

## INSTRUCTIONS FOR APPLYING FOR Child Support Services in Vermont

The Office of Child Support (OCS) is the state agency responsible for establishing, collecting, enforcing and modifying child and medical support orders for children. In all related proceedings, OCS represents the state's interests, not the interests of the parents or guardians.

### How we can help

We can help you to:

- Establish parentage
- Establish/modify/enforce an order for child and medical support
- Make support payments
- Locate a missing parent

We cannot help you to establish or modify:

- Parental rights & responsibilities (*custody*)
- Parent-child contact (*visitation*)
- Guardianship

### Eligibility for services

Services are available to parents and guardians of children under 18 or still in high school. You may also be eligible if you are owed past-due, court-ordered child support (called *arrears*).

### Cost of services

Child support services are free to those who apply. We will notify you in advance if it becomes necessary to charge a fee.

#### **This information is important. Tell us if you need help understanding it.**

Ova informacija je važna. Ako Vam je potrebna pomoć da je razumijete, obavijestite nas. (*Bosnian*)

Ces informations sont importantes. Si vous avez besoin d'aide pour les comprendre, dites-le nous. (*French*)

Iyi n'inkenuzo ngirakamaro. Tubwire, mugihe woba ushaka impfashanyo y'ugusobanukirwa. (*Kirundi*)

Macluumaadkan waa muhiim. Haddii aad u baahan tahay caawimaad ah fahanka macluumaadka, noo sheeg. (*Somali*)

Esta información es importante. Si usted necesita ayuda para comprenderla, infórmenos. (*Spanish*)

Maelezo haya ni muhimu. Ikiwa unahitaji msaada wa kuyafahamu, tueleze. (*Swahili*)

Đây là thông tin quan trọng. Nếu quý vị cần trợ giúp để hiểu thông tin này, hay cho chúng tôi biết. (*Vietnamese*)

# GETTING STARTED

## THE APPLICATION PROCESS

Please read the instructions below carefully before you begin.

### 1. Decide how many applications you need to complete.

You must complete a separate application for each PARENT you're seeking support from or paying support to.

### 2. Complete the application.

If you complete the application by hand, PRINT clearly using a pen.

You can also complete it electronically:

- a. Go to [dcf.vermont.gov/services/child-support](https://dcf.vermont.gov/services/child-support).
- b. Click on the link for the application.
- c. Download the fillable form to your computer.
- d. Complete the form and then SAVE it.
- e. If you plan on mailing or dropping off your application, PRINT a copy.

### 3. Check your application.

Make sure you've completed and signed all the required sections. *Incomplete and unsigned applications will be returned.*

- **EVERYONE** must complete pages 3 to 5 and sign at the bottom of pages 7 & 8.
- **IF YOU'RE SEEKING/GETTING CHILD SUPPORT**, complete and sign page 8.
- **IF YOU'RE OWED CHILD SUPPORT**, complete and sign page 11.

### 4. Gather copies of all required supporting documents.

See the back page for a checklist of the documents you need to send. *Send copies as originals may not be returned.*

### 5. Submit the application & documents.

#### By mail to:

Vermont Office of Child Support  
280 State Drive, NOB 1,  
Waterbury, VT 05671-1060

By email to: [OCSCSU@vermont.gov](mailto:OCSCSU@vermont.gov)

#### In person at a regional office:

To find one near you, call 1-800-786-3214 or go to [dcf.vermont.gov/ocs/contact-us](https://dcf.vermont.gov/ocs/contact-us).

## ADDITIONAL DETAILS

### WHERE TO GET HELP

Call 1-800-786-3214 if you have questions, need help applying, or want to request copies of the application.

### WHAT YOU CAN EXPECT FROM US

Within 20 days of getting your application, we'll assign a caseworker to your case and notify the other party of our involvement. Your caseworker will devote as much time as possible to your case, and we will provide all services we deem appropriate.

We expect you to cooperate with us. This includes returning calls, providing requested documents, and informing us about any changes to your contact information.

