

## Application for Child Support Services in Vermont

The Vermont Office of Child Support (OCS) promotes the well-being of all families by strengthening their financial safety net. We provide quality services and information to parents, caregivers, and community partners involved in the child support process.

All services are **free**, and no income restrictions apply.

### How we can help

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

### Eligibility for services

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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).

### Get help completing your application

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Phone: 1-800-786-3214 (toll free)

Email: [OCSCSU@Vermont.gov](mailto:OCSCSU@Vermont.gov)

If English is not your first language and you need help, please let us know. We offer free interpretation services.

## The Application Process

### 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

We accept applications by mail or electronically.

- If you complete the application by hand, **print** clearly using a pen.
- Download our fillable form: [dcf.vermont.gov/services/child-support](https://dcf.vermont.gov/services/child-support).

### 3. Submit the application

- 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 an office near you, go to [dcf.vermont.gov/ocs/contact/regions](https://dcf.vermont.gov/ocs/contact/regions) or call 1-800-786-3214.

### 4. Caseworker assignment

Within 20 days of receiving your application, we will assign a caseworker to your case and notify the other parent of our involvement.

## Ways To Pursue Child Support Safely

Access comprehensive information and guidance on our website at [dcf.vermont.gov/ocs/dv](https://dcf.vermont.gov/ocs/dv).

Help is available 24/7:

- National Domestic Violence Hotline: 1-800-799-7233
- StrongHearts Native Helpline: 1-844-762-8483

Customer Call Center: Speak directly with our representatives for personalized assistance at 1-800-786-3214.

Email Support: Send inquiries for detailed responses to [OCSCSU@Vermont.gov](mailto:OCSCSU@Vermont.gov).

## Additional Resources

### 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 concerns about accessing child support services safely?  YES  NO

## 1. Information about you

I am the child's: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian (have an order) <input type="checkbox"/> Caretaker (no order)			
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 (with area code)	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of birth	Email address	
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"/> Prefer not to say/Unknown		
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to say/Unknown		
Name & address of employer		Do you need a language interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what language?
Are you currently represented by a lawyer on this child support case? If yes, provide the lawyer's information below.			
Name _____		Phone no. _____	

## 2. Stay informed with the OCS newsletter

Want to stay up to date on important updates, resources, and news from OCS? Subscribe to our newsletter and get the latest information delivered to your inbox!

Yes, sign me up!

### 3. 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 (with area code)	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of birth	Email address	
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"/> Prefer not to say/Unknown		
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to say/Unknown		
Name & address of employer			

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

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

#### Child 1:

Last name		First name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security number	Date of birth (mm/dd/yyyy)	Place of birth	
Name of first parent		Name of second parent	
Were parents married at time of birth? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of marriage	Date of divorce
Is the child living with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was a VAP* signed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

#### Child 2:

Last name		First name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security number	Date of birth (mm/dd/yyyy)	Place of birth	
Name of first parent		Name of second parent	
Were parents married at time of birth? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of marriage	Date of divorce
Is the child living with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was a VAP* signed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

\* 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.

### Child 3:

Last name		First name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security number	Date of birth (mm/dd/yyyy)	Place of birth	
Name of first parent		Name of second parent	
Were parents married at time of birth? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of marriage	Date of divorce
Is the child living with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was a VAP* signed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## 5. 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 state?
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(s) below.

### Parental rights & responsibilities order (custody)

Date of order	City & state where entered	Case/docket #
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### Parentage or 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 #3	Past support due? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Amount due \$_____	

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

Use this space to tell us any specific child support services you need currently and other information you think we should 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.

## 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>	<b>Bank Name</b>	<b>ABA Routing/Transit #</b>	<b>Account #</b>	<b>Account Type</b>
					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 <b>\$0</b>	Per purchase <b>\$0</b>	ATM withdrawal <b>\$0</b> in-network <b>\$1.25*</b> out of network	Cash reload <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

**We charge 3 other types of fees.**

\* This fee can be lower depending on how and where this card is used.

**No overdraft/credit feature.**

Your funds are eligible for FDIC insurance.

For general information about prepaid accounts, visit [cfpb.gov/prepaid](http://cfpb.gov/prepaid). Find details and conditions for all fees and services inside the card package or call 1-855-203-3824 or visit [usbankreliacard.com](http://usbankreliacard.com).

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="https://usbank.com/locations">usbank.com/locations</a> or <a href="https://moneypass.com/atm-locator.html">moneypass.com/atm-locator.html</a> or <a href="https://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>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](https://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](https://usbankreliacard.com).

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

CR-54982061 - English

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