

# Application for a Child Support Assessment – Non-parent carer (CS4121)

## When to use this form



Use this form if you are a non-parent carer to:

- apply for a new child support assessment for a child you are caring for, or
- restart a previously ended assessment, or
- add another child to an existing child support assessment.

If you are a member of a couple, only one of you may apply for child support from the parents.

## Online services



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 it to your Child Support online account.

## Filling in this form

You can complete this form on your computer, print and sign it.

If you have a printed form:

**Step 1** 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.

**Step 2** Sign and date the Declaration on page 8.

**Step 3** Return this form. If this form is not signed, is incomplete or missing information, it could result in delays or it may be returned to you.

## For more information



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

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

To speak to us in your language, call **131 450**.

Call charges may apply.



If you have a hearing or speech impairment, you can contact the **TTY service** on Freecall™ **1800 810 586**. A TTY phone is required to use this service.

## What is a child support assessment?

A child support assessment is based on the principle that parents should contribute to the costs of raising their child(ren). The assessment takes into account the parent's or parents' income, percentage of care, number of children and responsibility for children from other relationships.

Many parents and non-parent carers prefer the convenience of managing their child support payments privately. Under a private payment arrangement (called Private Collect), we will continue to assess the amount of child support payable and the parents and carers manage the transfer of payments themselves without our involvement.

If you have concerns about collecting payments privately, you can ask us to collect on your behalf (called Child Support Collect). You may be required to provide more information about the parents of the child(ren).

You can also change between these options at any time.

## Eligibility

When applying for a child support assessment, you must meet all of these requirements to be eligible.

- You must have at least 35% care of the child(ren). This means you must care for the child(ren) for at least 128 nights over a 12 month period.
- The person paying the child support must be a resident of Australia or a resident of a country with reciprocating jurisdiction on the day the application is made.

For information about reciprocating jurisdictions, go to [servicessaustralia.gov.au/childsupportjurisdictions](https://servicessaustralia.gov.au/childsupportjurisdictions)

- The child(ren) must be under 18 years of age, not married and not living in a de facto relationship.
- The child(ren) must be in Australia at the date of application and/or be Australian citizens or usually reside in Australia (or a country with reciprocating jurisdiction).
- You must not be living in a genuine domestic relationship with either of the parents of the child(ren).
- If a child welfare order is in place, you must be a relative of the child(ren). Further restrictions apply in some states.
- The persons you are seeking child support from must be the parents of the child(ren). We will speak to you about whether evidence is required.

If you are unsure if you are eligible to apply, call us on **131 272**.

## Your details

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1 Have you applied for child support before?

No  **Go to 3**

Yes  *Go to next question*

2 Your Customer Reference Number

-  -  -

3 Your name

Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

4 Your gender

Male

Female

5 Your date of birth

/  /

6 Your permanent address

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 Postcode

7 Your postal address (if different to above)

-----  
 Postcode

8 Your contact details

Home phone number  ( )

Mobile phone number

Work phone number  ( )

Email

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

This question is voluntary and will not affect your payment. 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, please tick both 'Yes' boxes.

No

Yes – Aboriginal Australian

Yes – Torres Strait Islander Australian

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

This question is voluntary and will not affect your payment. 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

## Parents' details

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

You are required to apply for both parents of the child(ren) to be assessed. However, special rules apply if one of the child(ren)'s parents has died, or when one of the parents is living in a non-reciprocating jurisdiction and/or Child Support considers there are special circumstances (such as fear of violence or the identity of the other parent is unknown).

Are you only seeking child support from one parent of the child(ren)?

No  **Go to next question**

Yes  **Give reasons below**

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

**12** Give details of the parents of the child(ren) you are seeking child support from

Parent 1	
Parent's name	
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>
Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
Other	<input type="text"/>
Family name	
<input type="text"/>	
First given name	
<input type="text"/>	
Second given name	
<input type="text"/>	
Gender	Male <input type="checkbox"/>
	Female <input type="checkbox"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Permanent address	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	
<input type="text"/>	
Postal address (if different to above)	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	
<input type="text"/>	
Contact details	
Home phone number	<input type="text"/> ( <input type="text"/> )
Mobile phone number	<input type="text"/>
Work phone number	<input type="text"/> ( <input type="text"/> )
Email	
<input type="text"/>	