## ADDITIONAL RESOURCES

### IF YOU HAVE SAFETY CONCERNS

If you're afraid someone will hurt you or your children, contact the Vermont Network Against Domestic & Sexual Violence at 1-800-228-7395 or go to [vtnetwork.org](https://vtnetwork.org).

### IF YOU NEED ECONOMIC ASSISTANCE

Go to [dcf.vermont.gov/benefits](https://dcf.vermont.gov/benefits) to learn about the benefits available through the Department for Children and Families.

# APPLICATION FOR CHILD SUPPORT SERVICES

## DOMESTIC/FAMILY VIOLENCE CONCERNS

We can help you access child support safely if you have concerns related to domestic/family violence. If you'd like to discuss the options available before you submit your application, please contact us at 1-800-786-3214 or [OCSCSU@vermont.gov](mailto:OCSCSU@vermont.gov).

**Do you have any safety concerns?**  YES  NO

If NO, skip to section #1. If YES, please check one of the boxes below.

**I'd like to:**

- Pursue child support services anyway
- Have an OCS representative contact me before my application is processed.

The best way to reach me is by:  PHONE  EMAIL

**Do you have a protective order, police report or other supporting document?**  YES  NO

If YES, please explain: \_\_\_\_\_

## 1. Information about you

<b>Your role related to the children:</b> <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Caretaker		
Last name	First name	Middle initial/maiden name
Mailing address	City/town & state	Zip code
Home address (if different)	City/town & state	Zip code
Social Security number	Date of birth (mm/dd/yyyy)	Phone no. (with area code)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of birth	Email address
Marital history: <input type="checkbox"/> Never married	Name of Spouse _____ Name of Spouse _____ Name of Spouse _____	Married on _____ Married on _____ Married on _____ Divorced on _____ Divorced on _____ Divorced on _____
Race	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Multiracial <input type="checkbox"/> Native/Indigenous <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Prefer not to say	
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to say	
Name & address of employer	Phone no. (with area code)	Dates of employment
Is a lawyer currently representing you on this child support case? If yes, provide the lawyer's information below.		
Name _____ Phone no. _____		

## 2. Information about the other parent (or one parent if you are the guardian)

Last name		First name	Middle initial/maiden name
Mailing address		City/town & state	Zip code
Home address (if different)		City/town & state	Zip code
Social Security number	Date of birth (mm/dd/yyyy)	Phone no. (with area code)	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of birth	Email address	
Marital history <input type="checkbox"/> Never married	Name of Spouse _____ Name of Spouse _____ Name of Spouse _____	Married on _____ Married on _____ Married on _____	Divorced on _____ Divorced on _____ Divorced on _____
Race	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Multiracial <input type="checkbox"/> Native/Indigenous <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Prefer not to say		
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to say		
Name & address of employer		Phone no. (with area code)	Dates of employment
<b>Provide as much additional information as possible if this parent will be responsible for PAYING child support.</b>			
Height	Weight	Hair color	Eye color
Mother's maiden name & address		Father's name & address	
Property owned and other sources of income (describe nature & location)			
Is there any reason this parent cannot pay child support (e.g., Is in jail or has a disability)?			
Military branch & dates of service (if applicable)		Does this parent have other children?	
Vehicle make & model	Vehicle year	Vehicle color	License plate number & state

## 3. Information about the children you're seeking/paying support for

Use more sheets of paper if needed. Provide all requested information.

Name & Gender	Social Security #	Date & place of birth	State where conceived	Parents married at time of birth?	Living with you?	Parentage established?
<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, by signing a VAP* <input type="checkbox"/> Yes, by court order <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, by signing a VAP* <input type="checkbox"/> Yes, by court order <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes, by signing a VAP* <input type="checkbox"/> Yes, by court order <input type="checkbox"/> No <input type="checkbox"/> Don't know

\* A Voluntary Acknowledgment of Parentage (VAP) form is used to establish parentage if the parents are not married at the time of the child's birth. It is usually signed and witnessed at the hospital shortly after the child is born.

