

**STATE OF WEST VIRGINIA  
BUREAU FOR CHILD SUPPORT ENFORCEMENT**

**APPLICATION AND INCOME WITHHOLDING FORM**

**THIS FORM MUST BE COMPLETED IN ALL DOMESTIC RELATIONS FILINGS**

COUNTY: \_\_\_\_\_ CIVIL ACTION #: \_\_\_\_\_

**Petitioner**

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different from residence address): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Sex: (M/F) \_\_\_\_\_ Relationship to Children: \_\_\_\_\_

**Respondent**

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different from residence address): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Sex: (M/F) \_\_\_\_\_ Relationship to Children: \_\_\_\_\_

**Dependents**

<u>Full Name</u>	<u>Birthdate</u>	<u>Sex (M/F)</u>	<u>SS #</u>	<u>Custodian</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Employer/Source of Income where Income Withholding Notice will be sent:**

Employer's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

- Check here if there is a support order now in effect. Attach a copy. When the bureau for Child Support Enforcement received this application and the order, withholding services will begin immediately.



**NO HEARING CAN BE HELD IN YOUR CASE UNTIL  
YOU CHOOSE ONE OF THE OPTIONS BELOW AND SIGN THIS FORM.**

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- I understand that under West Virginia State law, unless otherwise directed by the court, any support order entered by the court must be collected by the BCSE through income withholding.

**OPTION #1**

- I am applying for "Full Services" from the Bureau for Child Support Enforcement (BCSE). I understand that Full Services from the BCSE include, but are not limited to the following:
- Collection and distribution of support payments
  - Collection and enforcement of support by income withholding
  - Establishment and enforcement of support orders
  - Establishment of paternity
  - Enforcement of support orders through the IRS and State tax offsets
  - Enforcement of support orders through unemployment compensation intercept
  - Enforcement of support orders through worker's compensation intercept
  - Location of the Noncustodial Parent
  - Interstate services

As an applicant for Full Services, I agree to comply with the following requirements:

1. I understand that I must assist the BCSE in its effort to establish and enforce paternity, child support, and medical support, and to collect child and spousal support. This requires providing information about the noncustodial parent and responding to requests made by the BCSE. It may require appearing as a witness in court or other proceedings.
2. I understand I am free to pursue legal actions through private counsel, but I must inform the BCSE if I do.
3. I understand that I must repay all monies received in error to which I am not entitled.

**OPTION #2**

- I am applying for Income Withholding Services Only. I do not wish to receive Full Services (Option #1) from the BCSE.
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***Would you fear emotional or physical harm for yourself or your children if your address is disclosed?***  
 ***Yes***       ***No***

***Would you be afraid for the other parent to know where you or your children live?***    ***Yes***    ***No***

I certify that all statements on this form have been read by me or to me and I understand these statements. I certify that all the information I have provided is true and accurate to the best of my knowledge.

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

