



**Bruce C. Embrey**  
**Prosecuting Attorney for Miami County**  
**Miami County Courthouse, Room 112**  
**25 North Broadway, Peru, Indiana 46970**  
**Office Phone: (765) 472-2619**  
**Office Fax: (765) 472-3909**

Chief Deputy - Jeffrey K. Sinkovics  
Deputy - Peter Diedrichs  
Deputy - Courtney Alwine  
Investigator - Gary Nichols

### **OFFICE HOURS:**

**Monday, Tuesday, Wednesday, and Friday 8:00 A.M. - 4:00 P.M.**  
**The Child Support Office is CLOSED to the public on THURSDAYS.**

The following information is necessary to establish paternity and/or enforce child support.

This form **MUST be completed** and you must provide all requested items and information or the child support application will not be accepted.

\*\*\*\*\* You are required to provide the following items\*\*\*\*\*

- Applicant's Photo Identification
- All parties Social Security cards
- All children's birth certificates
- If applicable, all parties Medicaid cards
- If applicable, all children's paternity affidavits
- Copy of ALL Court Orders
- Picture of Non-Custodial Parent

## **REQUIREMENTS FOR IV-D APPLICATION TO BE ACCEPTED**

You must have:

### **Application**

The application contains several pages. This information is used to establish paternity, child support and insurance coverage.

### **Social Security Card**

To get SS cards, you must contact the Social Security Office.

### **Birth Certificate**

To get birth certificates, you must contact the County Health Department in which the children were born.

### **Medicaid Card**

To get Medicaid cards, you must contact the Department of Family and Children TANF/Medicaid office.

### **Paternity Affidavit**

Children born during a marriage will not have paternity affidavits.

Children born out of wedlock could have paternity affidavits. The father must sign the paternity affidavit at the hospital or County Health Department to have their name added to the child(ren)'s birth certificate.

### **Court Orders**

To get copies of Court Orders, you must contact the County Clerk's Office where the Court Order was established. You must have Orders that were signed by the Judge.



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### **NOTICE OF NON-REPRESENTATION**

Dear Participant:

Welcome to the Title IV-D Child Support Services Program.

The Title IV-D program services are outlined as follows:

1. Establishment and enforcement of child support.
2. Establishment of Paternity.
3. Establishment of health insurance coverage for non-covered children.

You will notice that issues concerning matters of **custody, visitation and name change are not part of my program duties.** While our goals and objectives may be in agreement on those issues, I will **NOT** be able to assist you in those areas.

I am an attorney for the State of Indiana, Department of Child Services, representing the State as the assignee of your child support rights.

I am not your private attorney and strongly suggest that you obtain an attorney for those issues. As such, our communications are **NOT PRIVILEGED CONFIDENTIAL COMMUNICATIONS PROTECTED BY I.C. 34-46-3-1.**

Respectfully,

*Peter Diedrichs*

Deputy Prosecuting Attorney

**I have read and understand the foregoing provisions of the Title IV-D Program concerning non-representation for matters of custody and visitation.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Additional Information**

**Information needed on the Child(ren)**

Please provide the following information for each child, if the child was born out of wedlock and a paternity affidavit was not signed:

Childs name: \_\_\_\_\_

What County and State was child conceived \_\_\_\_\_

Childs name: \_\_\_\_\_

What County and State was child conceived \_\_\_\_\_

Childs name: \_\_\_\_\_

What County and State was child conceived \_\_\_\_\_

**Information needed on the Mother:**

City of Birth: \_\_\_\_\_ County of Birth: \_\_\_\_\_ State of Birth \_\_\_\_\_

**Information needed on the Father:**

City of Birth: \_\_\_\_\_ County of Birth: \_\_\_\_\_ State of Birth \_\_\_\_\_

**Information needed on the Non Custodial Parent:**

Name of the closest friend who is aware of where the Non Custodial Parent is:

Name: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_  
Street/ Post Office Box

\_\_\_\_\_  
City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please complete **all** of the questions below:

1. Where did you meet the father/mother? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you know who they are now residing with? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Does the absent parent have a car? \_\_\_\_\_ Make/Model/Year: \_\_\_\_\_

4. Do you know when and where the Non custodial Parent graduated from School:

\_\_\_\_\_

5. Does the Non custodial Parent have a Facebook, or other social media account or accounts, and if so what are the screen names and/or user names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Names of the Friends / Relatives, Address, and Phone numbers of the Non custodial Parent

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Any Additional Information about the Non custodial Parent:

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