



Child Support Services Division (CSSD) Enrollment for Services Information

Services

Child support services are provided to either parent, or to a third-party with whom the child(ren) resides.

We can help with

- **Locate Services:** The CSSD may search for addresses and assets using available resources.
- **Parentage Establishment:** The CSSD may work to establish the parentage of children.
- **Order Establishment:** The CSSD may move to establish an order for child and medical support.
- **Support Order Enforcement:** Actions the CSSD may take to enforce a support obligation include, but are not limited to:
 - Issue income withholding orders
 - Report past-due amounts to credit bureaus
 - Seize cash assets
 - Impose liens on real and personal property
 - Intercept state/federal income tax refunds & other government payments
 - Suspend licenses
 - Passport denial
- **Order Review and Modification:** Either parent or a caretaker/guardian of the children may ask the CSSD to review the support order for possible modification. The request for review must be made in writing. Orders may be reviewed based on current laws, rules, and regulations.
- **Medical Support Enforcement:** The CSSD automatically provides medical support enforcement services. If medical insurance coverage is not ordered in the support order, the CSSD may require the order to be modified to include medical insurance provisions.

We cannot help with

- Deciding custody disputes
- Enforcing property settlement
- Collecting payments on medical bills that are not part of a judgment
- Enforcing custody and visitation provisions of an order
- Collecting attorney's fees
- Collecting spousal support when no child support is owed
- Calculating and in most instances collecting interest, unless it has been reduced to a judgment
- Limit services at your request. Once a case is opened, the CSSD is required to take certain actions

Cost of Services:

The CSSD is required to charge an enrollment fee to individuals applying for child support services. It is non-refundable, even if the CSSD determines your case is unworkable. Please attach your payment to this enrollment form. It must be a personal check, cashier's check or money order. **Please do not mail cash.** If paying in person, the CSSD can also accept debit/credit cards.

\$25 Enrollment Fee

No fee: receiving Montana Public Assistance including, Medicaid/HMK Plus/HMK, SNAP, Cash Assistance, Child Care Grant, Child and Family Services. Participation will be verified.

IMPORTANT:

Before getting started, determine how many enrollment forms you will need.

A separate form is needed for...

- Each alleged father
- Each parent from whom you are seeking support.
- Each parent to whom you will send child support payments.

You can apply online at:

Online: <https://webapp.hhs.mt.gov/SEARCHSIntakeApplicationApp>

You can submit enrollment forms:

Mail: Child Support Services Division, PO Box 202943 Helena, MT 59620-2943

By fax: 406-444-9626; **email:** CMU@mt.gov

or drop off enrollment forms at a local CSSD office:

Great Falls	Billings	Butte	Missoula	Helena
201 First St S STE 1A	1500 Poly Dr STE 200	129 W Park St STE 201	2675 Palmer St STE C	2550 Prospect Dr

STATE OF MONTANA
PUBLIC HEALTH AND HUMAN SERVICES
CHILD SUPPORT SERVICES DIVISION
CHILD SUPPORT SERVICES ENROLLMENT FORM

A. Information about the person requesting services, if not a parent.

Your Name (First/Middle/Last):			Your Social Security Number:	Date of Birth (MM/DD/YYYY):	
P.O. Box or Street Address:			Your Relationship to the Children:		
City:	State:	Zip:	Race:	If Native American, Tribe:	
Contact Number:		Tribal enrollment number:			

B. Information about the child(ren)'s parents

COMPLETE A SEPARATE ENROLLMENT FORM FOR EACH ALLEGED FATHER

If you are not the parent of the child(ren) select the parent(s) you would like to include in the child support case.

Parent 1 Parent 2 Both Parent 1 and 2

Parent 1			Parent 2		
<input type="checkbox"/> Mother <input type="checkbox"/> Father or Alleged Father			<input type="checkbox"/> Mother <input type="checkbox"/> Father or Alleged Father		
Name (First/Middle/Last):			Name (First/Middle/Last):		
Other Names Used (Maiden/Married/Alias):			Other Names Used (Maiden/Married/Alias):		
Mailing Address:			Mailing Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Street Address:			Street Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Contact Number:			Contact Number:		
E-Mail Address:			E-Mail Address:		
Social Security Number:	Date of Birth (MM/DD/YYYY):		Social Security Number:	Date of Birth (MM/DD/YYYY):	
Place of Birth:			Place of Birth:		
Race:	If Native American, Tribe:	Enrollment Number:	Race:	If Native American, Tribe:	Enrollment Number:
Parent 1 Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date & Place of Death:		Parent 2 Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date & Place of Death:	
Parent 1's Father's Name:	Parent 1's Mother's Name:		Parent 2's Father's Name:	Parent 2's Mother's Name:	
Last-Known Employer's Name:			Last-Known Employer's Name:		
Employer's Address:	City/State:	Zip Code:	Employer's Address:	City/State:	Zip Code:
Parent 1's Usual Occupation:			Parent 2's Usual Occupation:		
Currently Incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, City, State & Facility:		Currently Incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, City, State & Facility:	

