

**STATE OF WEST VIRGINIA  
BUREAU FOR CHILD SUPPORT ENFORCEMENT  
STANDARD APPLICATION FORM**

**CARETAKER**

**NONCUSTODIAL PARENT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ Cell: \_\_\_\_\_  
Work: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
Sex: M / F Relationship to Children: \_\_\_\_\_  
Contact Preference  E-mail  Text  Phone  
Contact me by E-mail: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_  
Work: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
Sex: M / F Relationship to Children: \_\_\_\_\_  
Contact Preference  E-mail  Text  Phone  
Contact me by E-Mail: \_\_\_\_\_

If the above address is your residential address but your mailing address is different, please write your mailing address on the back of this form.

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**CHILDREN OF NONCUSTODIAL PARENT IN THIS CARETAKER'S CARE:**

CHILD'S LEGAL NAME	BIRTHDATE	CITY STATE OF BIRTH	M / F	SSN	List parent(s) named on the birth certificate.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Has either parent ever been married? YES / NO (use the back of this form if necessary)  
Date: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

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**NONCUSTODIAL PARENT'S EMPLOYER/SOURCE OF INCOME:**

Employer's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Does the child have health insurance? Yes / No If yes, please provide copy of the card.  
Is the Noncustodial parent incarcerated? Yes / No Unemployed? Yes / No

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- Check here if you are receiving WV Works (TANF), Medicaid or SNAP (Food Stamps).
  - Check here if there is a support order now in effect. Please provide a copy of your order.  
Civil Action No.: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_
  - Check here if there is a court hearing pending on this case.
  - Check here if you have safety concerns for you or your child(ren) and need extra security for your address information.
  - Check here if you wish to have your case reviewed for closure due to serious safety concerns for you or your child(ren).

**PLEASE CHECK ONE BOX:**

- I am applying for **FULL** services from the Bureau for Child Support Enforcement (BCSE). I understand that full services from the BCSE include, but are not limited to, the following:
  - Establishment of paternity.
  - Establishment and enforcement of child support orders, which may include Income Withholding, Federal and State Tax offsets, Unemployment compensation intercept, and Workers' compensation intercept.
  - Collection and distribution of support payments.
  - Location of parents and Interstate services.
- I am applying for Income Withholding services only. The BCSE will only collect payments by Income Withholding and disburse to the Obligee. Obligee must provide employer information to the BCSE at all times. No other services are provided by the BCSE.
- I am applying for Collection and Distribution services only. The BCSE will only disburse payments to the Obligee which are directly paid to the BCSE by the Obligor. No other services are provided by the BCSE.
- I am applying for Paternity Establishment Services only. After paternity has been established the case will close unless I complete a new application for other services.

**YOUR RIGHTS AND RESPONSIBILITIES**

**A. All Applicants**

1. It is my responsibility to provide accurate up-to-date information regarding the other people involved in this case and respond to any request made by the Bureau for Child Support Enforcement (BCSE).
2. It is my responsibility to update the BCSE when there is a change in my address, telephone number or e-mail address.
3. Any information I provide or fail to provide may affect the present actions and future outcome of my case.
4. Any information I provide to the BCSE in administering my case will be confidential. However, the information may be required to be disclosed under certain circumstances to other persons, the court, or other agencies.
5. I agree to cooperate with the BCSE in their efforts to establish paternity, establish and enforce child support, and medical support obligations, and collection of child and spousal support, which may require appearing as a witness in court or other proceedings initiated by the BCSE against the obligor.
6. I am free to pursue enforcement actions through private counsel; however, I must advise the BCSE if I do this.
7. I am obligated to direct **all** child and spousal support payments received directly by me to the Bureau for Child Support Enforcement at PO Box 247, Charleston WV 25321.
8. I must repay **all** child and spousal support monies I have retained in violation of the assignment of support rights or monies that I received in error.
9. I have the right to inspect certain information in my file that is not protected by law and/or policy.
10. Pursuant to the Privacy Act [5 U.S.C. 522a], the Bureau for Child Support Enforcement (BCSE) is required to inform you of the following: (a) that the request for your social security number is a mandatory requirement pursuant to the Social Security Act [42 U.S.C. 466 (a)(131)]; and (b) the BCSE will use this information only in connection with the State's child support enforcement program for purposes of establishing paternity and establishing, modifying, and enforcing the support obligation.