## 4. Child support services and order history

Did you ever receive public assistance or get child support services in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in which states?
Did that state issue a custody or child support order? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide the information in the table below.

### Parental Rights & Responsibilities Order (custody)

Date of order	City & state where entered	Case/docket #
Primary physical responsibility is with:		Primary legal responsibility is with:

### Child Support Order

Date of order	City & state where entered	Case/docket #
Monthly support of \$_____ is paid by: <input type="checkbox"/> Me <input type="checkbox"/> Parent listed in section #2		Past support due? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Amount due \$_____ You must complete page 11.

## 5. Health insurance information

If neither parent has health insurance, check this box  and go to #6.

<b>Your Health Insurance</b>	Type of coverage	Policy no.	Added cost for coverage of child(ren) \$ _____ Per _____
	Name of insurance company	Names of those covered	
<b>Other Parent's Health Insurance</b>	Type of coverage	Policy no.	Added cost for coverage of child(ren) \$ _____ Per _____
	Name of insurance company	Names of those covered	

## 6. Comments to the caseworker assigned to your case

Use this space to tell your caseworker about any specific services you need right now, additional details about your situation, and anything else you think they should know.

## 7. Statements of understanding

### I UNDERSTAND THAT:

- a. **I can get a copy of this application.** I can request a copy by calling 1-800-786-3214.
- b. **OCS representatives act on behalf of the State of Vermont to enforce child support laws; representatives do not act in the interests of any particular person or party; and OCS lacks the authority to become involved in custody and visitation issues.** This means OCS does not act as my personal advocate or representative in any legal proceedings before the Family Division of Superior Court; must make many discretionary decisions concerning best implementation of its policy objectives; and is guided not only by the economic interests of an individual case, but also by the best interests of a child. When OCS becomes involved in my case, it will investigate and make recommendations to the court based upon its interpretation of the law and facts.
- c. **The role of OCS and my right to get my own attorney in connection with this matter.** I understand that in addition to OCS participation in my case, I may present my own information, testimony and witnesses in any legal proceedings before the Family Division of Superior Court.
- d. **By receiving OCS services, I'll receive all services deemed appropriate by OCS, many of which are automatic.** Services include locating a parent for the purpose of collecting child support, establishing parentage, establishing a child/medical support order, reviewing the amount of child support paid to ensure it is consistent with guidelines, modifying a child support order due to a change in income or circumstances of one or both of the parents, collecting and distributing child support payments, and enforcing a child support order. Other services that may be appropriate include certification of arrears with state and federal tax departments, reports to credit bureaus, lottery offsets, administrative wage withholding, data matches with financial institutions, trustee process, liens and other legal remedies. Parties may not receive prior notification of every process OCS undertakes. It is my responsibility to notify OCS in writing when I no longer want services from OCS.
- e. **Child support payments must be made through OCS.** Payments made directly from one parent to the other parent must be turned over to OCS for issuance. I understand that failure to do so may result in the termination of OCS services.
- f. **If money is sent to me in error or issued to me based on insufficient funds, I must return the money.** If I don't return the money, I authorize OCS to deduct such payments from my account or from future payments until this obligation is satisfied.
- g. **OCS is required to submit minimal information about me to a national directory used only by other state child support agencies.** Federal law prohibits the release of information about those who are at risk of harm from family violence. If I believe that my children or I am at risk, I understand that I may request in writing that OCS not release my information to the directory. I further understand that if I ask OCS not to release my information, there may be delays in my case because some automatic processes may not go forward as usual.
- h. **After I try to resolve an issue with an OCS caseworker and supervisor, I have the right to request an OCS administrative review of any decision or action taken by OCS in my child support case.** I may call my OCS caseworker to request an *Administrative Review Form* or write to OCS, ATTN: Intercept Unit, 280 State Drive, Waterbury, VT 05671-1060. I must explain my complaint, request an administrative review, and provide the following information: my name, Social Security number, address, daytime phone number, and whether I want the review conducted in person, over the phone, or by mail.
- i. **If a court order requires either parent to provide health insurance for the child, the other parent will have access to information maintained by the child's insurer (e.g., Social Security number).**

