

FORM: **CS-201AC**

**REFERRAL/INFORMATION FOR CHILD SUPPORT
SERVICES/AC**

PURPOSE:

To provide information about the noncustodial parent (NCP) or alleged father (AF) when a referral is made from the Children's Division (CD) to the Family Support Division (FSD). This is the basic form upon which FSD builds a case. Therefore, it is essential that the form be completed as thoroughly as possible.

REFERENCE:

CS Procedural Manual, Section III, Chapter 2.

GENERAL PROCEDURES:

CD staff complete the CS-201AC to refer parents of children in Foster Care to FSD.

The Family and Children Electronic System (FACES) programming determines when child support involvement is appropriate. The interface file from FACES to the Missouri Automated Child Support System (MACSS) provides case opening and closing information based on criteria that CD established. However, CD staff must still complete and forward to FSD a CS-201AC for each NCP or AF of the child(ren) for whom FSD is to pursue support order establishment and enforcement.

All Fields must be completed. If not applicable, enter N/A.

INSTRUCTIONS FOR COMPLETION:

Field 1 – Check the appropriate box.

Field 2 – Enter the IV-D case number.

Field 3 – Enter the CD worker name.

Field 4 – Enter the county of the worker.

Field 5 – Enter the CD worker's telephone number.

Field 6 – The CD worker signs his/her name and enters the date in this field to confirm (s)he agrees to the statement.

NCP or AF Information

- Field 7 – Enter the NCP's/AF's name.
- Field 8 – Enter the NCP's/AF's alias, if any.
- Field 9 – Enter the NCP's/AF's address.
- Field 10 – Enter the date the NCP/AF was last known to live at this address.
- Field 11 – Enter the NCP's/AF's telephone number.
- Field 12 – Enter the NCP's/AF's date of birth.
- Field 13 – Enter the NCP's/AF's place of birth (city and state).
- Field 14 – Enter the NCP's/AF's race.
- Field 15 – Enter the NCP's/AF's sex.
- Field 16 – Enter the NCP/AF's height.
- Field 17 – Enter the NCP's/AF's weight.
- Field 18 – Enter the NCP's/AF's hair color.
- Field 19 – Enter the NCP's/AF's eye color.
- Field 20 – Enter the NCP's/AF's Social Security number.
- Field 21 – Check the appropriate box.
- Field 22 – Enter the name of the NCP/AF's employer.
- Field 23 – Enter the address and telephone number of the NCP's/AF's employer.
- Field 24 – Enter the dates between which the NCP/AF worked for the previous employer(s).
- Field 25 – Enter the name of the NCP's/AF's previous employer(s).
- Field 26 – Enter the address of the NCP's/AF's previous employer(s).

Child Information

Field 27 – Enter the child’s DCN.

Field 28 – Enter the child’s full name.

Field 29 – Enter the county and state in which the child was born.

Field 30 – Enter the child’s date of birth.

Field 31 – Check the appropriate box.

Field 32 – Provide the reason for the good cause determination.

Field 33 – Signature and title of the CD supervisor who is authorizing the good cause determination.

Marital Status and Court Information

Field 34 – Check the appropriate box.

Field 35 – Enter the date of the marriage, if applicable.

Field 36 – Enter the city, county and state in which the parents married.

Field 37 – Check the appropriate box.

Field 38 – Enter the city, county and state in which one of the parents filed for divorce.

Field 39 – Enter the date of the divorce, if applicable.

Field 40 – Enter the city, county and state in which the parents divorced.

Field 41 – Check the appropriate box.

Field 42 – Enter the name of the Missouri city or county in which the NCP or AF lived with the child(ren), if applicable.

Field 43 – Enter the date(s) when the NCP or AF lived in Missouri with the child(ren), if applicable.

Field 44 – Check the appropriate box.

Field 45 – Enter the name of the mother's spouse at the time the child(ren) were conceived or born, if applicable.

Field 46 – Check the appropriate box.

Field 47 – Enter the NCP's/AF's current spouse's full name.

Field 48 – Check the appropriate box.

Field 49 – Enter the name of the court including the county/state in which the court order is filed.

Field 50 – Enter the date of the court order.

Field 51 – Enter the court order number.