11. I have the right to appeal actions or decisions taken by the DoHS (through the DoHS Fair Hearing process) regarding the obligations to accept the services of and to cooperate with the BCSE.
12. If the BCSE files a lien in my case, and the records of the BCSE later reflect that the lien should be released due to payment in full, erroneous filing, or other reasons, then I hereby grant the BCSE full authority to release the lien on my behalf.

**B. Applicants for Public Assistance Only**

1. If I receive services from the BCSE, I am required to cooperate with the Bureau in establishing paternity and establishing child and medical support for the child. I must also cooperate in the collection of child and spousal support.
2. When I apply for Public Assistance (WV Works), I understand that I automatically assign my rights to child and spousal support to DoHS. This means that any and all child support, medical support, and spousal support monies collected, up to the amount of Public Assistance I received, will be retained by the State to reimburse the Public Assistance paid. I may ask the Public Assistance or child support worker to explain how this works.
3. If I have a Medical Support order and also receive Medicaid, I understand that I automatically assign my rights to Medical Support to DoHS. This means that any and all Medical support monies collected, up to the amount of Medical Support received, will be retained by the State to reimburse the Bureau for Medical Services. I may ask the Public Assistance or child support worker to explain how this works.
4. I have the right at any time to request to claim good cause for not cooperating with the BCSE. I may ask the DoHS or child support worker to explain this to me.
5. If I fail to cooperate with BCSE by not responding to appointment letters, failing to redirect ALL child/spousal support payments, not attending court hearings, or willfully withholding any information relating to this case, my actions may be considered a refusal to cooperate. If this determination is made, I understand that my public assistance may be reduced or my BCSE case may be closed.

**C. Information about Federal Offset and State Tax Offset Collections**

1. Federal offsets, including Federal Tax intercept, passport denial, and Administrative offset, and the State tax Offset are very effective methods for collecting past-due child support and, in some cases, spousal support, by intercepting the obligor's Federal and/or State Tax refund, by intercepting other Federal money that may be due the obligor, or by denial of the obligor's passport by the U.S. Department of State.
2. To be eligible for referral to the Federal Offset programs and State Tax offset, I understand that I must receive full services from the BCSE.
3. If it is deemed appropriate by the BCSE, my case will automatically be referred for State and Federal Tax Offset. I understand that my case must meet certain eligibility requirements to be eligible for referral to tax and other offsets.
4. There must be a valid court order for support.
5. If the order for support was not entered in this State, a copy of the out-of-state order, any modifications and where possible, a copy of the support payment record is required.
6. The Obligor must have a child support arrearage of at least \$500.00 to be referred to the IRS for tax offset and at least a \$100.00 arrearage to be referred for State Tax offset. (If money is received, the source of payment may not be released to me due to confidentiality restrictions).

7. The Obligor's Social Security Number and address must have been verified.
8. An affidavit must be signed by me attesting to the amount of past-due support owed to me.
9. There is no guarantee that monies will be collected.
10. If monies are intercepted from the IRS or State Tax Offsets and I am receiving Public Assistance (WV Works), the monies may first be paid to the DoHS to satisfy the assigned support/arrears. If any monies remain after satisfying the assigned support/arrears and monies are owed to me, these monies will be sent to me by the BCSE as long as the arrearage owed to me was also submitted for intercept.
11. If monies are intercepted from the IRS or State Tax Offsets and I no longer receive Public Assistance (WV Works), the monies will first be paid to me before satisfying the assigned support/arrears.
12. I understand that I am personally liable for the repayment of any amounts received by me in error or which must be returned to the State Department of Revenue or to the IRS due to the filing of any amended return or injured spouse claim by the Obligor's spouse in a State or Federal Tax Offset intercept.
13. If the Obligor's tax refund is intercepted, I understand that the BCSE has the authority to hold the money (if it involves a joint return) for six (6) months before sending the collection to me.

**By signing this application, I agree that:**

- All statements on this form have been read by me or to me and that I understand these statements.
- I accept the responsibilities stated above.
- All information I have provided is true and accurate to the best of my knowledge.
- The BCSE Attorney represents the interest of the State of West Virginia. There is no attorney/client relationship between the BCSE Attorney and me.