## 8. Signature & authorization for child support services

### BY SIGNING BELOW, I CERTIFY AND AGREE THAT:

- a. I have read and understand the Statements of Understanding on page 6.
- b. OCS will provide all child support services deemed appropriate, and I authorize the use of all legal means necessary to provide these services.
- c. All child support payments will continue to be made through OCS unless I ask the court to change that part of the order.
- d. Federal and state law requires me to provide OCS with certain information (e.g., Social Security numbers for me and my children) to get child support services and I authorize OCS to use this information to provide the services.
- e. OCS and the agencies, contractors and organizations that work with them are committed to protecting my privacy and keeping my information confidential – in compliance with state and federal law; however, some laws require the sharing of certain information. This could include OCS providing certain information to another agency/person working on my case, the other parent, a health insurance provider or a court as part of a legal action.
- f. I will cooperate with OCS and the agencies, contractors and organizations that work with them.
- g. I have up to seven days from the date of notification to return any money OCS issues to me in error or based on insufficient funds. If I don't return it, I authorize OCS to automatically deduct payments from my account or from future child support payments, in accordance with state law, until my repayment obligation is satisfied. I authorize such deductions without further notice to me.

#### I have the **RIGHT** to:

- Full and equal treatment regardless of race, color, national origin, gender, age, sexual orientation or disability.
- Confidential treatment of my personal information to the extent allowed by law.
- Represent myself or hire an attorney to represent me at hearings & meetings.
- Appeal any decision made or action taken by OCS.
- Obtain copies of non-confidential documents in my OCS case file.
- Stop services initiated solely by me.

#### I have the **RESPONSIBILITY** to:

- Cooperate fully with OCS.
- Inform OCS of any changes in my circumstances.
- Notify OCS before taking any actions that might affect my child support.
- Ensure child support payments are sent through OCS.
- Participate in all meetings & hearings about my case.
- Keep accurate records of all child support payments and copies of all documents related to my case.
- Inform OCS of any family violence issues/concerns.
- Repay any child support received from OCS that I am not entitled to.

### **SIGN BELOW.**

**Unsigned applications will be returned.**

*I certify that the information provided on this application is true and complete to the best of my knowledge.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_





## 9. Authorization for electronic payments

### EVERYONE MUST SIGN THIS PAGE:

- If you pay support, you may skip the next section but must sign below. If you're ever owed support, you'll automatically get payments on a U.S. Bank ReliaCard® until you complete a direct deposit form.
- If you get or are seeking support, you must both complete the next section & sign below.

### SIGN UP FOR ELECTRONIC PAYMENTS IN ONE OF TWO WAYS.

Once we get your authorization, it will take about 30 days for payments to begin. Call 1-800-786-3214 to find out when OCS received your payment or to change your electronic payment option.

#### 1. Direct deposit to one bank account:

- Depending on the bank, funds are usually available 7 - 10 business days after OCS receives a payment. Contact your bank to find out if a payment has been credited to your account.

#### 2. U.S. Bank ReliaCard®:

- ReliaCard is a Prepaid Visa® Debit Card that can be used to make purchases, pay bills and get cash everywhere Visa debit cards are accepted. It's not a credit card. You don't need a bank account.
- Your ReliaCard will be mailed to the address you provide within 7 - 10 business days from the date of enrollment. Sign up to get email or text<sup>1</sup> alerts when funds are added to your card.

<sup>1</sup> Standard text messaging charges apply through your mobile carrier; message frequency depends on account settings.

### Provide your information below

Last name	First name & middle initial	Email address
Social Security number	Preferred phone (with area code)	Secondary phone (with area code)

Check  one of the two options below. If you don't make a selection, you'll be issued a ReliaCard.