C. Parent's marriage information.

Date Married:	Place Married (City & State):	Date Divorced: _____ Cause No.: _____	Place Divorced (City & State):
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D. Domestic Violence

Do you believe that releasing information about you or the child(ren), such as your address, may result in physical or emotional harm to you or them? Yes No

If there is a protection order issued against a parent of the children, please provide a copy with this form.

Montana Domestic Violence helpline: 1-888-404-7794

E. Information about the children of the Parents listed on page 2

	<i>Child 1</i>	<i>Child 2</i>	<i>Child 3</i>
Child's Name (first, middle, last)			
Other names used			
Gender			
Race			
Social Security Number			
Date of Birth			
Place of Birth (City, County, State, Country)			
Place of Conception (City, County, State, Country)			
Child lives with...			
Is the child receiving social security benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the father sign an acknowledgment of Paternity? If yes, provide a copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Filed in:</i> _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Filed in:</i> _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Filed in:</i> _____ _____
Is there a support order? If yes, name City, State, Tribe, Country where child support order(s) filed. Please provide copies.	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Cause No.:</i> _____ <i>Filed in:</i> _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Cause No.:</i> _____ <i>Filed in:</i> _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Cause No.:</i> _____ <i>Filed in:</i> _____ _____
Is there any current pending legal action (custody, support order, parentage)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Type:</i> _____ <i>Cause No.:</i> _____ <i>Filed in:</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Type:</i> _____ <i>Cause No.:</i> _____ <i>Filed in:</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Type:</i> _____ <i>Cause No.:</i> _____ <i>Filed in:</i> _____
Was Cash assistance received from any Tribe or State? If yes, where (city & state) and when (MM/YYYY)	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>City, State:</i> _____ <i>Date:</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>City, State:</i> _____ <i>Date:</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>City, State:</i> _____ <i>Date:</i> _____
Was the mother married to someone OTHER than the parent listed in section 'B' at the time of birth or 10 months before the birth of the child(ren)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Name:</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Name:</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Name:</i> _____

	Child 4	Child 5	Child 6
Child's Name (first, middle, last)			
Other names used			
Gender			
Race			
Social Security Number			
Date of Birth			
Place of Birth (City, County, State, Country)			
Place of Conception (City, County, State, Country)			
Child lives with...			
Is the child receiving social security benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the father sign an acknowledgment of Paternity? If yes, provide a copy.	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Filed in:</i> _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Filed in:</i> _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Filed in:</i> _____ _____
Is there a support order? If yes, name City, State, Tribe, Country where child support order(s) filed. Please provide copies.	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Cause No.:</i> _____ <i>Filed in:</i> _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Cause No.:</i> _____ <i>Filed in:</i> _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Cause No.:</i> _____ <i>Filed in:</i> _____ _____
Is there any current pending legal action (custody, support order, parentage)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Type:</i> _____ <i>Cause No.:</i> _____ <i>Filed in:</i> _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Type:</i> _____ <i>Cause No.:</i> _____ <i>Filed in:</i> _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Type:</i> _____ <i>Cause No.:</i> _____ <i>Filed in:</i> _____ _____
Was Cash assistance received from any Tribe or State? If yes, where (city & state) and when (MM/YYYY)	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>City, State:</i> _____ _____ <i>Date:</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>City, State:</i> _____ _____ <i>Date:</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>City, State:</i> _____ _____ <i>Date:</i> _____
Was the mother married to someone OTHER than the parent listed in section 'B' at the time of birth or 10 months before the birth of the child(ren)?	<input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____

F. Release of information

Information (including Social Security Numbers, names, and addresses) provided in this enrollment form or through other means may become part of the public record and may be shared with others.

G. Additional Comments

H. Child Support Received or Paid

Support Received

The CSSD will collect ordered spousal maintenance if it is also collecting child support. Initial the option(s) that pertain to you and list the payments on the payment tables.

I, the undersigned say,
 ___ I received payments directly from: _____
 ___ I received payments form another state agency or court.
 Provide a copy of payment records from the agency or court.
 State agency or court (name/address/phone #): _____

 ___ I have never received a child support payment

Support Paid

Initial the option(s) that pertain to you. List payments on the attached payment tables and provide a copy of pay records from the agency or court.