**Your signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DOES EITHER PARTY HAVE AN ATTORNEY? YES / NO**

CARETAKER ATTORNEY

NONCUSTODIAL PARENT ATTORNEY

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

Mailing Address: \_\_\_\_\_ Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Return this application to your local BCSE Office.

A list of offices may be found at:

[dhr.wv.gov/bcse](http://dhr.wv.gov/bcse)

## AFFIDAVIT OF DIRECT PAYMENTS

Only list the actual amount of payments received directly from the obligor.

	YEAR		YEAR		YEAR
<b>MONTH</b>	<b>AMT PAID</b>	<b>MONTH</b>	<b>AMT PAID</b>	<b>MONTH</b>	<b>AMT PAID</b>
<b>JANUARY</b>	_____	<b>JANUARY</b>	_____	<b>JANUARY</b>	_____
<b>FEBRUARY</b>	_____	<b>FEBRUARY</b>	_____	<b>FEBRUARY</b>	_____
<b>MARCH</b>	_____	<b>MARCH</b>	_____	<b>MARCH</b>	_____
<b>APRIL</b>	_____	<b>APRIL</b>	_____	<b>APRIL</b>	_____
<b>MAY</b>	_____	<b>MAY</b>	_____	<b>MAY</b>	_____
<b>JUNE</b>	_____	<b>JUNE</b>	_____	<b>JUNE</b>	_____
<b>JULY</b>	_____	<b>JULY</b>	_____	<b>JULY</b>	_____
<b>AUGUST</b>	_____	<b>AUGUST</b>	_____	<b>AUGUST</b>	_____
<b>SEPTEMBER</b>	_____	<b>SEPTEMBER</b>	_____	<b>SEPTEMBER</b>	_____
<b>OCTOBER</b>	_____	<b>OCTOBER</b>	_____	<b>OCTOBER</b>	_____
<b>NOVEMBER</b>	_____	<b>NOVEMBER</b>	_____	<b>NOVEMBER</b>	_____
<b>DECEMBER</b>	_____	<b>DECEMBER</b>	_____	<b>DECEMBER</b>	_____

I do hereby swear and affirm that to the best of my knowledge the above record is an accurate and true account of payments received directly from \_\_\_\_\_ for payment of support.

Interest on any unpaid child support will be calculated by the BCSE.

\_\_\_\_\_  
Caretaker Signature

\_\_\_\_\_  
Date

STATE OF WEST VIRGINIA  
DEPARTMENT OF HUMAN SERVICES  
BUREAU FOR CHILD SUPPORT ENFORCEMENT  
DIRECT DEPOSIT INFORMATION AND AUTHORIZATION FORM

What is direct deposit?

Direct deposit, also known as electronic funds transfer, authorizes the Bureau for Child Support Enforcement (BCSE) to electronically deposit your support payments directly into your account.

Why should I sign up for Direct Deposit?

When your support payment is deposited directly into your account, you get your money faster because mailing is eliminated. You do not need to make extra trips to the bank or wait in long lines. Most importantly, your check cannot be lost or stolen.

How does it work?

When a payment is posted to your support case, BCSE electronically tells your bank to credit your account. In most instances, the payment will be received within 48 hours after BCSE applies the payment to your case.

How do I sign up for Direct Deposit?

Fill out the Authorization Form, attach a voided check or savings withdrawal/deposit form from your account, mail to:  
WV BCSE  
Central Financial Unit  
350 Capitol Street, Room 147  
Charleston WV 25301

When will my Direct Deposit start?

Usually within 20 days after we receive your authorization form. The BCSE will notify you when direct deposit starts.

How do I stop Direct Deposit?

You must notify us in writing. Send a letter to the address listed or you can fax a letter to 304-558-1503. Please be sure to include your social security number.

What if I change or close my bank account?

You must complete a new authorization form each time you change your banking information. If you want to close your bank account, you should first stop Direct Deposit to avoid delays in receiving your payment.

How do I know when I've received a Direct Deposit payment?

