





Please answer the following questions. Use CAPITAL LETTERS at all times and keep your answers within the boxes provided. If you are filling this in for our client, please complete section 7 – Representative details.

## 1. Your details

Your full name	Title	Forenames	Surname
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Any other name you use <i>If you are using another name at the same time</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The name you want to use for correspondence with the Child Support Agency <i>If different</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your date of birth	<input type="text"/>	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/> <i>Please tick the relevant box</i>
Your National Insurance number <i>if known</i>	Letters <input type="text"/> <input type="text"/>	Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Letter <input type="text"/>
Your home address	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>		
The address you would like your letters sent to <i>If different to your home address</i>	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>		
<b>Please tell us if your address changes</b>			
Home phone number <i>including STD code</i>	<input type="text"/>	<input type="text"/>	
Work phone number <i>including STD code</i>	<input type="text"/>	<input type="text"/>	
Mobile phone number	<input type="text"/>		
What is the best time to contact you?	<input type="text"/>	Where would you like us to contact you?	<input type="text"/>

**Only complete this section if you are a member of the armed services.**

Your BFPO number	<input type="text"/>	HM Forces Service number	<input type="text"/>
------------------	----------------------	--------------------------	----------------------

## 2. Details of all the children you are applying for – child 1

Child's full name Forenames  Surname  Date of birth  /  /

National Insurance number *if over 16 years old* Letters  Numbers   Letter  Sex Male  Female  *Please tick the relevant box*

Mother's full name Title  Forenames  Surname

Father's full name Title  Forenames  Surname

Are you getting Child Benefit for this child? Yes  No  *Please tick the relevant box*

If you answered No, who is getting Child Benefit for this child? Title  Forenames  Surname

**If Child Benefit is not paid for this child, please also complete section 3.**

Is there a maintenance arrangement in place for this child? Yes  No  **If Yes, please send it to us.**  
*Please tick the relevant box*

How many nights does this child stay overnight with the non-resident parent each week?

Please give details of any other periods e.g. school holidays, occasional stays, etc.

Does this child stay overnight in Local Authority care? *Please tick the relevant box*

Yes  No

Does the non-resident parent know that you have named them as the parent of this child? *Please tick the relevant box*

Yes  No

**Non-resident parent means a natural or adoptive mother or father who does not live with you and your child as part of the household. This could be someone you are separated from, even if they are still living at your address.**

## 2. Child 2

Child's full name Forenames  Surname  Date of birth

National Insurance number *if over 16 years old* Letters  Numbers   Letter  Sex Male  Female  *Please tick the relevant box*

Mother's full name Title  Forenames  Surname

Father's full name Title  Forenames  Surname

Are you getting Child Benefit for this child? Yes  No  *Please tick the relevant box*

If you answered No, who is getting Child Benefit for this child? Title  Forenames  Surname

**If Child Benefit is not paid for this child, please also complete section 3.**

Is there a maintenance arrangement in place for this child? Yes  No  **If Yes, please send it to us.**  
*Please tick the relevant box*

How many nights does this child stay overnight with the non-resident parent each week?

Please give details of any other periods e.g. school holidays, occasional stays, etc.

Does this child stay overnight in Local Authority care? *Please tick the relevant box*

Yes  No

Does the non-resident parent know that you have named them as the parent of this child? *Please tick the relevant box*

Yes  No

## 2. Child 3

Child's full name Forenames  Surname  Date of birth

National Insurance number *if over 16 years old* Letters  Numbers   Letter  Sex Male  Female  *Please tick the relevant box*

Mother's full name Title  Forenames  Surname

Father's full name Title  Forenames  Surname

Are you getting Child Benefit for this child? Yes  No  *Please tick the relevant box*

If you answered No, who is getting Child Benefit for this child? Title  Forenames  Surname

**If Child Benefit is not paid for this child, please also complete section 3.**

Is there a maintenance arrangement in place for this child? Yes  No  **If Yes, please send it to us.**  
*Please tick the relevant box*

How many nights does this child stay overnight with the non-resident parent each week?

Please give details of any other periods e.g. school holidays, occasional stays, etc.

Does this child stay overnight in Local Authority care? *Please tick the relevant box*

Yes  No

Does the non-resident parent know that you have named them as the parent of this child? *Please tick the relevant box*

Yes  No

## 2. Child 4

Child's full name    Date of birth

National Insurance number *if over 16 years old*    Sex Male  Female  *Please tick the relevant box*

Mother's full name

Father's full name

Are you getting Child Benefit for this child? Yes  No  *Please tick the relevant box*

If you answered No, who is getting Child Benefit for this child?

**If Child Benefit is not paid for this child, please also complete section 3.**

Is there a maintenance arrangement in place for this child? Yes  No  **If Yes, please send it to us.**  
*Please tick the relevant box*

How many nights does this child stay overnight with the non-resident parent each week?