<input type="checkbox"/>	<b>Direct Deposit</b>	Bank Name	ABA Routing/Transit #	Account #	Account Type
					Checking <input type="checkbox"/> Savings <input type="checkbox"/>
<input type="checkbox"/>	<b>U.S. Bank ReliaCard*</b>	Please read the information on pages 9 and 10 about the ReliaCard option before you decide which option you'd like to choose.			

\*The ReliaCard is issued by U.S. Bank National Association pursuant to a license from Visa U.S.A. Inc. Member FDIC.

## SIGN BELOW.

Unsigned applications will be returned.

*This request cancels any other direct deposits I have in place with OCS.*

Signature \_\_\_\_\_ Date \_\_\_\_\_





# Disclosure Information about the U.S. Bank ReliaCard®

U.S. Bank ReliaCard® Pre-Acquisition Disclosure  
Program Name: Vermont Child Support

Monthly fee	Per purchase	ATM withdrawal	Cash reload
<b>\$0</b>	<b>\$0</b>	<b>\$0</b> in-network <b>\$1.25*</b> out-of-network	<b>N/A</b>
ATM Balance Inquiry (in-network or out-of-network)			\$0
Customer Service (automated or live agent)			\$0 per call
Inactivity (after 365 days with no transactions)			\$2.00 per month
<b>We charge 3 other types of fees.</b>			
<p>* This fee can be lower depending on how and where this card is used.</p> <p><b>No overdraft/credit feature.</b> Your funds are eligible for FDIC insurance.</p> <p>For general information about prepaid accounts, visit <a href="http://cfpb.gov/prepaid">cfpb.gov/prepaid</a>. Find details and conditions for all fees and services inside the card package or call <b>1-855-203-3824</b> or visit <a href="http://usbankreliacard.com">usbankreliacard.com</a>.</p>			

CR-20808726

U.S. Bank ReliaCard® Fee Schedule  
 Program Name: Vermont Child Support

All fees	Amount	Details
<b>Get cash</b>		
ATM Withdrawal (in-network)	\$0	This is our fee per withdrawal. "In-network" refers to the U.S. Bank or MoneyPass® or SUM® ATM networks. Locations can be found at <a href="http://usbank.com/locations">usbank.com/locations</a> or <a href="http://moneypass.com/atmlocator.html">moneypass.com/atmlocator.html</a> or <a href="http://sum-atm.com">sum-atm.com</a> .
ATM Withdrawal (out-of-network)	\$1.25	This is our fee per withdrawal. This fee is waived for your first ATM withdrawal per month, which includes both ATM Withdrawals (out-of-network) and International ATM Withdrawals. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass or SUM ATM networks. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Teller Cash Withdrawal	\$0	This is our fee for when you withdraw cash off your card from a teller at a bank or credit union that accepts Visa®.
<b>Information</b>		
ATM Balance Inquiry (in-network)	\$0	This is our fee per inquiry. "In-network" refers to the U.S. Bank or MoneyPass or SUM ATM networks. Locations can be found at <a href="http://usbank.com/locations">usbank.com/locations</a> or <a href="http://moneypass.com/atm-locator.html">moneypass.com/atm-locator.html</a> or <a href="http://sum-atm.com">sum-atm.com</a> .
ATM Balance Inquiry (out-of-network)	\$0	This is our fee per inquiry. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass or SUM ATM networks. You may also be charged a fee by the ATM operator.
<b>Using your card outside the U.S.</b>		
International Transaction	3%	This is our fee which applies when you use your card for purchases at foreign merchants and for cash withdrawals from foreign ATMs and is a percentage of the transaction dollar amount, after any currency conversion. Some transactions, even if you and/or the merchant or ATM are located in the United States, are considered foreign transactions under the applicable network rules, and we do not control how these merchants, ATMs and transactions are classified for this purpose.
International ATM Withdrawal	\$1.25	This is our fee per withdrawal. This fee is waived for your first ATM withdrawal per month, which includes both ATM Withdrawals (out-of-network) and International ATM Withdrawals. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
<b>Other</b>		
Card Replacement	\$0	This is our fee per card replacement mailed to you with standard delivery (up to 10 business days).
Card Replacement Expedited Delivery	\$15.00	This is our fee for expedited delivery (up to 3 business days) charged in addition to any Card Replacement fee.
Inactivity	\$2.00	This is our fee charged each month after you have not completed a transaction using your card for 365 consecutive days.

