CONFIDENTIAL DOCUMENT

CHILD SUPPORT CASE REGISTRATION AND PAYMENT FORM (CSS-1) (page1)

RHODE ISLAND FAMILY COURT, ONE DORRANCE PLAZA, PROVIDENCE, RI 02903

REQUIRED CASE INFORMATION

Domestic Docket #	Reciprocal Docket #	Last Hearing Date	Judge/ Magistrate

Was this docket # ever merged? YES [ ] NO [ ] Has a CURRENT Income Withholding Order been Established? YES [ ] NO [ ]

NON CUSTODIAL PARENT (NCP) INFORMATION SECTION

*THIS INFORMATION ENTERED BELOW, PERTAINS TO THE **NON – CUSTODIAL PARENT (NCP)*** PLAINTIFF [ ] DEFENDANT [ ]

NCP NAME (first/middle/last/suffix)			SSN:
DOB (month/day/year) PLACE OF BIRTH	[ ] MALE [ ] FEMALE		DRIVERS LICENSE #
PHONE # (cell)	PHONE # (home)		
ADDRESS: Street	City	State	Zip
NCP EMAIL ADDRESS:		NCP ATTORNEY:	
NCP ATTORNEY BAR #	NCP ATTORNEY PHONE:	NCP ATTORNEY EMAIL:	
NCP EMPLOYER:		NCP EMPLOYER PHONE:	
NCP EMPLOYER ADDRESS:			

CUSTODIAL PARENT (CP) INFORMATION SECTION

*THIS INFORMATION ENTERED BELOW, PERTAINS TO THE **CUSTODIAL PARENT (CP)*** PLAINTIFF [ ] DEFENDANT [ ]

CP NAME: (first/middle/last/suffix)			SSN:
DOB (month/day/year) PLACE OF BIRTH	[ ] MALE [ ] FEMALE		DRIVERS LICENSE #
PHONE # (cell)	PHONE # (home)		
ADDRESS: Street	City	State	Zip
CP EMAIL ADDRESS:		CP ATTORNEY:	
CP ATTORNEY BAR #	CP ATTORNEY PHONE:	CP ATTORNEY EMAIL:	
CP EMPLOYER:		CP EMPLOYER PHONE:	
CP EMPLOYER ADDRESS:			

DEPENDENT CHILD/CHILDREN/PATERNITY/ MEDICAL INSURANCE INFORMATION *(Attach additional pages if needed.)*

HEALTH INSURANCE COVERAGE CODES :

ENTER THE APPROPRIATE CODE(S) FOR EACH CHILD LISTED BELOW.

CP/ NCP CHILD'S INSURANCE IS PROVIDED BY CP EMPLOYER OR NCP EMPLOYER **STATE** MEDICAID

NONE CHILD HAS NO HEALTH INSURANCE

PATERNITY

IF A CHILD IS BORN DURING THE TIME A WOMAN IS MARRIED OR WITHIN 300 DAYS OF THE TERMINATION OF THE MARRIAGE, RHODE ISLAND GENERAL LAW PRESUMES THAT THE HUSBAND/FORMER HUSBAND IS THE LEGAL FATHER OF THAT CHILD. IF A DIVORCE DECREE OR COURT ORDER EXCLUDES THE HUSBAND/FORMER HUSBAND AS THE FATHER OF ANY OF THE CHILD (REN) LISTED BELOW, **A COPY OF THE COURT ORDER EXCLUDING** THE HUSBAND/FORMER HUSBAND AS THE FATHER MUST BE ATTACHED.

