NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

APPLICATION FOR CHILD SUPPORT SERVICES
Nebraska Department of Health and Human Services

FORM
CSE0060

When completing the application for Child Support Enforcement Services, all fields marked with an asterisk [*] are required fields.
All other fields are not required for your application, but will help the Child Support Enforcement staff provide the most effective establishment and enforcement outcomes for your child support needs.

***Applicant:First Name**	**Middle**	***Last**	**Suffix**

*SSN:	*Date of Birth/Age:	*Gender: ☐ M ☐ F	Maiden Name:

Cell Phone:	Home Phone:	Work Phone:

Would you like to receive text messages about your child support case at the cell phone number provided above?
☐ Yes ☐ No

Email Address:	Email Type: ☐ Home ☐ Work

*Mailing Address:

*City:	*State:	*Zip Code:

*County:	Country:

Residential Address:

City:	State:	Zip Code:

County:	Country:

Are you currently employed? ☐ Yes ☐ No If Yes, please complete the following:

Employer Name:	Employer Phone:

Employer Address:

City:	State:	Zip Code:

COURT ORDER INFORMATION

Has a court order for Child and/or Medical Support been entered? ☐ Yes ☐ No ☐ Unknown If Yes, please complete the following:

Court Order Number:	Date of Order:

Court Order State:	County:	Country:

Court Order Caption/Title:

Children included in the order:

Was this Court Order entered in a Tribal Court? ☐ Yes ☐ No ☐ Unknown If Yes, please provide the name of the Tribal Court:

Is Health Insurance included in the support order? ☐ Yes ☐ No ☐ Unknown

***Child:First Name**	**Middle**	***Last**	**Suffix**

*SSN:	*Date of Birth/Age:	*Gender: ☐ M ☐ F
Place of Birth/City:	State:	Country:

Applicant's relationship to this child? ☐ Mother ☐ Father ☐ Alleged Father ☐ Step Mother ☐ Step Father ☐ Legal Guardian ☐ Other

*Does this child live with you? ☐ Yes ☐ No If No, please answer the following question:

*Who does this child live with? ☐ Mother ☐ Father ☐ Alleged Father ☐ Step Mother ☐ Step Father ☐ Legal Guardian ☐ Other

*Was the biological mother married at the time she became pregnant or gave birth? ☐ Yes ☐ No ☐ Unknown

Is the father's name on the birth certificate? ☐ Yes ☐ No ☐ Unknown

Has this child ever received ADC/TANF assistance in the past? ☐ Yes ☐ No ☐ Unknown

If Yes, please provide State(s) and Date(s):

Has this child ever received Foster Care Services in the past? ☐ Yes ☐ No ☐ Unknown

If Yes, please provide State(s) and Date(s):

***Child's Father: First Name**	**Middle**	***Last**	**Suffix**

*SSN:	*Date of Birth/Age:			Gender: ☐ M ☐ F
Race:	Height:	Weight:	Hair Color:	Eye Color:
Cell Phone:	Home Phone:		Work Phone:	
Email Address:			Email Type: ☐ Home ☐ Work	
Mailing Address:				
City:	State:		Zip Code:	
County:	Country:			
Residential Address:				
City:	State:		Zip Code:	
County:	Country:			

Is the child's father currently employed? ☐ Yes ☐ No ☐ Unknown If Yes, please complete the following:

Employer Name:	Employer Phone:
Employer Address:	
City: State:	Zip Code:

*What is your relationship to the child's father? ☐ Married ☐ Separated ☐ Divorced ☐ Never Married ☐ Relative ☐ Other

***Child's Mother: First Name**	**Middle**	***Last**	**Suffix**

*SSN:	*Date of Birth/Age:			Gender: ☐ M ☐ F
Race:	Height:	Weight:	Hair Color:	Eye Color:
Cell Phone:	Home Phone:		Work Phone:	
Email Address:			Email Type: ☐ Home ☐ Work	
Mailing Address:				
City:	State:		Zip Code:	
County:	Country:			
Residential Address:				
City:	State:		Zip Code:	
County:	Country:			

Is the child's mother currently employed? ☐ Yes ☐ No ☐ Unknown If Yes, please complete the following:

Employer Name:	Employer Phone:
Employer Address:	
City: State:	Zip Code:

*What is your relationship to the child's mother? ☐ Married ☐ Separated ☐ Divorced ☐ Never Married ☐ Relative ☐ Other

***Child:First Name**	**Middle**	***Last**	**Suffix**

*SSN:	*Date of Birth/Age:	*Gender: ☐ M ☐ F
Place of Birth/City:	State:	Country:

Applicant's relationship to this child? ☐ Mother ☐ Father ☐ Alleged Father ☐ Step Mother ☐ Step Father ☐ Legal Guardian ☐ Other

*Does this child live with you? ☐ Yes ☐ No If No, please answer the following question:

*Who does this child live with? ☐ Mother ☐ Father ☐ Alleged Father ☐ Step Mother ☐ Step Father ☐ Legal Guardian ☐ Other

