

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 and link Child Support to it.

Filling in this form

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

For help on how to fill in this form, go to servicessaustralia.gov.au/formhelp

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 servicessaustralia.gov.au/childsupport or call us on 131 272.

Information in your language

We can translate documents you need for your assessment for free.

To speak to us in your language, call **131 272**.



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 information about help with communication, go to servicessaustralia.gov.au and search 'other support and advice'.

Family and domestic violence

If you have family and domestic violence concerns for you or your family's safety, call us on **131 272** so we can talk to you and connect you to services.

To access 24/7 counselling and support call 1800RESPECT on **1800 737 732**, it is a free and confidential service. If you are in immediate danger, call **000**.

For more information, go to servicessaustralia.gov.au/domesticviolence

2 Family name

First given name

Second given name

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

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

16 Do you receive Family Tax Benefit?

No **Go to 18**

Yes *Go to next question*

17 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.

18 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.

19 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

20 Were you and the other parent ever legally married?

No **Go to 22**

Yes Date of marriage (DD MM YYYY)

DD	MM	YYYY
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21 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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22 Are you and the other parent living together now?

No Date of separation (DD MM YYYY)

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

Yes **Go to 24**

23 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
----	----	------

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

No

Yes

25 Do you have a relevant dependent child(ren) living in your care from another relationship, who is younger than 18?

A relevant dependent child can be your:

- biological child
- adopted child
- stepchild - if a court order states that you have a duty to maintain them
- child from artificial conception - you and the other parent were married or in a de facto relationship at the time of conception and you consented to the artificial conception procedure or a child from a surrogacy arrangement.

The child must be in your care for at least 128 nights a year.

No *Go to next question*

Yes Give details below

1 Family name

First given name

Second given name

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

2 Family name

First given name

Second given name

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

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

26 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

Declaration

27 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.

I have read, understood and agree to the above.

Date (DD MM YYYY) (you **must** date this declaration)

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Your signature (**only** required if returning by post or fax)



Returning this form

Return this form and a copy of any supporting documents:

- **online** (no signature required), sign in to your Child Support online account through myGov or the myGov app and upload by selecting Upload documents. Select document type 'Birth certificate or parentage form'.
- by post (signature required) to
Services Australia
Child Support
GPO Box 9815
CANBERRA ACT 2610
- by fax (signature required) to 1300 309 949

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