

# Application to add a child to an existing child support assessment (CS065)

## When to use this form

Use this form to add another child to an existing child support assessment where all the children have the same biological or adoptive parents and you are one of those parents.



## Online account

You can access your Child Support online account through myGov. myGov is a secure way to access a range of government services online with one username and password. You can create a myGov account at [my.gov.au](https://my.gov.au) and link your Child Support online account to it.



## Filling in this form

You can complete this form on your computer using Adobe Acrobat Reader, and some browsers, or you can print it.

If you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this  **Go to 1** skip to the question number shown.

## For more information

Go to [servicesaustralia.gov.au/childsupport](https://servicesaustralia.gov.au/childsupport) or call us on **131 272**.



### Information in your language

For Child Support, call **131 272** (call charges may apply). Let us know if you need an interpreter and we will arrange one for free.

Go to [servicesaustralia.gov.au/yourlanguage](https://servicesaustralia.gov.au/yourlanguage) to read, listen to or watch information in your language.



### Hearing and speech assistance

If you have a hearing or speech impairment, you can use:

- the National Relay Service **1800 555 660**, or
- our TTY service on **1800 810 586**. You need a TTY phone to use this service.

For more help with communication, go to [servicesaustralia.gov.au](https://servicesaustralia.gov.au) and search 'other support and advice'.

# Your details

1 Your Customer Reference Number (if known)

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2 Your name

Family name

First given name

Second given name

3 Your date of birth (DD MM YYYY)

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4 Your permanent address

Postcode

5 Your postal address (if different to above)

Postcode

6 Your contact details

Your contact phone number (including area code)

Email

7 **Read** this before answering the following question.

This question is voluntary and will not affect your assessment. If you do answer, the information will help us to continue to improve services to Aboriginal and Torres Strait Islander Australians.

Are you of Aboriginal or Torres Strait Islander Australian descent?  
If you are of both Aboriginal and Torres Strait Islander Australian descent, tick both 'Yes' boxes.

No

Yes – Aboriginal Australian

Yes – Torres Strait Islander Australian

8 **Read** this before answering the following question.

This question is voluntary and will not affect your assessment. If you do answer, the information will help us to continue to improve services to people of Australian South Sea Islander descent.

Australian South Sea Islanders are the descendants of Pacific Islander labourers brought from the Western Pacific in the 19th Century.

Are you of Australian South Sea Islander descent?

No

Yes

## Other parent's details

### 9 What are the other parent's personal details

Family name

First given name

Second given name

### 10 Other parent's date of birth (DD MM YYYY)

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### 11 Other parent's permanent address

Postcode

### 12 Other parent's postal address (if different to above)

Postcode

### 13 Other parent's contact details

Home phone number (including area code)

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Mobile phone number

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Work phone number (including area code)

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Email

## Child(ren)'s details

### 14 Give details of the child(ren) you are seeking to add to the existing child support assessment

#### 1 Family name

First given name

Second given name

Gender

Male

Female

Date of birth (DD MM YYYY)

Are you named as a parent in a register of births in Australia, or in a reciprocating jurisdiction?

No

Yes

State or territory where birth is registered

How much care do you have for this child?

Specify either percentage **or** the number of nights

%

**or**

nights

per Week

Fortnight

Year

Do you expect this care to be ongoing?

No

Give details below


Yes

**2** Family name

\_\_\_\_\_

First given name

\_\_\_\_\_

Second given name

\_\_\_\_\_

Gender Male  Female

Date of birth (DD MM YYYY)

Are you named as a parent in a register of births in Australia, or in a reciprocating jurisdiction?

No

Yes

State or territory where birth is registered

\_\_\_\_\_

How much care do you have for this child?  
Specify either percentage **or** the number of nights

% **or**

nights per Week  Fortnight  Year

Do you expect this care to be ongoing?

No  Give details below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yes

**3** Family name

\_\_\_\_\_

First given name

\_\_\_\_\_

Second given name

\_\_\_\_\_

Gender Male  Female

Date of birth (DD MM YYYY)

Are you named as a parent in a register of births in Australia, or in a reciprocating jurisdiction?