I, the undersigned say,
 ___ I made payments directly to: _____
 ___ I made payments form another state agency or court.
 Provide a copy of payment records from the agency or court.
 State agency or court (name/address/phone #): _____

 ___ I have never made a child support payment

Payments (attach additional pages if necessary)

YEAR: _____				YEAR: _____				YEAR: _____			
Month	Amount Due	Amount Paid	✓ If paid to or Rec'd from Court/Agency	Month	Amount Due	Amount Paid	✓ If paid to or Rec'd from Court/Agency	Month	Amount Due	Amount Paid	✓ If paid to or Rec'd from Court/Agency
Jan			<input type="checkbox"/>	Jan			<input type="checkbox"/>	Jan			<input type="checkbox"/>
Feb			<input type="checkbox"/>	Feb			<input type="checkbox"/>	Feb			<input type="checkbox"/>
Mar			<input type="checkbox"/>	Mar			<input type="checkbox"/>	Mar			<input type="checkbox"/>
Apr			<input type="checkbox"/>	Apr			<input type="checkbox"/>	Apr			<input type="checkbox"/>
May			<input type="checkbox"/>	May			<input type="checkbox"/>	May			<input type="checkbox"/>
June			<input type="checkbox"/>	June			<input type="checkbox"/>	June			<input type="checkbox"/>
July			<input type="checkbox"/>	July			<input type="checkbox"/>	July			<input type="checkbox"/>
Aug			<input type="checkbox"/>	Aug			<input type="checkbox"/>	Aug			<input type="checkbox"/>
Sept			<input type="checkbox"/>	Sept			<input type="checkbox"/>	Sept			<input type="checkbox"/>
Oct			<input type="checkbox"/>	Oct			<input type="checkbox"/>	Oct			<input type="checkbox"/>
Nov			<input type="checkbox"/>	Nov			<input type="checkbox"/>	Nov			<input type="checkbox"/>
Dec			<input type="checkbox"/>	Dec			<input type="checkbox"/>	Dec			<input type="checkbox"/>

YEAR: _____				YEAR: _____				YEAR: _____			
Month	Amount Due	Amount Paid	✓ If paid to or Rec'd from Court/Agency	Month	Amount Due	Amount Paid	✓ If paid to or Rec'd from Court/Agency	Month	Amount Due	Amount Paid	✓ If paid to or Rec'd from Court/Agency
Jan			<input type="checkbox"/>	Jan			<input type="checkbox"/>	Jan			<input type="checkbox"/>
Feb			<input type="checkbox"/>	Feb			<input type="checkbox"/>	Feb			<input type="checkbox"/>
Mar			<input type="checkbox"/>	Mar			<input type="checkbox"/>	Mar			<input type="checkbox"/>
Apr			<input type="checkbox"/>	Apr			<input type="checkbox"/>	Apr			<input type="checkbox"/>
May			<input type="checkbox"/>	May			<input type="checkbox"/>	May			<input type="checkbox"/>
June			<input type="checkbox"/>	June			<input type="checkbox"/>	June			<input type="checkbox"/>
July			<input type="checkbox"/>	July			<input type="checkbox"/>	July			<input type="checkbox"/>
Aug			<input type="checkbox"/>	Aug			<input type="checkbox"/>	Aug			<input type="checkbox"/>
Sept			<input type="checkbox"/>	Sept			<input type="checkbox"/>	Sept			<input type="checkbox"/>
Oct			<input type="checkbox"/>	Oct			<input type="checkbox"/>	Oct			<input type="checkbox"/>
Nov			<input type="checkbox"/>	Nov			<input type="checkbox"/>	Nov			<input type="checkbox"/>
Dec			<input type="checkbox"/>	Dec			<input type="checkbox"/>	Dec			<input type="checkbox"/>

I declare under penalty of perjury and under the laws of the State of Montana that the foregoing is true and correct.

_____ Date _____ County & State Signed _____ Signature _____ Printed Name _____

**CHILD SUPPORT SERVICES DIVISION
CHILD SUPPORT SERVICES AUTHORIZATION OF SERVICES**

Repayment Agreement

If I must repay the Division to correct an overpayment to me, I agree the Division may withhold 10% of current payments and 100% of past due support payments. I agree I do not agree

- I understand that my consent is optional. The services I receive will not be affected by the choice I make.
- I understand that if I give my consent and later change my mind, I must notify the Division in writing that I am withdrawing my consent. I understand that any consent withdrawal will only apply to overpayments that occur after the withdrawal occurs.
- I understand that if I do not give my consent, the Division is not prevented from seeking to correct an overpayment through other means.