Your funds are eligible for FDIC insurance. Your funds will be held at U.S. Bank National Association, an FDIC-insured institution, and are insured up to \$250,000 by the FDIC in the event U.S. Bank fails. See [fdic.gov/deposit/deposits/prepaid.html](http://fdic.gov/deposit/deposits/prepaid.html) for details.

No overdraft/credit feature.

Contact Cardholder Services by calling **1-855-203-3824**, by mail at P.O. Box 551617, Jacksonville, FL 32255 or visit [usbankreliacard.com](http://usbankreliacard.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).

CR-20808726

The ReliaCard is issued by U.S. Bank National Association pursuant to a license from Visa U.S.A. Inc. ©2022 U.S. Bank. Member FDIC.

## COMPLETE this page if you are owed child support.

Are you owed past-due child support?  Yes  No

If the answer is NO, leave this form blank.

If the answer is YES:

1. Complete and sign this page.
2. Use additional sheets of paper if necessary.

Child Support Payment History - Year ____			
Month	Support Due	Amount Paid	Balance
Jan			
Feb			
Mar			
Apr			
May			
June			
July			
Aug			
Sept			
Oct			
Nov			
Dec			
TOTAL			

Child Support Payment History - Year ____			
Month	Support Due	Amount Paid	Balance
Jan			
Feb			
Mar			
Apr			
May			
June			
July			
Aug			
Sept			
Oct			
Nov			
Dec			
TOTAL			

**Grand total of all balances (arrears) \$ \_\_\_\_\_**

**Per Vermont law, a 1/2% per month surcharge will accrue on unpaid support.**

I wish to:

- Have surcharges calculated on arrears
- Waive all surcharges that have already accrued
- Waive all future surcharges
- Waive both past and future surcharges

*I declare that the above information is true and accurate to the best of my knowledge and belief. I understand that if the information is false, I am subject to the penalty of perjury.*

*I understand that once OCS removes surcharges from my account, they may not reinstate them. I would need to file an action with the Family Division of Superior Court to have the surcharges addressed.*

**Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



# DOCUMENTS CHECKLIST

## SIGNATURES

**Make sure you've completed and signed in all required sections:**

- **EVERYONE** - Complete pages 3 to 5 and sign at the bottom of pages 7 & 8.
- **IF YOU'RE SEEKING/GETTING CHILD SUPPORT** - Complete and sign page 8.
- **IF YOU'RE OWED CHILD SUPPORT** - Complete and sign page 11.

## SUPPORTING DOCUMENTS

**For each child in this application, send copies of the following (if applicable):**

- Court order related to child support
- Existing court order requiring health insurance or other medical support
- Court order granting you guardianship
- Birth certificate
- Completed, signed and witnessed *Voluntary Acknowledgment of Parentage (VAP)* form

**If you have any concerns about domestic/family violence, complete the safety section on page 3 and send copies of the following (if applicable):**

- Nondisclosure, protective or relief-from abuse order
- Determination of good cause for non-cooperation with a child support agency
- Explanation of why you believe releasing information about you/your children would be harmful

## Send your application to:

### By mail:

Vermont Office of Child Support  
280 State Drive, NOB 1  
Waterbury, VT - 05671-1060

**By email:** [OCSCSU@vermont.gov](mailto:OCSCSU@vermont.gov)

### Need help?

1-800-786-3214

<http://dcf.vermont.gov/ocs>

**DON'T FORGET TO SIGN!**