Please give details of any other periods e.g. school holidays, occasional stays, etc.

Does this child stay overnight in Local Authority care? *Please tick the relevant box*

Yes  No

Does the non-resident parent know that you have named them as the parent of this child? *Please tick the relevant box*

Yes  No

**If there are any other children living in your household, please give their details in section 8 – Further information, or continue on a separate sheet.**

### 3. Education details

Please complete education details for children 16 years or over who are currently in education

(1) Child's forenames

Name of school/college

Address

Postcode

Name of course

Type of course   
*e.g. A-levels*

Hours each week attended  and unsupervised

(2) Child's forenames

Name of school/college

Address

Postcode

Name of course

Type of course   
*e.g. A-levels*

Hours each week attended  and unsupervised

(3) Child's forenames

Name of school/college

Address

Postcode

Name of course

Type of course   
*e.g. A-levels*

Hours each week attended  and unsupervised

(4) Child's forenames

Name of school/college

Address

Postcode

Name of course

Type of course   
*e.g. A-levels*

Hours each week attended  and unsupervised



## 4. Local Authority details

Only complete this section if any of the children in this application ever stay overnight in Local Authority care.

(1) Child's forenames	<input type="text"/>	(2) Child's forenames	<input type="text"/>
Local Authority name	<input type="text"/>	Local Authority name	<input type="text"/>
Local Authority address	<input type="text"/> <input type="text"/> <input type="text"/>	Local Authority address	<input type="text"/> <input type="text"/> <input type="text"/>
	Postcode		Postcode
Phone number	<input type="text"/> <input type="text"/>	Phone number	<input type="text"/> <input type="text"/>
<i>incl STD code</i>		<i>incl STD code</i>	
Extension <i>if known</i>	<input type="text"/>	Extension <i>if known</i>	<input type="text"/>
<hr/>			
(3) Child's forenames	<input type="text"/>	(4) Child's forenames	<input type="text"/>
Local Authority name	<input type="text"/>	Local Authority name	<input type="text"/>
Local Authority address	<input type="text"/> <input type="text"/> <input type="text"/>	Local Authority address	<input type="text"/> <input type="text"/> <input type="text"/>
	Postcode		Postcode
Phone number	<input type="text"/> <input type="text"/>	Phone number	<input type="text"/> <input type="text"/>
<i>incl STD code</i>		<i>incl STD code</i>	
Extension <i>if known</i>	<input type="text"/>	Extension <i>if known</i>	<input type="text"/>

## 5a. Non-resident parent's details

Please give details of the non-resident parent who you are applying to get child maintenance from. If you are applying to get maintenance from more than one non-resident parent, you must also fill in section 5b – Second non-resident parent's details.

**Non-resident parent means a natural or adoptive mother or father who does not live with you and your child as part of the household. This could be someone you are separated from, even if they are still living at your address.**

Full name	Title	Forenames	Surname	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Another name they have used	<input type="text"/>	<input type="text"/>	<input type="text"/>	
National Insurance number <i>if known</i> <i>please give approximate age</i>	Letters <input type="text"/>	Numbers <input type="text"/>	<input type="text"/>	Letter <input type="text"/>
Last known address	<input type="text"/>			Home phone number <input type="text"/>
	<input type="text"/>			<i>including STD code</i> <input type="text"/>
	<input type="text"/>			Mobile phone number <input type="text"/>
	<input type="text"/>			
Date they last lived at this address	<input type="text"/>			<i>If not known, please give an approximate date</i>

Does the non-resident parent know where you live? *Please tick the relevant box* Yes  No  Unsure

Is this person the mother  the father  of the child or children you are applying for? *Please tick the relevant box*

Was the non-resident parent registered on the birth certificate? Yes  If Yes, Please send us a copy. No  *Please tick the relevant box*

**If you have any more information which will help us to trace this non-resident parent, give details in section 8 – Further information.**

Do they work? *Please tick the relevant box* Yes  No  Job title

Are they employed  self-employed  *Please tick the relevant box*

Employer's name

Address   
  
  
Postcode

Phone number *incl STD code*

**If you have any more information about their employment, give details in section 8 – Further information.**

## 5b. Second non-resident parent's details – if there is one

Only fill in this section if you are applying to get child maintenance from two different non-resident parents. For example, if you have children from two different relationships.