Field 52 – Enter the amount of child support ordered for the child(ren). If the amount is per child, indicate as such.

Field 53 – Enter how often the child support is supposed to be paid (e.g., weekly, biweekly, monthly).

Field 54 – Check the appropriate box.

Field 55 – Enter the amount the NCP pays regularly.

Field 56 – Enter the frequency at which the NCP pays regularly.

Field 57 – Enter the name of the person to whom the NCP pays support for the child(ren).

Complete if the parents were not married when child(ren) were born (Disregard if the referral is for the mother of the children.):

Field 58 – Check the appropriate box.

Field 59 – Enter the county and state in which a paternity order is filed.

Field 60 – Enter the date of the paternity order.

Field 61 – Enter the paternity order number.

Field 62 – Check the appropriate box.

Field 63 – Enter the name(s) of the people to whom the AF admitted paternity of the child(ren) on this case.

Field 64 – Enter the address(es) of the people provided in Field 63.

Field 65 – Check the appropriate box.

Field 66 – Enter the name of another man who might be the father of the child(ren), if applicable. If necessary, add a separate sheet to include additional names.

Field 67 – Enter the address of the man provided in Field 66. If necessary, add a separate sheet to include additional names.

Financial and Social Information:

Field 68 – Check the appropriate box.

Field 69 – Enter the name and location of the school the NCP/AF attends.

Field 70 – Check the appropriate box.

Field 71 – Enter the name of the NCP's/AF's union, the union local number and the address.

Field 72 – Check the appropriate box.

Field 73 – Enter the city in which the NCP/AF owns real estate.

Field 74 – Enter the county in which the NCP/AF owns real estate.

Field 75 – Enter the state in which the NCP/AF owns real estate.

Field 76 – Check the appropriate box.

Field 77 – Enter the personal property item(s) the NCP/AF owns.

Field 78 – Check the appropriate box.

Field 79 – Enter the source of the NCP's/AF's income (other than wages).

Field 80 – Enter the amount of income the NCP/AF receives (other than wages).

Field 81 – Enter the frequency at which the NCP/AF receives income (other than wages).

Field 82 – Check the appropriate box.

Field 83 – Enter the name of the financial institution (bank, credit union or savings and loan) where the NCP/AF has an account.

Field 84 – Enter the financial institution's address.

Field 85 – Enter the NCP's/AF's account number at the financial institution.

Field 86 – Check the appropriate box.

Field 87 – Enter the name and address of the health benefit plan carrier.

Field 88 – Enter the policy number.

Field 89 – Enter the name and address of the life insurance carrier.

Field 90 – Enter the policy number.

Field 91 – Check the appropriate box.

Field 92 – Check the appropriate box.

Field 93 – Enter the NCP's/AF's military branch of service.

Field 94 – Enter the name of the NCP's/AF's last-known military station.

Field 95 – Check the appropriate box.

Field 96 – Enter the name and address of the jail or prison in which the NCP/AF is incarcerated.

Field 97 – Enter the date the NCP/AF was imprisoned.

Field 98 – Enter the NCP's/AF's expected release date from jail or prison.

Field 99 – Check the appropriate box.

Field 100 – Enter the name of the NCP's/AF's parole officer.

Field 101 – Enter the address of the NCP's/AF's parole officer.

Field 102 – Enter the full name of the NCP's/AF's father.

Field 103 – Enter the address of the NCP's/AF's father. Field

104 – Enter the full name of the NCP's/AF's mother. Field 105

– Enter the maiden name of the NCP's/AF's mother. Field 106

– Enter the address of the NCP's/AF's mother.

Field 107 – Enter any additional information regarding the NCP/AF.

Documents to attach (if applicable):

Protective Custody Order (PCO)

Marriage Certificate

Divorce Decree

Out-of-State Birth Certificate

Adoption Order

Genetic Testing Order

Any Juvenile Court Order for Parent(s) to Pay Child Support



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 FAMILY SUPPORT DIVISION
 REFERRAL/INFORMATION FOR CHILD SUPPORT SERVICES/AC

1 ALTERNATIVE CARE IV-E HDN

All items on this form must be completed. If information is unknown, this must be indicated. This form provides the Family Support Division (FSD) with essential facts to locate a noncustodial parent and/or enforce a support obligation.