*Was the biological mother married at the time she became pregnant or gave birth? ☐ Yes ☐ No ☐ Unknown

Is the father's name on the birth certificate? ☐ Yes ☐ No ☐ Unknown

Has this child ever received ADC/TANF assistance in the past? ☐ Yes ☐ No ☐ Unknown

If Yes, please provide State(s) and Date(s):

Has this child ever received Foster Care Services in the past? ☐ Yes ☐ No ☐ Unknown

If Yes, please provide State(s) and Date(s):

***Child's Father: First Name**	**Middle**	***Last**	**Suffix**

*SSN:	*Date of Birth/Age:			Gender: ☐ M ☐ F
Race:	Height:	Weight:	Hair Color:	Eye Color:
Cell Phone:	Home Phone:		Work Phone:	
Email Address:			Email Type: ☐ Home ☐ Work	
Mailing Address:				
City:	State:		Zip Code:	
County:	Country:			
Residential Address:				
City:	State:		Zip Code:	
County:	Country:			

Is the child's father currently employed? ☐ Yes ☐ No ☐ Unknown If Yes, please complete the following:

Employer Name:	Employer Phone:
Employer Address:	
City: State:	Zip Code:

*What is your relationship to the child's father? ☐ Married ☐ Separated ☐ Divorced ☐ Never Married ☐ Relative ☐ Other

***Child's Mother: First Name**	**Middle**	***Last**	**Suffix**

*SSN:	*Date of Birth/Age:			Gender: ☐ M ☐ F
Race:	Height:	Weight:	Hair Color:	Eye Color:
Cell Phone:	Home Phone:		Work Phone:	
Email Address:			Email Type: ☐ Home ☐ Work	
Mailing Address:				
City:	State:		Zip Code:	
County:	Country:			
Residential Address:				
City:	State:		Zip Code:	
County:	Country:			

Is the child's mother currently employed? ☐ Yes ☐ No ☐ Unknown If Yes, please complete the following:

Employer Name:	Employer Phone:
Employer Address:	
City: State:	Zip Code:

*What is your relationship to the child's mother? ☐ Married ☐ Separated ☐ Divorced ☐ Never Married ☐ Relative ☐ Other

***Child:First Name**	**Middle**	***Last**	**Suffix**

*SSN:	*Date of Birth/Age:	*Gender: ☐ M ☐ F
Place of Birth/City:	State:	Country:

Applicant's relationship to this child? ☐ Mother ☐ Father ☐ Alleged Father ☐ Step Mother ☐ Step Father ☐ Legal Guardian ☐ Other

*Does this child live with you? ☐ Yes ☐ No If No, please answer the following question:

*Who does this child live with? ☐ Mother ☐ Father ☐ Alleged Father ☐ Step Mother ☐ Step Father ☐ Legal Guardian ☐ Other

*Was the biological mother married at the time she became pregnant or gave birth? ☐ Yes ☐ No ☐ Unknown

Is the father's name on the birth certificate? ☐ Yes ☐ No ☐ Unknown

Has this child ever received ADC/TANF assistance in the past? ☐ Yes ☐ No ☐ Unknown

If Yes, please provide State(s) and Date(s):

Has this child ever received Foster Care Services in the past? ☐ Yes ☐ No ☐ Unknown

If Yes, please provide State(s) and Date(s):

***Child's Father: First Name**	**Middle**	***Last**	**Suffix**

*SSN:	*Date of Birth/Age:			Gender: ☐ M ☐ F
Race:	Height:	Weight:	Hair Color:	Eye Color:
Cell Phone:	Home Phone:		Work Phone:	
Email Address:			Email Type: ☐ Home ☐ Work	
Mailing Address:				
City:	State:		Zip Code:	
County:	Country:			
Residential Address:				
City:	State:		Zip Code:	
County:	Country:			

Is the child's father currently employed? ☐ Yes ☐ No ☐ Unknown If Yes, please complete the following:

Employer Name:	Employer Phone:
Employer Address:	
City: State:	Zip Code:

*What is your relationship to the child's father? ☐ Married ☐ Separated ☐ Divorced ☐ Never Married ☐ Relative ☐ Other

***Child's Mother: First Name**	**Middle**	***Last**	**Suffix**

*SSN:	*Date of Birth/Age:			Gender: ☐ M ☐ F
Race:	Height:	Weight:	Hair Color:	Eye Color:
Cell Phone:	Home Phone:		Work Phone:	
Email Address:			Email Type: ☐ Home ☐ Work	
Mailing Address:				
City:	State:		Zip Code:	
County:	Country:			
Residential Address:				
City:	State:		Zip Code:	
County:	Country:			

Is the child's mother currently employed? ☐ Yes ☐ No ☐ Unknown If Yes, please complete the following:

Employer Name:	Employer Phone:
Employer Address:	
City: State:	Zip Code:

*What is your relationship to the child's mother? ☐ Married ☐ Separated ☐ Divorced ☐ Never Married ☐ Relative ☐ Other