

## Child support process and domestic violence safeguards

### ***Benefits of opening a child support case***

Raising a child alone in New York City can be difficult. The Office of Child Support Services (OCSS) offers many services including paternity and support order establishment.



Legal  
parentage



Child  
support  
payments



Relationship  
with parent



Health  
Insurance



Pension  
Funds



Military  
allowance

### ***Possible Domestic Violence triggers***

To apply for child support services, you must provide information about yourself, your child, and the noncustodial parent. There are aspects of the child support program that can be triggers for domestic violence.

- **Parentage Establishment:** If parentage is unknown, OCSS will help you file a petition for parentage establishment with the Family Court. Both parents will be required to ***appear in court*** (virtually or in person) to testify about the facts and circumstances of the case. The court may order ***genetic testing***, at separate times and days.
- **Support Establishment:** OCSS will help you file a child support petition with the Family Court. You will be required to ***appear in court*** (virtually or in person). Both parent's ***income and expenses will be presented*** and used to determine the amount of the child support order.
- **Support Collection:** Noncustodial parent's ***employer will be contacted*** to deduct court ordered child support payments from their paycheck to be sent to the OCSS. If an employer is not known, a ***monthly billing statement*** is mailed to the noncustodial parent and they are expected to pay OCSS directly.
- **Modification:** When circumstances change, you or the noncustodial parent may file a petition requesting the Family Court to ***modify an existing order of support*** because the child's needs have changed and/or the noncustodial parent's income has changed.
- **Support Enforcement:** If the noncustodial parent misses payments, ***enforcement actions*** are initiated in accordance with legal timeframes. These actions can occur at the same time and include the following:
  - Federal and State tax refund intercept
  - Lottery intercept
  - Reporting debt to credit agencies
  - Suspension of driver's license
  - Bank account seizure
  - Referral to the New York State Department of Taxation and Finance
  - U.S. passport denial
  - Intercept of personal injury settlements/workers compensation
- **Cost of Living Adjustment (COLA):** Child support orders at least two years old are eligible for COLA review. This review may ***increase the amount of child support*** that the noncustodial parent must pay without going to court.

## ***Domestic Violence Safeguards***

There are safeguards against domestic violence, most of which need to be approved by the court.



Request telephonic testimony instead of an in-person appearance in court.

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The Court will not reveal your location, residence, or employer and will make sure precautions are taken before, during, and after the hearing.

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Removing your location/residence or employment information from petitions, notices, or any required financial disclosure. **While your address can be suppressed from all forms, it is not always possible to suppress the name of the county child support agency or the court that issued the order.**

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Laboratory appointments for genetic testing to establish paternity can be done on separate dates.

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Allowing you to provide medical insurance for the children so the noncustodial parent will not have access to the children's medical records.

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OCSS can close your case or stop administrative enforcement actions and continue wage garnishment so you continue to receive your child support payments.

### DOMESTIC VIOLENCE QUESTIONNAIRE

**You do not have to fill out this form to receive child support services.**

These questions can help you determine whether pursuing enforcement or child support may place you or your children at greater risk of harm. PLEASE REVIEW THE ATTACHED NOTICE ON CHILD SUPPORT SERVICES TO SEE WHETHER APPLYING FOR OR ENFORCING A SUPPORT ORDER WILL ENDANGER YOU OR YOUR CHILDREN.

If you fill out this form, anything you disclose here about your relationship with your child's other parent will be kept confidential (except for child abuse and neglect).

**Are you currently in danger of the other parent doing any of these things:**

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Physically hurting you by, for example, pushing, grabbing, slapping, hitting, choking, or kicking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Forcing you to have sex when you don't want to or do sexual things you don't want to do?           | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Threatening to hurt you, your children, or someone close to you?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Constantly putting you down or telling you that you are worthless?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Stalking, checking up on you, or following you?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Making you afraid?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Taking or demanding money from you?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Threatening your immigration status?   | <input type="checkbox"/> | <input type="checkbox"/> |

If you checked YES to any of the above, you may wish to be referred to a non-residential Domestic Violence program.

I have read and do understand the above information and:

I would like to be referred to a non-residential Domestic Violence program. YES  NO

I want to pursue child support services at this time. YES  NO

None of the above applies to me **OR** I choose not to answer these questions at this time.

**By signing this form, I affirm that the information I have given or will give to the Office of Child Support Services is true and correct.**

Print Name: \_\_\_\_\_

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



#### **Do you have a medical or mental health condition or disability?**

Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at **(212) 331-4640**. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.