CHILD 1 INFORMATION	CHILD 1 NAME (first/middle/last/suffix)		
DOB (month/day/year) PLACE OF BIRTH:	MALE [ ] FEMALE [ ]		SOCIAL SECURITY #
CODE FOR HEALTH INSURANCE COVERAGE	Was this child born while the mother was married or within 300 days of the termination of the marriage? [ ] YES [ ] NO		
If you answered YES to the previous question, please list husband's name:			Date of Marriage: _____ Date of Divorce: _____
Was a former husband excluded as the father of this child? **[ ] YES [ ] NO**		If the answer is YES, which state was husband/former husband excluded from?	
If the answer is YES, provide the court docket # of the case where husband/former husband was excluded.		Is a copy of the signed court order excluding husband/former husband attached? [ ] YES [ ] NO	

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CHILD SUPPORT CASE REGISTRATION AND PAYMENT FORM (CSS-1) (page2)

RHODE ISLAND FAMILY COURT, ONE DORRANCE PLAZA, PROVIDENCE, RI 02903

CHILD 2 INFORMATION	CHILD 2 NAME (first/middle/last/suffix)		
DOB (month/day/year) PLACE OF BIRTH:		MALE [ ] FEMALE [ ]	SOCIAL SECURITY #
CODE FOR HEALTH INSURANCE COVERAGE	Was this child born while the mother was married or within 300 days of the termination of the marriage? [ ] YES [ ] NO		
If you answered YES to the previous question, please list husband's name:			Date of Marriage: _____ Date of Divorce: _____
Was a former husband excluded as the father of this child? [ ] YES [ ] NO			If the answer is YES, which state was husband/former husband excluded from?
If the answer is YES, provide the court docket # of the case where husband/former husband was excluded.			Is a copy of the signed court order excluding husband/former husband attached? [ ] YES [ ] NO
CHILD 3 INFORMATION	CHILD 3 NAME: (first/middle/last/suffix)		
DOB(month/day/year) BIRTH PLACE:		MALE [ ] FEMALE [ ]	SOCIAL SECURITY #
CODE FOR HEALTH INSURANCE COVERAGE	Was this child born while the mother was married or within 300 days of the termination of the marriage? [ ] YES [ ] NO		
If you answered YES to the previous question, please list husband's name:			Date of Marriage: _____ Date of Divorce: _____
Was a former husband excluded as the father of this child? [ ] YES [ ] NO			If the answer is YES, which state was husband/former husband excluded from?
If the answer is YES, provide the court docket # of the case where husband/former husband was excluded.			Is a copy of the signed court order excluding husband/former husband attached? [ ] YES [ ] NO

MEDICAL INSURANCE ORDERS

Is either party COURT ORDERED to obtain/maintain insurance for your child/children?	[ ] CP	[ ] NCP	[ ] YES	[ ] NO
Does the NCP employer offer family health insurance?			[ ] YES	[ ] NO
Is cost of insurance reasonable? (5% or less of gross income)			[ ] YES	[ ] NO
Is there a court order for cash medical contribution by NCP?			[ ] YES	[ ] NO

ACTIVE ORDERS FOR CHILD/SPOUSAL SUPPORT, CASH MEDICAL & ARREARS

	ORDER AMOUNT		ORDER Effective Date	ORDER Termination Date
CHILD SUPPORT **Exclusive of CASH MEDICAL ORDER*	$_____	wkly./bi-wk./mthly.	_____	_____
CASH MEDICAL	$_____	wkly./bi-wk./mthly.	_____	_____
ARREARS	$_____	wkly./bi-wk./mthly.	_____	_____
SPOUSAL	$_____	wkly./bi-wk./mthly.	_____	_____
PAST LIABILITY *(RIGL § 15-8-4)*	$_____	wkly./bi-wk./mthly.	_____	_____

ARREARS ESTABLISHED FROM A COURT ORDER

		BALANCE	ESTABLISHED DATE
CHILD SUPPORT	Owed to State (IV-A)	$_____	_____
	Owed to CP/Non Welfare	$_____	_____
CASH MEDICAL ARREARS	Owed to State/Medicaid	$_____	_____
	Owed to CP/Non Medicaid*	$_____	_____
SPOUSAL SUPPORT		$_____	_____
PAST LIABILITY *(RIGL § 15-8-4)*	Owed to CP	$_____	_____
	Owed to State	$_____	_____

** Including amounts due for un-reimbursed medical expenses per court order to be paid through the Family Court Collection Unit.*

[ ] Interest on arrears SHALL accrue [ ] Interest on arrears SHALL NOT accrue

NON DISCLOSURE OF INFORMATION DUE TO FAMILY VIOLENCE (FVI)

Complete this section **ONLY** if there is a history of family violence as defined in RI General Laws § 15-22-4. Checking the FVI box prevents disclosure of certain identifying information in connection with the IV-D Child Support program only. The FVI does not seal the family court file; the FVI is neither a restraining order nor an order for protection. You must file a separate motion to seal the document in the court file, if you want that information protected.