Authorization to Act (this section must be completed)

Children: _____

I am the: Custodial Parent Non-Custodial Parent Other Custodian (relationship) _____

I understand the CSSD will provide complete child support services and is authorized by law to take all actions necessary to work the case. Under penalty of perjury and under the laws of the State of Montana, the information I am providing in this enrollment form is true to the best of my knowledge.

Signature

Printed Name

Date

County and State

U.S. Bank ReliaCard® Pre-Acquisition Disclosure
Program Name: Montana Child Support

Monthly fee	Per purchase	ATM withdrawal	Cash reload
\$0	\$0	\$0 in-network \$1.25* out-of-network	N/A

ATM Balance Inquiry (in-network or out-of-network)	\$0
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Customer Service (automated or live agent)	\$0 per call
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Inactivity (after 365 days with no transactions)	\$2.00 per month
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We charge 2 other types of fees. One of them is:

Card Replacement (standard or expedited delivery)	\$0 or \$15.00
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* 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. Find details and conditions for all fees and services inside the card package or call **1-855-203-3863** or visit usbankreliacard.com.

U.S. Bank ReliaCard® Fee Schedule

Program Name: Montana Child Support

All fees	Amount	Details
Get cash		
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 usbank.com/locations or moneypass.com/atm-locator.html or sum-atm.com .
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®.
Using your card outside the U.S.		
International Transaction	0%	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.
Other		
Card to Bank Transfer	\$0	This is our fee per transfer to transfer funds from your card to your bank account.
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 for details.

No overdraft/credit feature.

Contact Cardholder Services by calling **1-855-203-3863**, 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. 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.

STATE OF MONTANA
PUBLIC HEALTH AND HUMAN SERVICES
CHILD SUPPORT SERVICES DIVISION

Terms and Conditions

Either parent or a caretaker/guardian of a child may open a case with the Child Support Services Division (CSSD) by completing an enrollment form. Families receiving certain types of public assistance receive CSSD services automatically. The Terms and Conditions explain your rights, responsibilities, and the services the Child Support Services Division (CSSD) will provide. **Please read this form carefully and keep it.**

You may retain your own attorney, at your expense. The CSSD represents the public interest. Your objectives, goals, and financial interest may be different from the interest of the CSSD. The CSSD and the CSSD attorney do not represent any individual.

Confidentiality/Privacy Notice

When you receive child support services, state and federal laws require you to provide the CSSD with certain information, including social security numbers for you and the children. This information is used to establish parentage and establish, enforce, and modify support orders. By submitting an enrollment form for CSSD services, you authorize the use of these social security numbers for child support services.

The CSSD is committed to protecting your privacy and keeping information about your case confidential in compliance with state and federal law. This is also required of all agencies and organizations that work with the CSSD. However, you should be aware that some laws require the sharing of certain information. For example, the CSSD may need to provide certain information to another agency or person working on your case; to a third party such as an insurance company; or to the other parent. Additionally, be aware that once a legal action is started to establish, modify, or collect child support, all information included in the proceeding becomes a matter of public record.

Safety Information

Information received becomes a part of the case record. The CSSD may disclose this information, including your name, address, and phone number, to other parties in the case. If you are concerned that the release of case information could result in physical or emotional harm to you or your family, or if you have a protective or restraining order against a receiver of the information, you must notify the CSSD. If the CSSD determines there is clear evidence of risk, your address and phone number will be removed from documents issued to other parties in the future. Also, if you have a protective or restraining order, you must provide the CSSD with a copy.

Payment Distribution and Credit Information

Payments are distributed according to state and federal rules, regulations, and laws. For an open case to receive credit, a payment must be sent through the CSSD.

