

CHILD SUPPORT INFORMATION AND PAYMENT FORM

SECTION A (COMPLETE THIS SECTION IN FULL FOR ALL NEW OR MODIFIED CHILD SUPPORT ORDERS)

FILE NUMBER _____ COUNTY _____

OBLIGOR NAME: _____ OBLIGEE NAME: _____
 First MI Last Mod First MI Last Mod
 PLAINTIFF DEFENDANT PLAINTIFF DEFENDANT

ADDRESS: _____ ADDRESS: _____

CITY/STATE: _____ ZIP: _____ CITY/STATE: _____ ZIP: _____

DOB: _____ SSN: _____ SEX: _____ DOB: _____ SSN: _____ SEX: _____

PROTECT ADDRESS DUE TO DOMESTIC VIOLENCE (SEE INSTRUCTIONS) WHOSE ADDRESS? OBLIGEE/CHILDREN OBLIGOR

OBLIGOR'S EMPLOYER NAME: _____ ADDRESS: _____
 CITY/STATE: _____ ZIP: _____ PHONE: _____

DEPENDENTS (ATTACH ADDITIONAL SHEET IF MORE THAN FOUR CHILDREN)

NAME: _____ SEX: _____ DOB: _____ SSN: _____
 First MI Last Mod

NAME: _____ SEX: _____ DOB: _____ SSN: _____
 First MI Last Mod

NAME: _____ SEX: _____ DOB: _____ SSN: _____
 First MI Last Mod

NAME: _____ SEX: _____ DOB: _____ SSN: _____
 First MI Last Mod

SECTION B (COMPLETE THIS SECTION ONLY WHEN THE CHILD SUPPORT PAYMENTS ARE TO BE PAID THROUGH FAMILY COURT)

ORDER INFORMATION

NEW/MODIFIED ORDER -- DATE FIRST PAYMENT DUE: _____ SUSPENDED ORDER -- EFFECTIVE DATE: _____

WAGE ASSIGNMENT ORDERED? YES NO MERGED WITH RECIPROCAL? YES NO IF YES, RECIPROCAL NO.: _____

HEARING DATE: _____ JUDGE/MAGISTRATE: _____

CHILD SUPPORT AMOUNT: \$ _____ PER _____ ARREARAGE ORDER AMOUNT: \$ _____ PER _____

SPOUSAL SUPPORT AMOUNT: \$ _____ PER _____ CASH MEDICAL ORDER AMOUNT: \$ _____ PER _____

FIXED AMOUNT OF ARREARAGE: STATE: \$ _____ AS OF _____ OBLIGEE: \$ _____ AS OF _____

FIXED CASH MEDICAL ARREARAGE AMOUNT: STATE: \$ _____ AS OF _____ OBLIGEE: \$ _____ AS OF _____

INTEREST ON ARREARS? YES NO

MEDICAL INSURANCE ORDERED? YES NO IF YES, MAINTAIN INSURANCE OBTAIN INSURANCE WHEN AVAILABLE

OBLIGOR ATTORNEY NAME: _____ PHONE #: _____ RI BAR #: _____

OBLIGEE ATTORNEY NAME: _____ PHONE #: _____ RI BAR #: _____

SECTION C (PAYMENTS CANNOT BE DISBURSED TO THE OBLIGEE UNLESS THIS SECTION IS COMPLETED)

APPLICATION FOR CHILD SUPPORT COLLECTION SERVICES (YOU MUST SELECT ONE)

UPON MY SIGNATURE TO THIS FORM, I AUTHORIZE THE RI FAMILY COURT, THROUGH ITS COOPERATIVE AGREEMENT WITH THE DIVISION OF TAXATION - CSE, TO COLLECT MY CHILD SUPPORT AND FORWARD THE SAME TO ME. I DESIRE THE FOLLOWING SERVICES:

BOOKKEEPING SERVICES ONLY (SEE INSTRUCTIONS) FULL SERVICES (\$20.00 FEE ATTACHED - SEE INSTRUCTIONS)
 (NO ENFORCEMENT SERVICES) (ALL ENFORCEMENT SERVICES)

DATE: _____ OBLIGEE SIGNATURE: _____

INSTRUCTIONS TO COMPLETE A CHILD SUPPORT INFORMATION AND PAYMENT FORM
(CSSI)

Both parties are responsible to provide complete and accurate information to complete the Child Support Information and Payment Form (CSSI). The obligee or the obligee's attorney **MUST** complete and file the form immediately after the hearing and before leaving court.

