CHILD SUPPORT CASE REGISTRATION AND PAYMENT FORM (CSS-1)

PURSUANT TO RIGL 15-5-16.2(H) THE CSS-1 FORM MUST BE COMPLETED WHENEVER ANY ORDER FOR SUPPORT, CASH MEDICAL, ARREARS OR PAST LIABILITY IS ENTERED, MODIFIED, OR SUSPENDED REGARDLESS OF WHETHER THE PAYMENT OF THE ORDER IS TO BE MADE THROUGH THE RHODE ISLAND FAMILY COURT COLLECTION UNIT.

NON DISCLOSURE OF INFORMATION DUE TO FAMILY VIOLENCE:

CERTAIN INFORMATION CONTAINED ON THE CSS1 FORM INLCUDING THE DOMESTIC VIOLENCE INDICATOR WILL BE PROVIDED IN ACCORDANCE WITH THE LAW TO THE FEDERAL CASE REGISTRY (FCR) FOR POSSIBLE FURTHER DISSEMINATION . CHECK THIS BOX ONLY IF YOU BELIEVE THERE IS A HISTORY OF DOMESTIC VIOLENCE AS DEFINED BELOW AND INDICATE WHOSE ADDRESS IS TO BE PROTECTED. THIS WILL PREVENT FCR FROM RELEASING THE ADDRESS INFORMATION TO ANYONE WITHOUT A COURT ORDER. IN ORDER TO PROTECT THE CONFIDENTIALITY OF THE ADDRESS INFORMATION CONTAINED IN THE COURT'S FILE, YOU MUST FILE A MOTION FOR NONDISCLOUSRE OR A MOTION TO SEAL THE FILE DIRECTLY WITH FAMILY COURT AND SEEK COURT APPROVAL. OTHERWISE, THE COURT FILE SHALL REMAIN OPEN AS A PUBLIC RECORD AND, IF THE ADDRESS IS CONTAINED IN THE COURT FILE, IT MAY BE AVAIALBALE FOR PUBLIC INSPECTION. IF YOU LEAVE THE DOMESTIC VIONECE INDICATOR BOX UNCHECKED IT WILL BE ASSUMED YOU DO NOT WISH TO PROTECT INFORMATION DUE TO FAMILY VIOLENCE AND THE INFORMATION WILL BE PROVIDED TO THE FCR IN ACCORNDANCE WITH THE LAW.

A "HISTORY OF DOMESTIC VIOLENCE" MEANS THAT AN INDIVIDUAL HAS BEEN SUBJECTED TO:
  (i) PHYSICAL ACTS THAT RESULTED IN, OR THREATENED TO RESULT IN PHYSICAL INJURY TO THE INDIVIDUAL;
  (ii) SEXUAL ABUSE
  (iii) SEXUAL ACTIVITY INVOLVING A DEPENDENT CHILD'
  (iv) BEING FORCED AS A CARETAKER RELATIVE OF A DEPENDENT CHILD TO ENGAGE IN NONCONSENSUAL SEXUAL ACTS OR ACTIVITIES
  (v) THREATS OF, OR ATTEMS AT, PHYSICAL OR SECUAL ABUSE;
  (vi) MENTAL ABUSE; OR
  (vii) NEGLEC TOR DEPRIVATION OF MEDICAL CARE

HEALTH INSURANCE INFORMATION:

IN ADDITION TO THE NAME, DATE OF BIRTH, SEX, SOCIAL SECURITY NUMBER OF EACH CHILD, YOU <u>MUST</u> LIST HOW HEALTH INSURANCE IS PROVIDED FOR THE CHILD USING THE CODES LISTED.

SELECTION OF SERVICE LEVEL: THERE ARE FOUR (4) SERVICE LEVELS TO CHOOSE FROM. YOU <u>MUST</u> SELECT ONE OF THE FOLLOWING SERVICE LEVELS:

FULL SERVICE PROVIDES FULL ENFORCEMENT OF THE ORDER BY THE OFFICE OF CHILD SUPPORT SERVICES. THIS SERVICE LEVEL <u>MUST</u> BE SELECTED IF ANY CHILD RECEIVES ANY OF THE FOLLOWING PUBLIC BENEFITS: SUBSIZED DAYCARE (CCAP) OR WELFARE (RIWORKS).
A CUSTODIAL PARENT OF ANY CHILD WHO RECEIVES ONLY MEDICAL ASSISTANCE (RITECARE / RITESHARE) OR WHO RECEIVES NO FORM OF PUBLIC BENEFIT CAN ALSO SELECT FULL SERVICE LEVEL. FULL SERVICE LEVEL IS AVAILABLE TO ANY CUSTODIAL PARENT FOR PAYMENT OF A $20 APPLICATION FEE PAYABLE TO RHODE ISLAND OFFICE OF CHILD SUPPORT SERVICES AND SHOULD ACCOMPANY THE CSS-1 FORM WHEN SERVICES ARE FIRST APPLIED FOR. THE $20 FEE IS WAIVED IF THE CHILD RECEIVES PUBLIC BENEFITS (WELFARE/RIWORKS, RITECARE, RITESHARE, CCAP).

MEDICAL ONLY - IF ANY CHILD RECEIVES ONLY RITECARE OR RITESHARE AND THE CUSTODIAL PARENT DOES NOT WANT THE OFFICE OF CHILD SUPPORT SERVICES TO ENFORCE THE CHILD SUPPORT PORTION OF THE ORDER, THE CUSTODIAL PARENT CAN ELECT MEDICAL SERVICE LEVEL AND ONLY THE MEDICAL PORTION OF THE ORDER WILL BE COLLECTED THROUGH THE FAMILY COURT; ALTERNATIVELY, THE CUSTODIAL PARENT CAN ELECT TO HAVE BOTH THE CHILD SUPPORT PORTION OF THE ORDER AND THE MEDICAL

PORTION OF THE ORDER PAID THROUGH THE FAMILY COURT COLLECTION UNIT HOWEVER, OCSS WILL ONLY ENFORCE THE MEDICAL PORTION OF THE ORDER IF THIS SERVICE LEVEL IS SELECTED.

BOOKKEEPING ONLY IS AVAILABLE ONLY WHEN A CHILD DOES NOT RECEIVES PUBLIC BENEFITS (WELFARE, RITESHARE, RITECARE, CCAP) AND THE CUSTODIAL PARENT WANTS SUPPORT PAYMENTS TO BE MADE THROUGH THE FAMILY COURT, BUT DOES NOT WANT OCSS TO ENFORCE THE ORDER ON THE CUSTODIAL PARENT'S BEHALF.

REGISTRATION ONLY IS AVAIABLE ONLY WHEN A CHILD DOES NOT RECEIVE PUBLIC BENEFITS AND THE CUSTODIAL PARENT DOES NOT WANT THE SUPPORT ORDER PAID THROUGH THE FAMILY COURT COLLECTION UNIT.

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