Full name	Title	Forenames	Surname	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Another name they have used	<input type="text"/>	<input type="text"/>	<input type="text"/>	
National Insurance number <i>if known</i>	Letters	Numbers	Letter	Their date of birth
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>please give approximate age</i>				<i>If not known</i>
Last known address <i>including STD code</i>	<input type="text"/>			Home phone number
	<input type="text"/>			<input type="text"/>
	<input type="text"/>			Mobile phone number
	Postcode			<input type="text"/>
Date they last lived at this address	<input type="text"/>			<i>If not known, please give an approximate date</i>

Does the non-resident parent know where you live? *Please tick the relevant box* Yes  No  Unsure

Is this person the mother  the father  of the child or children you are applying for? *Please tick the relevant box*

Was the non-resident parent registered on the birth certificate? Yes  If Yes, Please send us a copy. No  *Please tick the relevant box*

**If you have any more information which will help us to trace this non-resident parent, give details in section 8 – Further information.**

Do they work? <i>Please tick the relevant box</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Job title	<input type="text"/>
Are they	employed <input type="checkbox"/>	self-employed <input type="checkbox"/>	<i>Please tick the relevant box</i>	
Employer's name	<input type="text"/>			
Address	<input type="text"/>			
	<input type="text"/>			
	Postcode			
Phone number <i>incl STD code</i>	<input type="text"/>			

**If you have any more information about their employment, give details in section 8 – Further information.**

## 6. Payment details

Do you want your child maintenance to be collected by the Child Support Agency? *Please tick the relevant box* Yes  **Go to next question** No  **Go to Section 7.**

How often do you want to be paid? weekly  fortnightly  4-weekly  calendar monthly  *Please tick your preference*

**We prefer to pay child maintenance directly into a bank or building society account. This is the safest way to pay you and lets you choose how and when you get your money. You may be able to use a cash machine, which usually means you can get your money at any time of day or night. Most machines can be used free, but some will charge you to take your money out. A warning message on the screen will let you cancel your transaction without being charged. There are also arrangements with banks and building societies so you can collect cash from some of their accounts at your Post Office<sup>®</sup> branch.**

Name(s) of account holders(s):

*Include both names if this is a joint account*

Name of bank or building society:

Sort code:   -   -   *Please tell us all 6 numbers*

Account number:

*This may be between 7 and 10 numbers long*

Building society roll or reference number:

*This could contain letters and numbers and be up to 18 characters long.*

### Reasons why you should be paid directly to your bank or building society

- It is safe, secure and confidential
- It is convenient - you decide when and how much money you want to withdraw
- Your money could be paid into an account where it will earn interest
- Money can be paid into most bank or building society accounts.

**Please make sure you have completed all the account details on this page**

- I do not agree to be paid direct into any type of account.  *Please tick if appropriate*
- I want my child maintenance to be paid by cheque Yes  No  *Please tick relevant the box*

**If you do not want to be paid direct into any type of account, or want to be paid by cheque, we will contact you about this. Please note that in certain circumstances we may have to decide which method of payment will be used.**

## 7. Representative details

Complete this section only if you are filling in this form for someone else.

Are you acting as a representative for the client? *Please tick the relevant box* Yes  No  **If no, go to section 8.**

What is your status? Practising solicitor  other representative – for example partner or Citizens Advice Bureau   
Acting under a power of attorney  Receiver under Section 99 of the Mental Health Act 1983   
Scottish mental health custodian  Mental health appointee

Please give your details below. Please note that all correspondence will be sent to you instead of the client. The client does not need to sign the authority below unless you have ticked **Other Representative**.

Full name 

<i>Title</i>	<i>Forenames</i>	<i>Surname</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address 

<input type="text"/>	Home phone number <input type="text"/> <input type="text"/> <i>including STD code</i>	
<input type="text"/>		
<input type="text"/>		Mobile phone number <input type="text"/>
Postcode <input type="text"/>		Work phone number <input type="text"/> <input type="text"/> <i>including STD code</i>

What is the best time to contact you?  Where would you like to be contacted?

**Please send us confirmation of your authority to act for the client.**

Please complete the authorisation below if you have ticked **Other Representative**

### Client's authority

I agree to my representative making this application for me and for all your letters to be sent to them instead of me.

Client's signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## 8. Further information

Use this part of the form to give us any other information you think might be useful. This includes any information which may help us to trace the non-resident parent.

## 9. Checklist

Please tick the relevant boxes to show which documents you are sending with this form. You should send the original documents. We will return them. If you cannot send the original documents with this form, you can take them to a benefit office. They will record the information and pass it on to us.

Court order (Minute of Agreement in Scotland) or written maintenance agreement

Representative's authority to act on your behalf   
*e.g. Power of Attorney document*

Please write your name and National Insurance number on any documents you send us.

## 10. Declaration

### Important

We are asking for information under child support law. Under child support law it is a criminal offence if anyone required to provide information:

- without reasonable excuse, fails to provide such information when requested to do so; or
- provides information, or knowingly causes or allows information to be provided that they know to be false.

If a court finds them guilty of the criminal offence outlined above, they can be fined up to £1,000.

The information I have given on this form is correct and complete.

Your signature

Date

## 11. What to do now

- Send us this form and anything else we have asked for. Use the envelope we sent you. It does not need a stamp.
- Please write your National Insurance number on all the forms and documents you are sending to us. You will find this number on the letter that came with this form.