SECTION A – THIS SECTION MUST BE COMPLETED IN FULL FOR ALL CASES IN WHICH THERE IS A NEW OR MODIFIED CHILD SUPPORT ORDER, REGARDLESS OF WHETHER OR NOT THE CHILD SUPPORT AGENCY IS INVOLVED IN THE ACTION. PLEASE PRINT OR TYPE ALL INFORMATION.

1. DEFINITIONS:

- Obligor --- The individual who has responsibility to pay the child support order.
Obligee --- The individual to whom the child support order is owed.
Domestic Violence --- Pursuant to Section 40.5.1-46 of the Rhode Island General Laws, a history of domestic violence means that an individual has been subjected to:
- (i) Physical acts that resulted in, or threatened to result in physical injury to the individual;
 - (ii) Sexual abuse;
 - (iii) Sexual activity involving a dependent child;
 - (iv) Being forced as the caretaker relative of a dependent child to engage in nonconsensual sexual acts or activities;
 - (v) Threats of, or attempts at, physical or sexual abuse;
 - (vi) Mental abuse; or
 - (vii) Neglect or deprivation of medical care.

2. DATA ELEMENTS:

- File Number -- Please insert the Family Court docket number, as found in the upper right hand corner of your printed order.
- County -- Please indicate the county in which the action was filed.
- Obligor Name -- Please provide the obligor's first name, middle initial, last name and, if applicable, any modifier (ex. Jr., Sr.).
- Obligee Name -- Please provide the obligee's first name, middle initial, last name and, if applicable, any modifier (ex. Jr., Sr.).
- Plaintiff/Defendant -- Please indicate if the obligor or obligee is the plaintiff or defendant in the action.
- Address/City/State/Zip -- Please provide the complete residence street address of the obligor and of the obligee.
- DOB -- Please provide the date of birth for the obligor and for the obligee.

SSN -- Please provide the social security number for the obligor and for the obligee.

Sex -- Please indicate whether the obligor and obligee are male (M) or female (F).

PROTECT ADDRESS
DUE TO DOMESTIC
VIOLENCE

-- Certain information contained on this form, including the domestic violence indicator, will be provided to the Federal Case Registry (FCR) for possible further dissemination pursuant to Federal law. **Check this box if you believe there is a history of domestic violence as defined above and indicate whether you are referring to the obligee/child(ren) and/or obligor.** This will prevent the FCR from releasing the address information to anyone without a court order. **IN ORDER TO PROTECT THE CONFIDENTIALITY OF THE ADDRESS OF THE OBLIGOR AND/OR OBLIGEE/CHILD(REN) CONTAINED IN THE COURT FILE, YOU MUST FILE A MOTION FOR NONDISCLOSURE OR A MOTION TO SEAL THE FILE AT FAMILY COURT AND SEEK COURT APPROVAL. OTHERWISE, THE FILE SHALL REMAIN OPEN AS A PUBLIC RECORD AND, IF THE ADDRESS IS CONTAINED IN THE COURT FILE, IT MAY BE AVAILABLE FOR PUBLIC INSPECTION. IF YOU LEAVE THE DOMESTIC VIOLENCE BOX UNCHECKED IT WILL BE ASSUMED THAT YOU DO NOT WISH TO PROTECT INFORMATION ABOUT THE WHEREABOUTS OF THE OBLIGOR AND OBLIGEE.**

Employer Name -- Please provide the name of the company/individual for whom the obligor works.

Employer Address/City/
State/Zip/Phone -- Please provide the complete address of the obligor's employer, including phone number if available.

Dependents -- Please include the first name, middle initial, last name and modifier, if applicable, for each child included in the order. Also include the child's sex, date of birth and social security number. If there are more than four children, please attach a second form with the additional information.

SECTION B – THIS SECTION MUST BE COMPLETED WHEN A NEW OR MODIFIED CHILD SUPPORT OBLIGATION IS ORDERED TO BE PAID THROUGH FAMILY COURT. IF WAGE WITHHOLDING IS ORDERED, A WAGE WITHHOLDING FORM (DR29) MUST BE ATTACHED TO THIS FORM.