[ ] **NON-DISCLOSURE OF INFORMATION ON THE IV-D SYSTEM IS REQUESTED DUE TO DOMESTIC VIOLENCE**

I claim the disclosure of my address or other identifying information could be harmful to me or the child/children in my care as there is a history of family violence as defined in RI General Laws § 15-22-4.

I am requesting that the following address be protected. [ ] CP/Child/Children [ ] NCP

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CHILD SUPPORT CASE REGISTRATION AND PAYMENT FORM (CSS-1) (page3)

RHODE ISLAND FAMILY COURT, ONE DORRANCE PLAZA, PROVIDENCE, RI 02903

IMPORTANT NOTICE - THIS SECTION MUST BE COMPLETED AND SIGNED BY CUSTODIAL PARENT OR CUSTODIAL PARENT'S ATTORNEY WHEN MAKING A NEW OR CHANGED LEVEL OF SERVICE

I elect the service level marked below. By signing this form I authorize the RI Family Court through its cooperative agreement with DHS/RI Office of Child Support Services (OCSS) to collect my child support and/or medical support as deemed appropriate.

[ ] **FULL SERVICE** – Support paid through the RI Family Court and Office of Child Support Services (OCSS) to provide full enforcement.
Attach $20 application fee to new child support applications when child does not receive welfare, state medical assistance or CCAP.
IMPORTANT NOTE: OCSS cannot begin enforcement of your order unless both the completed child support application and $20 fee are properly returned to the Office of Child Support Services, 77 Dorrance Street, Providence, RI 02903. Application can be found at www.cse.ri.gov.

[ ] **MEDICAL ONLY** – The child/children receive State Medical only. (Check either A or B)
A. [ ] I do not want OCSS services to enforce the child support portion of the order. Only medical orders will be paid through Family Court/enforced by OCSS.
B. [ ] **BOTH** Cash Medical and Support will be paid through Family Court, but I decline OCSS services to enforce the support portion of the Order.

[ ] **BOOKKEEPING ONLY** - Payment to be made through the Family Court, but no OCSS services are necessary to enforce order.

[ ] **REGISTRATION of ORDER INFORMATION ONLY** – Payments **WILL NOT** be submitted through the RI Family Court; there are **NO** public benefits for any child in the case.

By my signing below I, or my attorney as my agent, agree that I will be subject to all state and federal laws, policies and procedures in connection with the collection, disbursement and repayment of support/arrearages including any repayment of any funds disbursed to me in error. I understand that I will receive support payments on a Kids Card, debit card.

Custodial Parent Signature: _____ Date: _____

PAYMENTS TO THE CUSTODIAL PARENT CANNOT BE DISBURSED UNLESS THIS SECTION IS COMPLETE AND SIGNED.
OBTAIN MORE INFORMATION AND AN APPLICATION FOR RI CHILD SUPPORT SERVICES (OCSS) AT WWW.CSE.RI.GOV

DECLARATION OF PARTY COMPLETING CSS-1 FORM
IMPORTANT NOTICE: THIS SECTION MUST BE COMPLETED AND SIGNED

The undersigned (name)_____ [ ] CP/CP Attorney [ ] NCP/NCP Attorney
Declares under penalty of perjury as to the truth of the information provided on this CSS-1 FORM.

Signature:_____ Date:_____

CHILD SUPPORT CASE REGISTRATION AND PAYMENT FORM (CSS-1) INSTRUCTIONS

RHODE ISLAND FAMILY COURT, ONE DORRANCE PLAZA, PROVIDENCE, RI 02903

PURSUANT TO RHODE ISLAND GENERAL LAWS § 15-5-16.2(H) THE CSS-1 FORM MUST BE COMPLETED WHENEVER ANY ORDER FOR SUPPORT, CASH MEDICAL, ARREARS, OR PAST LIABILITY IS ENTERED, MODIFIED, OR SUSPENDED REGARDLESS OF WHETHER THE PAYMENT OF THE ORDER IS TO BE MADE THROUGH THE RHODE ISLAND FAMILY COURT COLLECTION UNIT.