Parent 2	
Parent's name	
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>
Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
Other	<input type="text"/>
Family name	
<input type="text"/>	
First given name	
<input type="text"/>	
Second given name	
<input type="text"/>	
Gender	Male <input type="checkbox"/>
	Female <input type="checkbox"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Permanent address	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	
<input type="text"/>	
Postal address (if different to above)	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	
<input type="text"/>	
Contact details	
Home phone number	<input type="text"/> ( <input type="text"/> )
Mobile phone number	<input type="text"/>
Work phone number	<input type="text"/> ( <input type="text"/> )
Email	
<input type="text"/>	

## Child(ren)'s details

13 Give details of the child(ren) you are seeking child support for

Child 1	
Family name	<input type="text"/>
First given name	<input type="text"/>
Second given name	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
State or territory where birth is registered	<input type="text"/>
Do you have permission from <b>Parent 1</b> to care for this child?	
No <input type="checkbox"/>	Explain why you are caring for this child
Yes <input type="checkbox"/>	<input type="text"/>
Do you have permission from <b>Parent 2</b> to care for this child?	
No <input type="checkbox"/>	Explain why you are caring for this child
Yes <input type="checkbox"/>	<input type="text"/>
Date this child came into your care	<input type="text"/> / <input type="text"/> / <input type="text"/>
Do you care for this child under a child welfare law?	
No <input type="checkbox"/>	
Yes <input type="checkbox"/>	
What is your relationship to this child (for example, aunt)?	<input type="text"/>

### Child 1 continued

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

Yes

How much care does **Parent 1** have for this child?  
Specify either percentage **or** the number of nights

% **OR**  
 nights per Week  Fortnight  Year

How much care does **Parent 2** have for this child?  
Specify either percentage **or** the number of nights

% **OR**  
 nights per Week  Fortnight  Year

### Child 2

Family name	<input type="text"/>
First given name	<input type="text"/>
Second given name	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
State or territory where birth is registered	<input type="text"/>
Do you have permission from <b>Parent 1</b> to care for this child?	
No <input type="checkbox"/>	Explain why you are caring for this child
Yes <input type="checkbox"/>	<input type="text"/>

Child 2 continued

Do you have permission from **Parent 2** to care for this child?

No  Explain why you are caring for this child

Yes

Form with horizontal dashed lines for explanation.

Date this child came into your care  /  /

Do you care for this child under a child welfare law?

No

Yes

What is your relationship to this child (for example, aunt)?

Text input field for relationship.

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

Yes

Form with horizontal dashed lines for details.

How much care does **Parent 1** have for this child?

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

% **OR**

nights per Week  Fortnight  Year

How much care does **Parent 2** have for this child?

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

% **OR**

nights per Week  Fortnight  Year

Child 3

Family name

Text input field for family name.

First given name

Text input field for first given name.

Second given name

Text input field for second given name.

Gender

Male

Female

Date of birth

Date input field with slashes: / /

State or territory where birth is registered

Text input field for state or territory.

Do you have permission from **Parent 1** to care for this child?

No  Explain why you are caring for this child

Yes

Form with horizontal dashed lines for explanation.

Do you have permission from **Parent 2** to care for this child?

No  Explain why you are caring for this child

Yes

Form with horizontal dashed lines for explanation.

Date this child came into your care

Date input field with slashes: / /

Do you care for this child under a child welfare law?

No

Yes

What is your relationship to this child (for example, aunt)?

Text input field for relationship.

*Child 3 continued*

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

Yes   

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How much care does **Parent 1** have for this child?

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

% **OR**

nights per Week  Fortnight  Year

How much care does **Parent 2** 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.

**Other details**

**14** Do you receive Family Tax Benefit for the child(ren)?

No  **Go to 16**

Yes  *Go to next question*

**15** 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.

**16** 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.

**17** 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.

**Payment details**

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

If you are unsure of your options for collection of child support payments, call us on **131 272** to discuss the options. If you do not answer this question, we will automatically collect the payments on your behalf.

Would you like us to collect child support payments on your behalf from:

**Parent 1?**

No

Yes

**Parent 2?**

No

Yes

N/A

**19** If you want us to collect the payments, give details of the financial institution where you want your payments made

The bank, building society or credit union account must be in your name. A joint account is acceptable.

Payments cannot be made into an account used exclusively for funding from the National Disability Insurance Scheme.

Name of bank, building society or credit union

Branch number (BSB)

Account number (this may not be the card number)

Account held in the name(s) of

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## Privacy notice

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### 20 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 need to 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/privacy](https://servicesaustralia.gov.au/privacy)

## Declaration

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### 21 I declare that:

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

#### I understand that:

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

Your signature



Date

/ /

#### 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.
- by fax to: **1300 309 949**
- by post to: Services Australia  
Child Support  
GPO Box 9815  
MELBOURNE VIC 3001

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