Services

The CSSD,

- may enter an order setting both parents' support obligation when establishing or modifying a support order. Enforcement of the support order may be determined by the custody arrangement.
- may collect medical support if it has been reduced to a judgment which is to be paid in a specific dollar amount.
- will determine the proper action or remedy to apply and the sequence of events, including the time frames, within which each case will proceed. This includes attempts to establish parentage, when necessary, secure financial and medical support, and modify orders when appropriate.
- will intercept federal & state income tax refunds and payments when appropriate and apply them to unpaid support debt, persons receiving support may be required to repay intercepts if federal and state adjustments occur.
- may charge an enrollment fee. If another agency or entity charges collection fees, the CSSD will pass on the cost to the person receiving support.
- may collect interest on support debts when the amount of unpaid interest is reduced to a lump sum judgment by an order. The CSSD does not have the ability to calculate the amount of interest that may be due or that may become due. This limitation is not to be construed as a waiver of any right to collect interest independent of the CSSD.
- may seek reimbursement from persons who receive money to which they are not entitled. The CSSD will provide an opportunity to repay or deny that money should be repaid to the State of Montana. Failure to repay or deny within 10 days of notification allows the CSSD to keep a portion of current support (and any amount that exceeds current support) to reimburse the State. The CSSD may also take action to recover these amounts either administratively or through a court order.
- may close a case upon your request or when you fail to cooperate or abide by these Terms and Conditions.

Note: A case may not be eligible for closure if a child receives TANF (cash assistance) or another individual submitted an enrollment for services form.

Your Responsibilities:

- Keep the CSSD informed of any change in your address, phone number, or employment. You must also provide updated information about other participants in the case.
- Promptly inform the CSSD of any changes in the physical custody of the children, modification of the support order, other collection actions, adoption proceedings, and any other matter that may affect or change the services the CSSD is providing.
- Forward any information that adds to, differs from, or contradicts information in the CSSD case so that it may be considered.
- Provide copies of all orders concerning your case. This includes actions that occur after CSSD services begin.
- You agree that the value of CSSD services exceeds any interest that might have accrued on collections that are held pending proof of validity, confirmation of funds, or possible adjustments from joint federal tax offsets, and thereby waive that interest. Joint federal tax offsets may be held up to six months pursuant to federal law.
- Immediately forward any support payment you receive that has not been issued by the CSSD or any payment you are required to make to the CSSD. You may be liable if the CSSD takes an enforcement action because you failed to timely forward a payment. Credit may not be given unless payments are made through the CSSD.
 - **Send all child support payments to:**
Child Support Services Division
PO Box 8001
Helena, Montana 59604

Other Information

The CSSD cannot guarantee success in establishing parentage, establishing a support order, or collecting support. The CSSD may not be able to provide services because of circumstances outside the CSSD's control. All warranties, expressed or implied, are specifically disclaimed. Please be aware the enforcement of child support is a complex undertaking. It will take time to process your case thoroughly.

The Terms and Conditions govern all child support services. Any changes to the Terms and Conditions will not be binding until the CSSD notifies you. Alternative accessible formats of this document will be provided upon request.

Intergovernmental Cases

The CSSD may request assistance from another child support agency to work your case. If your case is referred to another child support agency, that agency may control the actions taken in the case.

Receive and Make a Payment

Receive a Payment

Payments are issued electronically by direct deposit to a bank account or to a U.S. Bank ReliaCard Visa prepaid debit card. You can choose direct deposit or ReliaCard. If you do not make a choice, payments automatically go on ReliaCard. Payments are distributed according to state and federal rules, regulations, and laws.

Verify a payment:

- ➔ Go to Montana Child Support Payment Lookup at <https://app.mt.gov/csed/>
 - ➔ Call the CSSD Interactive Voice Response Unit (IVR): 1-800-346-KIDS (5437)
- Your MT Case Number and Social Security Number are required to access both options.**

To make a payment:

- ➔ Go to <https://app.mt.gov/csp/> Montana Child Support Payment Website
- ➔ Mail payments to CSSD, PO Box 8001, Helena, MT 59604

Nondiscrimination Provision

The Montana Department of Public Health and Human Services (DPHHS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. DPHHS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Montana Department of Health and Human Services (DPHHS)

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.
- Makes reasonable modifications to policies and procedures to ensure people with disabilities have an equal opportunity to participate in both employment and our programs and services.

If you need any of these services, contact the Civil Rights and EEO Coordinator, Office of Human Resources; 111 North Sanders, Room 202, Helena, MT 59601-4520; (406) 444-1386, TTY: (800) 833-8503, fax: (406) 444-0262; HHShumanresources@mt.gov.

<p>If you have questions regarding this policy, or if you believe that DPHHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you may file a grievance with:</p>	<p>Office of Human Resources Civil Rights/EEO Specialist PO Box 4210 Helena, MT 59604 Phone: (406)4441386 V, TTY: (800)8338503 Fax: (406) 444-0262 HHShumanresources@mt.gov</p>
<p>You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at:</p>	<p>Office for Civil Rights (OCR) U.S. Dept. of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 Phone: (800) 368-1019 TDD: (800) 537-7697 http://www.hhs.gov/ocr/office/file/index.html</p>

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights and EEO Coordinator is available to help you.