

Oregon Child Support Program

FOR OFFICE USE ONLY

Date application requested: _____

Date application mailed to requestor: _____

Application for Limited Spousal Support Services DO NOT COMPLETE THIS APPLICATION IF YOU HAVE AN ORDER FOR CHILD SUPPORT

To apply for services and you have an order for spousal support but not child support, complete, sign and date this application. After we receive your application, the information will be reviewed to determine if services can be provided.

The attachment explains information about spousal support services.

You can bring the application to your local child support office or mail it to: CSP, 4600 25th Ave NE, Suite 180, Salem, Oregon 97301

Applicant's Name (Please print) _____

In what county is the existing spousal support order filed?

Court Case # _____ County _____ State _____

Are arrears owed under the spousal support order? Yes No

If arrears are owed under the spousal support order, do you want collection of these arrears?

Yes No

Are there any other divorce or court orders about your spousal support? Yes No

If yes, Court Case # _____ County _____ State _____

Is there a pending legal action in any state for spousal support? Yes No

If yes, Court Case # _____ County _____ State _____

Information about the person who owes support

Information about the person who is to receive support

Full name _____

Full name _____

Address _____

Address _____

Phone (_____) _____

Phone (_____) _____

Soc. Sec. Number _____

Soc. Sec. Number _____

Birth date _____

Birth date _____

Employer _____

Are you receiving any state assistance at this time? [] Yes [] No

If yes, what assistance are you receiving? _____

If you do not speak or read English, what language do you speak? _____

What language do you read? _____ Do you need an interpreter? [] Yes [] No

If the other party does not speak or read English, what language does he/she speak? _____

What language does he/she read? _____ Does he/she need an interpreter? [] Yes [] No

The Child Support Program can provide you with information from forms and other notices in your own language free of charge. This also includes Braille, large print, and the use of interpreters. To find out more, contact your child support office.

I certify the above information is true and correct to the best of my knowledge and belief.

By signing this application, I authorize the release of my Department of Human Services (DHS) records to the Department of Justice (DOJ), Division of Child Support (DCS).

Signature: _____ **Date:** _____

Information about Limited Spousal Support Services

NOTE: All applicants for services will be provided appropriate services as decided by the Child Support Program (CSP). An applicant for services cannot choose which services will be provided.

1. If you receive any form of public assistance, DCS will provide income withholding and accounting services. DCS will not provide any other services.
2. Residents of Baker, Coos, Clatsop, Grant, or Wallowa counties may be able to get limited services from their local DA offices, although this list is subject to change.
3. **The CSP cannot act as a lawyer for either party.** You should talk to a lawyer if you have any legal questions about your case.
4. **The law requires that information about you, including your address, be on support orders and other judgments.** If public access or the other party's access to this information could put you at risk, you can ask that this information not be included on these documents by making a "claim of risk". If you do not want your residence or mailing address to be given to the other party or appear in court records, you can give another address at which you will receive legal papers. This is known as a "contact address" and must be in the same state as your home address. Any time DCS or the DA begins a legal action you will be given the opportunity to file a "claim of risk" and a "contact address".

You are responsible for keeping the CSP informed of your current address. If the CSP cannot contact you, the office may close your case within 10 days. Your case may also be closed if you do not provide necessary information, sign legal documents, or cooperate when asked.

You are required to provide your social security number to the CSP. You will be asked for your social security number when you call the CSP so we can identify your case. We may also ask for your social security number on forms you may need to complete in order for the CSP to help you.

5. **Fees for services**

A one-time fee of \$1 for processing your application may be deducted from the first collection made. The program also charges fees for some other services. Fee amounts can change each year, so they are not included on this form. The CSP can give you more information about fees.

The Child Support Program provides services for the State of Oregon. We cannot represent you or give you legal advice. You may contact your own lawyer at any time. Low cost legal services may be available. For information, you may visit the CSP website at www.oregonchildsupport.gov.