

Please answer the following questions. Use CAPITAL LETTERS at all times and keep your answers within the boxes provided. If you are filling this in for our client, please complete section 3 – Representative details.

1. Your details

Your full name	Title	Forename(s)	Surname
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Any other name you use <i>If you are using another name at the same time</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The name you want to use for correspondence with CSA <i>If different</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/> <i>Please tick the relevant box</i>
Your National Insurance number <i>if you have one</i>	Letters <input type="text"/> <input type="text"/>	Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Letter <input type="text"/>
Your home address	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>		
<div style="border: 1px solid black; padding: 5px;">This is the address you live at most of the time. You cannot use this form unless you normally live in Scotland.</div>			
Any other address you sometimes stay <i>For example, if you sometimes stay with relatives</i>	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>		
How often do you stay at this address?	<input type="text"/>		
Would you like us to phone you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, tick where you would like us to phone you.
Home phone number <i>including STD code</i>	<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/>
Work phone number <i>including STD code</i>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Mobile phone number	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
What is the best time to contact you?	<input type="text"/>		

1. Your details – continued

Are you in full-time education?

Yes

No

Please tick the relevant box

Full-time education means a course of at least 12 hours a week that is not more advanced than Scottish Certificate of Education, Higher Level or the Certificate of Sixth Year Studies level.

Do you want to use our collection service?

Yes

No

Please tick the relevant box

If we provide the collection service, we will make sure that we chase up any payments due from the non-resident parent, with legal action if necessary. We may be able to arrange direct payment between the non-resident parent and you, or the person who looks after you.

Have you applied to the courts for maintenance and been told to apply to the Child Support Agency?

Yes

No

Please tick the relevant box

2. Details of the person looking after you

Full name of the person looking after you

Title

Forename(s)

Surname

Address

This should be the address you normally live at.

Postcode

Their date of birth

What is their relationship to you?

For example, mother, father, uncle, aunt or no relation.

3. Representative details

Complete this section if you are filling in this form for someone else.

Are you acting as a representative for the client? Yes No *Please tick the relevant box*

What is your status? Practising solicitor Other representative – for example partner or Citizens Advice Bureau
Acting under a power of attorney Receiver under Section 99 of the Mental Health Act 1983
Scottish mental health custodian Mental health appointee

Please give your details below. Please note that all correspondence will be sent to you instead of the client. The client does not need to sign the authority below unless you have ticked Other representative.

Full name	<i>Title</i> <input type="text"/>	<i>Forename(s)</i> <input type="text"/>	<i>Surname</i> <input type="text"/>		
Address	<input type="text"/>			Home phone number <i>including STD code</i>	<input type="text"/> <input type="text"/>
	<input type="text"/>			Work phone number <i>including STD code</i>	<input type="text"/> <input type="text"/>
	<input type="text"/>			Mobile phone number	<input type="text"/> <input type="text"/>
	<input type="text"/> Postcode				
What is the best time to contact you?	<input type="text"/>			Where would you like to be contacted?	<input type="text"/>

Please send us confirmation of your authority to act for the client.

The client must complete the authorisation below.

Client's authority

I agree to my representative making this application for me and for all your letters to be sent to them instead of me.

Client's signature

Date / /

4. Further information

Use this part of the form to give us any other information you think might be useful.

5. Payment of child maintenance

If child maintenance is paid, who would you like it paid to?

You

The person looking after you *Please tick the relevant box*

Please note that in certain circumstances we may have to decide which method of payment will be used.

6. Declaration

This request for information is made under child support law. Under child support law it is a criminal offence if a person fails to provide information when required to do so or knowingly provides false information. Failure to provide this information may result in criminal proceedings being taken against you.

The information I have given on this form is correct and complete.

Your signature

Date

7. What to do now

- Send us this form and anything else we have asked for. Use the envelope we sent you, it does not need a stamp.
- Please write your reference number on all the forms and documents you are sending to us. You will find this number on the letter that came with this form.