No

Yes

State or territory where birth is registered

\_\_\_\_\_

How much care do you have for this child?  
Specify either percentage **or** the number of nights

% **or**

nights per Week  Fortnight  Year

Do you expect this care to be ongoing?

No  Give details below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yes

If you need more space, provide a separate sheet with details.

## Other details

**15** Do you receive Family Tax Benefit?

No  **Go to 17**

Yes  **Go to next question**

**16** Have you already given information about the current care of the child(ren) for Family Tax Benefit purposes?


No

Yes

If you receive Family Tax Benefit and child support for a child, the same rules are used to work out your percentage of care. This means one determination about care is used for family assistance and child support purposes.

**17** Do you have a court order or a court registered agreement for child support payments?

No

Yes   Provide a copy of the court order or court registered agreement.

**18** Do you have a parenting plan, court order or written agreement about the care of the child(ren)?

No

Yes   Provide a copy of the parenting plan, court order or written agreement.

## Relationship status with the other parent

**19** Were you and the other parent ever legally married?

No  **Go to 21**

Yes  Date of marriage (DD MM YYYY)

DD	MM	YYYY
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**20** Have you and the other parent divorced?

No  **Go to next question**

Yes  Date of divorce (DD MM YYYY)

DD	MM	YYYY
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**21** Are you and the other parent living together now?

No  Date of separation (DD MM YYYY)

DD	MM	YYYY
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Yes  **Go to 23**

**22** Have you and the other parent ever lived together?

No  **Go to next question**

Yes  Show the periods of living together

From (DD MM YYYY) 

DD	MM	YYYY
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To (DD MM YYYY) 

DD	MM	YYYY
----	----	------

From (DD MM YYYY) 

DD	MM	YYYY
----	----	------

To (DD MM YYYY) 

DD	MM	YYYY
----	----	------

From (DD MM YYYY) 

DD	MM	YYYY
----	----	------

To (DD MM YYYY) 

DD	MM	YYYY
----	----	------

**23** Were any of the children born while you and the other parent were not married or in a relationship?

No

Yes

**24** Do you live with and care for children younger than 18 who are from another relationship?

This includes your natural or adopted children or step-children that you have a legal duty to maintain under a Court Order.

No  **Go to next question**

Yes  Give details below

**1** Family name

Family name
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First given name

First given name
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Second given name

Second given name
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Gender

Male

Female

Date of birth (DD MM YYYY)

DD	MM	YYYY
----	----	------

State or territory where birth is registered

State or territory where birth is registered
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How much care do you have for this child?

Specify either percentage **or** the number of nights

--

 %

**or**

--

 nights per Week  Fortnight  Year

**2** Family name

First given name

Second given name

Gender Male  Female

Date of birth (DD MM YYYY)

State or territory where birth is registered

How much care do you have for this child?  
 Specify either percentage **or** the number of nights

% **or**  
 nights per Week  Fortnight  Year

**3** Family name

First given name

Second given name

Gender Male  Female

Date of birth (DD MM YYYY)

State or territory where birth is registered

How much care do you have for this child?  
 Specify either percentage **or** the number of nights

% **or**  
 nights per Week  Fortnight  Year

If you need more space, provide a separate sheet with details.

## Privacy notice

### 25 You need to read this

#### Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to [servicesaustralia.gov.au/privacypolicy](https://servicesaustralia.gov.au/privacypolicy)

## Declaration

### 26 I declare that:

- the information I have provided in this form is complete and correct.

#### I understand that:

- Services Australia can make relevant enquiries to make sure I receive the correct entitlement.
- giving false or misleading information is a serious offence.

Your signature



Date (DD MM YYYY)

## Returning this form

Return this form and a copy of any supporting documents:

- online**, sign in to your Child Support online account or Express Plus Child Support mobile app and upload by selecting Upload documents. Select document type 'Birth certificate or parentage form'.
- by post to  
 Services Australia  
 Child Support  
 GPO Box 9815  
 MELBOURNE VIC 3001
- by fax to 1300 309 949

You should keep a copy of this form for your records.