

## **Columbiana County CSEA Application Checklist**

Please provide **copies** of the following documents: {Circle (not available) if you do not have it}

- Copies of Birth Certificates for each child (not available)
- Copies of Social Security Cards (not available)
- Copy of your driver's license or state ID (not available)
- Medical Insurance Cards (not available)  
(Do not include cards for medical coverage provided by the state)
- Court orders related to custody of the child, child support for the child, an order naming the father of the child, an order establishing a person is not the father of the child, divorce orders, civil protection orders
- Photo of the alleged father, father or absent parent mother

Please list the state where the child was conceived: \_\_\_\_\_

Please provide any other information that might be relevant to pursuing an order for the child or the applicant such as domestic violence issues, scheduling considerations, transportation issues, disabilities or other concerns:

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You will be contacted by your Child Support Case Manager if any other information is needed. Please provide a phone number where you can be reached during the day:

\_\_\_\_\_ If this number changes or is no longer available for your use, you must contact the agency and notify your case manager of a new number.

Please provide the name and number of your closest friend or relative so we can contact you if your number is changed or we lose contact with you:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Failure to provide the information or keep CSEA advised of a valid address and phone number could result in a delay in services or closure of your case.**

**Child's Information**

Child's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Race: \_\_\_\_\_ Sex:  Male  Female Social Security No: \_\_\_\_\_

State where the child was conceived: \_\_\_\_\_

City & state where the child was born: \_\_\_\_\_

**Circle the services needed:** Establish Paternity      Establish a Child Support Order      Both

Home address of the child: \_\_\_\_\_

Is the child disabled:  Yes  No

Is the child receiving social security:  Yes  No

Who has legal custody of the child? \_\_\_\_\_

Is there a court order which addresses custody?  Yes  No

**Send a copy of the order, if available.**

Is there a father listed on the child's birth certificate?  Yes  No  I don't know

\*If yes, name of the father listed on the child's birth certificate: \_\_\_\_\_

**Send a copy of the birth certificate, if available.**

Was the child's mother ever married?  Yes  No

\*If yes, date of marriage: \_\_\_\_\_ location: \_\_\_\_\_ spouse's name: \_\_\_\_\_

Is the child's mother currently married?  Yes  No

\*If no, date of divorce: \_\_\_\_\_ location: \_\_\_\_\_

**Send a copy of the divorce papers, if available.**

Was child support ever ordered?  Yes  No

\*If yes, file date: \_\_\_\_\_ court: \_\_\_\_\_ case number: \_\_\_\_\_

City & State where child support was ordered: \_\_\_\_\_

**Send a copy of the child support order, if available.**

**Mother's Information**

Mother's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Race: \_\_\_\_\_ Social security number: \_\_\_\_\_

Drivers license number & state of issuance: \_\_\_\_\_

Color of hair: \_\_\_\_\_ Color of eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Alternate contact name: \_\_\_\_\_ phone number: \_\_\_\_\_

Is the mother receiving cash, medical or food assistance?  Yes  No

\*If yes, county: \_\_\_\_\_ state: \_\_\_\_\_ case number: \_\_\_\_\_

Has the mother been incarcerated?  Yes  No

\*If yes, where: \_\_\_\_\_ when: \_\_\_\_\_

Has the mother ever served in the military?  Yes  No

\*If yes, provide branch & date: \_\_\_\_\_

Is the mother employed?  Yes  No

Employer's name: \_\_\_\_\_

Employer's address & phone number \_\_\_\_\_

Is health insurance available through the employer?  Yes  No

Name & address of insurance: \_\_\_\_\_

Is the mother in the process of filing for divorce?  Yes  No

\*If yes, the attorney's name: \_\_\_\_\_

Has the mother ever been involved with children service's regarding the child(ren) listed in this questionnaire?  Yes  No

Are there any court orders involving children services and the child(ren)?  Yes  No

\*If yes, county: \_\_\_\_\_ state: \_\_\_\_\_ court: \_\_\_\_\_

Does the mother need an interpreter?  Yes  No If so, what language? \_\_\_\_\_

**Alleged Father / Father's Information**

Alleged Father/Father's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Race: \_\_\_\_\_ Social security number: \_\_\_\_\_

Drivers license number & state of issuance: \_\_\_\_\_

Color of hair: \_\_\_\_\_ Color of eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Alternate contact name: \_\_\_\_\_ phone number: \_\_\_\_\_

Is the alleged father/father receiving cash, medical or food assistance?  Yes  No

\*If yes, county: \_\_\_\_\_ state: \_\_\_\_\_ case number: \_\_\_\_\_

Has the alleged father/father been incarcerated?  Yes  No

\*If yes, where: \_\_\_\_\_ when: \_\_\_\_\_

Has the alleged father/father ever served in the military?  Yes  No

\*If yes, provide branch & date: \_\_\_\_\_

Is the alleged father/father employed?  Yes  No

Employer's name: \_\_\_\_\_

Employer's address & phone number \_\_\_\_\_

Is health insurance available through the employer?  Yes  No

Name & address of insurance: \_\_\_\_\_

Is the alleged father/father in the process of filing for divorce?  Yes  No

\*If yes, the attorney's name: \_\_\_\_\_

Has the alleged father/father ever been involved with children service's regarding the child(ren) listed in this questionnaire?  Yes  No

Are there any court orders involving children services and the child(ren)?  Yes  No

\*If yes, county: \_\_\_\_\_ state: \_\_\_\_\_ court: \_\_\_\_\_

Does the alleged father/father receive mail at your current address?  Yes  No

Does the father need an interpreter?  Yes  No If so, what language? \_\_\_\_\_

If the alleged father/father has children with someone other than you, list the child's name, DOB & mother's name: \_\_\_\_\_

Is the alleged father an identical twin?  Yes  No

### Caretaker's Information

Caretaker's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Race: \_\_\_\_\_ Social security number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Alternate contact name: \_\_\_\_\_ phone number: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

Do you have legal, court ordered custody of the child(ren)?  Yes  No

\*If yes, county: \_\_\_\_\_ state: \_\_\_\_\_ court: \_\_\_\_\_ case number: \_\_\_\_\_

**Send a copy of court order, if available.**

Do you receive cash assistance for the child?  Yes  No

\*If yes, county: \_\_\_\_\_ state: \_\_\_\_\_ case number: \_\_\_\_\_

Does the child have medical coverage through the state?  Yes  No

\*If yes, county: \_\_\_\_\_ state: \_\_\_\_\_ case number: \_\_\_\_\_

Does the caretaker need an interpreter?  Yes  No If so, what language? \_\_\_\_\_