NON-DISCLOSURE OF INFORMATION DUE TO FAMILY VIOLENCE: Certain information contained on the CSS-1 form including the domestic violence indicator will be provided in accordance with RI General Laws to the federal case registry (FCR) for possible further dissemination. Check this box only if you believe there is a history of domestic violence as defined below, and indicate whose address is to be protected. This will prevent FCR from releasing the address information to anyone without a court order. In order to protect the confidentiality of the address information contained in the court's file, you must file a motion for nondisclosure or a motion to seal the file directly with family court and seek court approval. Otherwise, the court 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 indicator box unchecked it will be assumed you do not wish to protect information due to family violence and the information will be provided to the FCR in accordance with the law.

HISTORY OF DOMESTIC VIOLENCE - IS DEFINED AS ANY INDIVIDUAL HAS BEEN SUBJECTED TO ONE OR MORE OF THE FOLLOWING:

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 a caretaker relative of a dependent child to engage in nonconsensual sexual act/activities
V. threats of, or attempts at, physical or sexual abuse;
VI. mental abuse;
VII. neglect or deprivation of medical care;

HEALTH INSURANCE INFORMATION: In addition to the name, date/place of birth, sex, social security number of each child, you must list how health insurance is provided for the child using the codes listed below.

PATERNITY: Questions concerning the establishment of paternity whether by legal presumption or court order must be answered for each child.

SELECTION OF SERVICE LEVEL: There are four (4) service levels. The custodial parent (CP) or CP's attorney as agent for the Custodial parent must sign the service selection. You must select one of the following service levels:

FULL SERVICE provides full enforcement of the order by the Office of Child Support Services (OCSS). This service level must be selected if any child receives any of the following public benefits: subsidized daycare (CCAP) or public cash assistance (RI Works). A custodial parent of any child who receives only medical assistance or one who receives no form of public benefit can also select full service level. Full service level is available to any custodial parent upon submission of the OCSS APPLICATION FOR CHILD SUPPORT SERVICES and payment of a $20 application fee. The application and fee (payable to Rhode Island Office of Child Support Services) must be submitted together and sent to the Office of Child Support Services, 77 Dorrance Street, Providence, RI 02903. The CSS-1 form should be submitted directly to the Rhode Island Family Court, One Dorrance Street, 4th Floor, Providence, RI 029003. The $20 fee is waived if the child receives public benefits (RI Works, Medicaid or CCAP). OCSS applications are available online at www.cse.ri.gov.

IMPORTANT: OCSS CANNOT BEGIN ENFORCEMENT OF YOUR ORDER UNLESS BOTH THE COMPLETED APPLICATION AND FILING FEE HAVE BEEN PROPERLY RETURNED TO OCSS.

MEDICAL ONLY - If any child receives only Medicaid and the custodial parent does not want the Office of Child Support Services to enforce the child support portion of the order, the custodial parent can elect the medical service level, and only the medical portion of the order will be collected through the family court; alternatively, the custodial parent can elect to have both the child support portion of the order and the medical portion of the order paid through the family court collection unit (Rhode Island State Disbursement Unit) however, OCSS will only enforce the medical portion of the order if this service level is selected.

BOOKKEEPING ONLY – Is available only when a child does not receive public benefits (RI Works, Medicaid, and CCAP) and the custodial parent wants support payments to be made through the family court, but does not want OCSS to enforce the order on the custodial parent's behalf.

REGISTRATION ONLY - Is available only when a child does not receive any public benefits and the custodial parent does not want the support order paid through the family court collection unit. (Rhode Island State Disbursement Unit).

DECLARATION OF PARTY COMPLETING THE CSS-1: The person or attorney submitting the CSS-1 form must sign and attest to the truth of the statements contained in the CSS-1 form.