After completing this form return it to: **Family Support Division, PO Box 6790, Jefferson City, MO 65102-6790.**

IV-D CASE NUMBER (2) CD CASEWORKER NAME (3) COUNTY (4) TELEPHONE NUMBER (5)

I hereby certify that I am an employee of the Children's Division (CD) and as such, am duly authorized to apply for parent information and support services for the child(ren) named below who is/are in the legal custody of CD. I understand that any information shared with FSD will be used only to locate the noncustodial parent named below and to establish or collect a support obligation.

(6) SIGNATURE DATE

NONCUSTODIAL PARENT INFORMATION

NAME (LAST) (7) (FIRST) (MIDDLE) ALIAS (8)

ADDRESS (CURRENT OR LAST KNOWN) (9) (CITY) (STATE) (ZIP CODE)

DATE ADDRESS KNOWN (10) TELEPHONE NUMBER (11) BIRTH DATE (12) BIRTH PLACE (13)

RACE (14) SEX (15) HEIGHT (16) WEIGHT (17) HAIR (18) EYES (19) SOCIAL SECURITY NUMBER (20)

IS THE NONCUSTODIAL PARENT NOW EMPLOYED? (21) YES NO UNKNOWN
 IF YES ► NAME OF EMPLOYER (22) ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP CODE) AND TELEPHONE NUMBER (23)

NONCUSTODIAL PARENT'S PAST EMPLOYMENT INFORMATION. DATES WORKED (24) FROM ► TO ►
 IF KNOWN ► NAME OF PAST EMPLOYER (25) ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP CODE) (26)

CHILDREN OF THE NONCUSTODIAL PARENT IN ALTERNATIVE CARE

CHILD'S DCN	NAME	COUNTY/STATE OF BIRTH	DATE OF BIRTH	CHILD'S DCN	NAME	COUNTY/STATE OF BIRTH	DATE OF BIRTH
(27)	(28)	(29)	(30)				

HAS A GOOD CAUSE DETERMINATION BEEN MADE THAT FSD SHOULD NOT PURSUE CHILD SUPPORT SERVICES? (31) YES NO
 IF YES, REASON ► (32)

SIGNATURE OF AUTHORIZING SUPERVISOR ► (33) (TITLE)

IF GOOD CAUSE WAS DETERMINED, DO NOT COMPLETE REMAINDER OF REFERRAL

MARITAL STATUS AND COURT INFORMATION

ARE THE PARENTS OF THIS/THESE CHILD(REN) (34) MARRIED? DIVORCED? NEVER MARRIED?

IF THE PARENTS ARE/WERE MARRIED, GIVE DATE AND PLACE ► DATE (35) PLACE (36)

HAS DIVORCE BEEN FILED? (37) YES NO UNKNOWN

IF YES ► WHERE? (38)

IF THE PARENTS ARE DIVORCED, GIVE DATE AND PLACE ► DATE (39) PLACE (40)

DID THE NONCUSTODIAL PARENT EVER LIVE WITH CHILD(REN) IN MISSOURI? (41) YES NO UNKNOWN

IF YES ► WHERE? (42) WHEN? (43)

WAS THE MOTHER OF THE CHILD(REN) MARRIED TO A MAN OTHER THAN THIS (44) YES NO UNKNOWN

NONCUSTODIAL PARENT WHEN SHE BECAME PREGNANT OR WHEN THE CHILD WAS BORN? (45)
 IF YES, GIVE NAME. ►

IS THE NONCUSTODIAL PARENT NOW MARRIED TO SOMEONE ELSE? (46) YES NO UNKNOWN

IF YES, GIVE SPOUSE'S NAME ► (47)

HAVE CHILD SUPPORT PAYMENTS BEEN ORDERED BY A JUVENILE COURT? (48) YES NO UNKNOWN

IF YES, COMPLETE COURT INFORMATION HERE AND ATTACH A COPY OF THE COURT ORDER, IF AVAILABLE ►

COURT NAME (COUNTY/CITY) (49)	DATE OF ORDER (50)
ORDER NUMBER (51) AMOUNT \$ (52)	FREQUENCY (53)