New/Modified order -- Check this box if the Court established a new child support order or there was a change to an existing order.

Date first payment due -- For a new or modified child support order, this is the date the initial payment is to be paid. This date may or may not be the same as the hearing date.

Suspended order/
Effective date

-- Check this box if the Court has suspended the child support obligation. You must include the effective date as it may be different from the hearing date.

Wage assignment ordered

-- Indicate whether or not wage assignment (garnishment) has been ordered. If ordered, a copy of the wage assignment form must be attached to the CSS1.

Merged with Reciprocal

-- If there was an existing child support case (i.e. a divorce and a separate in-State reciprocal case addressing support), the cases should be merged, with the domestic file number designated as the only file number. This will eliminate the possibility of double financial accounting on the case. Indicate the existing Reciprocal number in the space provided.

Hearing date/
Judge/Magistrate

-- Indicate the date the hearing took place and the name of the Judge/Magistrate before whom the matter was heard.

Child Support Amount

-- Please provide the amount of the child support order and the Court ordered frequency of payments.

Arrearage Order Amount

-- If the Court orders the obligor to pay an ongoing amount towards an arrearage (past-due support) owed to the State or to the obligee, please provide the amount of the arrearage order and the Court ordered frequency of the payments.

Spousal Support Amount

-- Please provide the amount of the spousal support order and the Court ordered frequency of the payments.

Cash Medical Order
Amount

-- Please provide the amount of the cash medical support order and the Court-ordered frequency of the payments.

Fixed Child Support
Arrearage Amount

-- This item is completed only if the Court specifically makes a finding that a set amount of child support arrears was due and owing the State and/or the obligee. Please include the effective date of this finding. This may or may not be the same date as the hearing.

Fixed Cash Medical
Arrearage Amount

-- This item is completed only if the Court specifically makes a finding that a set amount of cash medical support arrears was due and owing the State and/or the obligee. Please include the effective date of this finding. This may or may not be the same date as the hearing.

Interest on Arrears

-- The Child Support Enforcement Automated System automatically calculates interest of 1% per month on the unpaid balance of all orders. If the Court specifically stayed interest from running on past-due support, please check this box and attach a copy of the Court order.

Medical Insurance

- If the Court ordered the obligor to maintain medical insurance coverage currently in effect for the obligee and/or child(ren), please check [] Maintain Insurance. Please provide documentation of that insurance, that is, a copy of the insurance card or other information about type of insurance being provided. If the obligor, at the time of the hearing, did not have available medical insurance for the obligor and/or child(ren) and the Court ordered the obligor to obtain coverage if and when available at no cost or at reasonable cost through his/her employer, check [] Obtain Insurance.

Obligor/Obligee
Attorney

- Please provide the full name, telephone number and RI Bar number for each attorney of record.

SECTION C – FOR CHILD SUPPORT ORDERS PAID TO AND DISBURSED THROUGH FAMILY COURT, THIS SECTION MUST BE COMPLETED IN ORDER FOR THE OBLIGEE TO RECEIVE PAYMENTS.

This section acts as an application for services for new child support orders, that are to be paid through Family Court and disbursed through the Child Support Enforcement Automated System, or those modified orders previously paid directly to the obligee that are now to be paid through Family Court. In order for the payments to be made to the obligee, this section MUST be completed. The obligee MUST choose the level of service he/she is requesting and MUST sign and date the form.

Bookkeeping Only

- This box is checked if the obligee chooses that the Division of Taxation - Child Support Enforcement only collect and distribute child support and/or cash medical support payments. If the box is checked, the obligee waives all enforcement services provided by this agency.

Full Services

- This box is checked if the obligee chooses that the Division of Taxation – Child Support Enforcement collect, distribute and enforce the child support and/or medical support order. IF YOU CHOOSE THIS OPTION YOU MUST INCLUDE A CHECK OR MONEY ORDER IN THE AMOUNT OF \$20.00 WITH THIS FORM AS A ONE-TIME SERVICE FEE. As a full service client you will be provided with and MUST ACCEPT all appropriate enforcement services.