



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 FAMILY SUPPORT DIVISION  
**APPLICATION FOR CHILD SUPPORT SERVICES 300-EZ**

IV-D CASE NUMBER (IF KNOWN)

**Required fields are marked with an \***

**\*THE APPLICANT IS**    PERSON RECEIVING SUPPORT    CUSTODIAN    PERSON PAYING SUPPORT    ALLEGED FATHER

**PERSON RECEIVING SUPPORT/CUSTODIAN INFORMATION**    \* SOCIAL SECURITY NUMBER (SSN):

|                                                                     |                                         |                                |                                          |           |               |
|---------------------------------------------------------------------|-----------------------------------------|--------------------------------|------------------------------------------|-----------|---------------|
| * NAME (LAST)                                                       |                                         | *(FIRST)                       |                                          | (MIDDLE)  | DATE OF BIRTH |
| ADDRESS (INCLUDE STREET NAME, APARTMENT NUMBER AND/OR FLOOR NUMBER) |                                         |                                | (CITY)                                   | (STATE)   | (ZIP CODE)    |
| PHONE NUMBER - HOME (INCLUDE AREA CODE)                             | PHONE NUMBER - WORK (INCLUDE AREA CODE) | CELL PHONE (INCLUDE AREA CODE) | RACE                                     | SEX (M/F) |               |
| EMAIL ADDRESS                                                       |                                         |                                | MESSAGE PHONE NUMBER (INCLUDE AREA CODE) |           |               |

**PERSON PAYING SUPPORT/ALLEGED FATHER INFORMATION**    SOCIAL SECURITY NUMBER (SSN):

|                                                                     |                                         |                                |                                          |                    |                                |               |                             |
|---------------------------------------------------------------------|-----------------------------------------|--------------------------------|------------------------------------------|--------------------|--------------------------------|---------------|-----------------------------|
| NAME (LAST)                                                         |                                         | (FIRST)                        | (MIDDLE)                                 | ALIAS              |                                |               |                             |
| ADDRESS (INCLUDE STREET NAME, APARTMENT NUMBER AND/OR FLOOR NUMBER) |                                         |                                | (CITY)                                   | (STATE) (ZIP CODE) |                                |               |                             |
| PHONE NUMBER - HOME (INCLUDE AREA CODE)                             | PHONE NUMBER - WORK (INCLUDE AREA CODE) | CELL PHONE (INCLUDE AREA CODE) | DATE ADDRESS LAST KNOWN                  |                    |                                |               |                             |
| EMAIL ADDRESS                                                       |                                         |                                | MESSAGE PHONE NUMBER (INCLUDE AREA CODE) |                    |                                |               |                             |
| RACE                                                                | SEX (M/F)                               | HEIGHT                         | WEIGHT                                   | HAIR COLOR         | EYE COLOR                      | DATE OF BIRTH | BIRTHPLACE (CITY AND STATE) |
| EMPLOYER NAME                                                       |                                         | EMPLOYER ADDRESS               |                                          |                    | DATES WORKED (FROM - TO)<br>To |               |                             |

**CHILDREN OF THE PERSON RECEIVING AND PERSON PAYING SUPPORT/ALLEGED FATHER**

| CHILD'S SSN | NAME (LAST, FIRST, MIDDLE) | DATE OF BIRTH | COUNTY/STATE OF BIRTH | RACE | SEX (M/F) |
|-------------|----------------------------|---------------|-----------------------|------|-----------|
|             |                            |               |                       |      |           |
|             |                            |               |                       |      |           |
|             |                            |               |                       |      |           |
|             |                            |               |                       |      |           |
|             |                            |               |                       |      |           |

Was the child(ren)'s mother in Missouri when she became pregnant?    YES    NO    UNKNOWN

Are the parents of the child(ren):    MARRIED    SEPARATED    NEVER MARRIED    DIVORCED    UNKNOWN

Do all of the children listed on this application live with you now?    YES    NO

If parents are/were married:    ▶    DATE    (CITY, COUNTY AND STATE)

If parents are divorced:    ▶    DATE    (CITY, COUNTY AND STATE)

Have child support payments been ordered by a court?    YES (attach a copy of court order)    NO    UNKNOWN

|                                 |               |
|---------------------------------|---------------|
| COUNTY AND STATE OF COURT ORDER | DATE OF ORDER |
|---------------------------------|---------------|

|              |                        |                                       |
|--------------|------------------------|---------------------------------------|
| ORDER NUMBER | AMOUNT PER CHILD<br>\$ | HOW OFTEN (SUCH AS WEEKLY OR MONTHLY) |
|--------------|------------------------|---------------------------------------|

Up until now, how often has the person paying support/alleged father paid child support?  
 ALWAYS    SOMETIMES    NEVER    ALWAYS PAID REGULARLY UNTIL \_\_\_\_\_ (DATE)

