer funds from your card to your bank account.
Card Replacement	\$0	This is our fee per card replacement mailed to you with standard delivery (up to 10 business days).
Card Replacement Expedited Delivery	\$15.00	This is our fee for expedited delivery (up to 3 business days) charged in addition to any Card Replacement fee.
Inactivity	\$2.00	This is our fee charged each month after you have not completed a transaction using your card for 365 consecutive days.

Your funds are eligible for FDIC insurance. Your funds will be held at U.S. Bank National Association, an FDIC-insured institution, and are insured up to \$250,000 by the FDIC in the event U.S. Bank fails. See [fdic.gov/deposit/deposits/prepaid.htm](http://fdic.gov/deposit/deposits/prepaid.htm) for details.

No overdraft/credit feature.

Contact Cardholder Services by calling **1-855-203-3863**, by mail at P.O. Box 551617, Jacksonville, FL 32255 or visit [usbankreliacard.com](http://usbankreliacard.com).

For general information about prepaid accounts, visit [cfpb.gov/prepaid](http://cfpb.gov/prepaid). If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit [cfpb.gov/complaint](http://cfpb.gov/complaint).

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