DOES THIS NONCUSTODIAL PARENT PAY CHILD SUPPORT? 54 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REGULARLY <input type="checkbox"/> SOMETIMES <input type="checkbox"/> UNKNOWN			
IF YES, AMOUNT ▶	AMOUNT 55	FREQUENCY (MONTHLY, WEEKLY) 56	TO WHOM? 57
COMPLETE THE FOLLOWING IF THE PARENTS WERE NOT MARRIED WHEN THE CHILD(REN) WAS/WERE BORN (DISREGARD IF REFERRAL IS FOR MOTHER OF THE CHILDREN)			
WAS PATERNITY LEGALLY ESTABLISHED BY A COURT? 58 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES, ATTACH A COPY OF COURT ORDER AND COMPLETE COURT INFORMATION. ▶	COURT NAME (COUNTY/CITY) 59	DATE OF ORDER 60	ORDER NUMBER 61
IF PATERNITY WAS NOT LEGALLY ESTABLISHED, HAS THE ALLEGED FATHER EVER CLAIMED THE CHILDREN AS HIS? 62 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES, TO WHOM? ▶	NAME(S) 63		
	ADDRESS(ES) 64		
IS IT POSSIBLE THAT ANOTHER MAN, OTHER THAN THIS ALLEGED FATHER, MIGHT BE THE FATHER OF THE CHILD(REN)? 65 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES, WHO? ▶	NAME 66		
	ADDRESS 67		
FINANCIAL AND SOCIAL INFORMATION			
IS THE NONCUSTODIAL PARENT PRESENTLY ATTENDING SCHOOL? 68 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES ▶	NAME OF SCHOOL 69	ADDRESS	
DOES THE NONCUSTODIAL PARENT BELONG TO A UNION? 70 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES ▶	UNION NAME 71	LOCAL NUMBER/ADDRESS	
DOES THE NONCUSTODIAL PARENT OWN ANY REAL ESTATE? 72 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES ▶	LOCATION (CITY) 73	COUNTY 74	STATE 75
DOES THE NONCUSTODIAL PARENT OWN ANY PERSONAL PROPERTY? (VEHICLES, FARM EQUIPMENT/LIVESTOCK, VALUABLE COLLECTIONS (COINS, GUNS), ETC.) 76 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES ▶	LIST SPECIAL ITEM(S) OF PERSONAL PROPERTY OWNED 77		
DOES THE NONCUSTODIAL PARENT HAVE ANY OTHER INCOME OR RECEIVE ANY BENEFIT OR PENSION? (UNEMPLOYMENT, ETC.)? IF YES ▶ <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN 78			
	SOURCE 79	AMOUNT 80	HOW OFTEN? 81
DOES THE NONCUSTODIAL PARENT HAVE A BANK ACCOUNT? 82 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES ▶	NAME OF BANK 83	ADDRESS 84	ACCOUNT NUMBER 85
DOES THE NONCUSTODIAL PARENT HAVE MEDICAL AND/OR LIFE INSURANCE? 86 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES ▶	INSURANCE COMPANY AND ADDRESS		POLICY NUMBER
	<input type="checkbox"/> MEDICAL 87		88
	<input type="checkbox"/> LIFE 89		90
IS/ARE THE CHILD(REN) INCLUDED UNDER THE MEDICAL COVERAGE? 91 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IS THE NONCUSTODIAL PARENT IN THE MILITARY SERVICE? 92 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES ▶	BRANCH OF SERVICE 93	LAST KNOWN STATION (LOCATION) 94	
IS THE NONCUSTODIAL PARENT IN JAIL OR PRISON NOW? 95 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES ▶	JAIL OR PRISON LOCATION 96	DATE IMPRISONED 97	EXPECTED RELEASE DATE 98
IS THE NONCUSTODIAL PARENT ON PAROLE NOW? 99 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES ▶	NAME OF PAROLE OFFICER 100	ADDRESS 101	
WHAT ARE THE NAMES AND ADDRESSES OF THE NONCUSTODIAL PARENT'S FATHER AND MOTHER? <input type="checkbox"/> UNKNOWN			
	FATHER'S NAME 102	ADDRESS 103	
	MOTHER'S NAME 104	MAIDEN NAME 105	ADDRESS 106
PLEASE PROVIDE ANY OTHER INFORMATION ABOUT THIS PARENT. 107			