To learn if a payment has been credited to your bank account, you may contact your bank, call the BCSE automated voice response toll-free 24 hours a day, 7 days a week, at 1-800-249-3778, or the website at:

<https://apps.wv.gov/DHHR/SPI/login.aspx?ReturnUrl=/dhhr/spi/default.aspx>

**This authorization applies to all support cases for which you receive services of the BCSE.**

**All support will be directly deposited into ONE account only.**

**IMPORTANT: You must attach a voided check or savings withdrawal/deposit form to this form for verification of account information.**

Authorization Agreement For Direct Deposit of Support Payments

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

SSN: \_\_\_\_\_

Phone#: \_\_\_\_\_

Work#: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

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

Type of Account: Checking  Savings

Bank Routing # 

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(Usually in the far left bottom corner of your check. Call your bank if you have questions.)

Checking/Savings Account#: \_\_\_\_\_

(On the bottom of a check between the routing number and the check number. Call your bank if you have any questions.)

I hereby authorize the Bureau for Child Support Enforcement to make deposits to the account(s) listed above. If funds are mistakenly deposited into the account listed above, I authorize BCSE to debit the amount from my account or from future payments. This authorization shall remain in full force and effect until BCSE has received written notification from me to cancel the authorization. I understand that it is my responsibility to submit a Notification of Change form to BCSE if my banking information changes in any way.

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

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

Check here if this is a CHANGE and verify old account number.

**OTHER PAYMENT OPTION:**

**Debit Card - When payments are received, the payments are loaded onto a debit card.**

**\*\*Failure to select Direct Deposit or Debit Card payment option will automatically result in the issuance of a BCSE debit card.**

**The attached Exhibit provides information regarding debit card fees.**

## SmiONE Prepaid Card Fee Schedule

All fees incurred will be deducted from your Card Account balance, except where prohibited by law. In the event your Card Account balance is less than the fee amount being assessed, the entire Card Account balance will be applied to the fee amount, and any unpaid fee amounts **MAY RESULT IN THE FEE BEING PENDED UNTIL A VALUE LOAD IS RECEIVED, AT WHICH TIME THE FEE AMOUNT WILL BE DEDUCTED FROM YOUR CARD ACCOUNT.** If there is a Pended Fee on your Card Account, any subsequent deposits or loads into your Card Account will first be applied to any negative balance and any Pended Fees. This means your remaining Card Account balance will be less than what you deposited into the Card Account. You may view Pended Fees in the Online Account Center under Pending Transactions or hear Pended Fees via the telephone automated service in the pending section of the transaction history.

### List of all fees for Platinum smiONE Visa Prepaid Card:

All fees	Amount	Details
ATM withdrawal (in-network)	\$0	“In-network” refers to the Allpoint ATM Network. Locations can be found at: <a href="http://www.allpointnetwork.com/locator.aspx">www.allpointnetwork.com/locator.aspx</a> . You may be charged a fee by the ATM operator, even if you do not complete a transaction.
ATM withdrawal (out-of-network)	\$2.50	This is our ATM Withdrawal Fee. “Out-of-network” refers to all the ATMs outside of the Allpoint ATM Network. You may also be charged an additional fee by the ATM operator, even if you do not complete a transaction.
<b>Information</b>		
ATM balance inquiry	\$0.50	This is our ATM Balance Inquiry Fee. You may also be charged an additional fee by the ATM operator.
<b>Other</b>		
Expedited Card Replacement Shipping	\$20.00	Per request for expedited card replacement shipping. Expedited card replacement shipping is delivered via UPS within 3 business days.

Your funds are eligible for FDIC insurance. Your funds will be held at or transferred to the Bancorp Bank, and FDIC-insured institution. Once there, your funds are insured up to \$250,000 by the FDIC in the event the Bancorp fails, if specific deposit insurance requirements are met and your card is registered. See <https://www.fdic.gov/deposit/deposits/prepaid.html> for details.

No overdraft/credit feature

Contact smiONE by calling 1-855-403-8349 (if calling from outside the U.S., please call 1-412-297-0282) By mail at P.O. Box 2489, Carrollton, GA 30112, or visit [www.smionecard.com](http://www.smionecard.com).

For general information about prepaid accounts, visit [cfpb.gov/prepaid](http://cfpb.gov/prepaid).

If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit [cfpb.gov/complaint](http://cfpb.gov/complaint).