Do you have legal custody of the children?    YES    NO    If YES, do you have joint custody?    YES    NO

IS IT POSSIBLE THAT ANOTHER MAN, OTHER THAN THIS ALLEGED FATHER, MIGHT BE THE FATHER OF THE CHILD(REN) LISTED? IF YES, PROVIDE AS MUCH INFORMATION AS POSSIBLE.    YES    NO

| NAME | ADDRESS | PHONE NUMBER (INCLUDE AREA CODE) |
|------|---------|----------------------------------|
|      |         |                                  |
|      |         |                                  |
|      |         |                                  |

Are the children covered by a health insurance plan other than MEDICAID? If YES, insurance company name and policy number:  
 Insurance Company Name:    Policy Number:  
 YES    NO    UNKNOWN

**TYPE OF CHILD SUPPORT SERVICES YOU WANT** (check the box next to the service(s) you are requesting):

**ESTABLISH AND/OR ENFORCE CHILD SUPPORT AND MEDICAL SUPPORT** - The Family Support Division (FSD) will try to establish paternity, get an order for child support and/or medical support (if needed), and enforce child and medical support.

**ESTABLISH AND/OR ENFORCE MEDICAL SUPPORT** - FSD will try to establish paternity, get an order for medical support (if needed), and enforce medical support coverage for your child(ren).

- REVIEW AND MODIFICATION** - FSD will review your existing support order and modify the order, if appropriate. This may include updating the order to get medical support for your child(ren). FSD will also provide services shown under Establish and/or Enforce Child Support and Medical Support.

**\* I certify under the penalties of perjury set forth in Section 575.040, RSMo, that my statements contained herein are true and correct to the best of my knowledge. By submitting a signed application:**

- I certify that all information provided is true and complete to the best of my knowledge
- I authorize the Family Support Division to get information contained in my child(ren)'s birth certificate file or record. This may include a copy of an acknowledgment of paternity completed by the parents.
- I must provide my Social Security number (SSN) and the SSN for each child(ren) per section 466(a)(13) of the Social Security Act and also provide the SSN of the other parent if I know it.
- By signing this application on paper or electronically, I am giving the Family Support Division (FSD) permission to deliver, or cause to be delivered, phone calls or text messages to me regarding my case from an automated dialing system at my primary number. The FSD does not use an encryption system when sending text messages. Such unencrypted systems are not secure and carry some level of risk that text messages could be read by a third party. By signing, I am affirming that I nevertheless prefer to receive text messages from FSD and understand I do not have to consent to this as part of my application and can opt out of getting these calls or text messages by checking "No" in the "Accept Text Messages" box below.

|                       |      |                                     |                              |
|-----------------------|------|-------------------------------------|------------------------------|
| * APPLICANT SIGNATURE | DATE | ACCEPT TEXT MESSAGES<br>YES      NO | * RELATIONSHIP TO CHILD(REN) |
|-----------------------|------|-------------------------------------|------------------------------|

**\*\*\*WARNING\*\*\***

**YOU MUST SAVE YOUR DOCUMENT BEFORE SELECTING "UPLOAD/SUBMIT", OR ALL OF YOUR DATA ON THIS FORM WILL BE LOST AND YOU WILL HAVE TO BEGIN AGAIN SAVE THE DOCUMENT FIRST, THEN PROCEED BY SELECTING "UPLOAD/SUBMIT".**

**Step 1: Save your document**

**Click the save icon in the toolbar above**

**Step 2: Upload/Submit your document**

**Once document is saved, click the "UPLOAD/SUBMIT" button below to upload your 300EZ Application and other documents.**

Upload/Submit

## Additional Information about Child Support Services

### Do I need to apply for Child Support Services if I have a court order?

Yes. If you do not apply for child support services, the Missouri Family Support Division cannot proceed with any activity that pertains to your court order.

### What child support services are available?

The Family Support Division is a state agency that provides services to establish paternity, establish and review existing support orders, and enforce child support, spousal support (if child support is due) and medical support.

### Who can apply for FSD Child Support Services with the Family Support Division?

- If you are a person receiving support or custodian of the child(ren) who need(s) support, fill out and submit one(1) application for each person paying support or alleged father
- If you are a person paying support or alleged father of the child(ren) who need(s) support, fill out one (1) application for each person receiving support

### What happens after my application for Child Support Services is approved?

You will receive a notice of case opening from the Family Support Division and information on how to inquire about your case. Support payments you may receive from the Family Support Payment Center or the State of Missouri will be issued on a prepaid card, providing a safe and convenient way for you to receive payments (please note, this is not a credit card). If you would like to have support payments deposited directly into your bank account visit [dss.mo.gov/cse](http://dss.mo.gov/cse) for information on how to get direct deposit.