Hon. Robert E.Wiedo
Anderson County Attorney

Jennifer Smith
Administrative Assistant

Danielle Robinson
Administrative Assistant

Hon. John Wampler
Assistant County Attorney

Renee Robinson
Child Support Enforcement

Samantha Black
Child Support Enforcement

Anderson County Attorney
138 South Main Street
Lawrenceburg, KY 40342

DATE:_____
TO: _____
RE: EXPLANATION OF THE RELATIONSHIP BETWEEN THE COUNTY ATTORNEY OR ASSISTANT COUNTY ATTORNEY AND RECIPIENT OF IV-D CHILD SUPPORT SERVICES

As an applicant requesting IV-D Child Support Services, you should understand that the Anderson County Attorney or Assistant County Attorney provide legal services on a contractual basis on behalf of the Cabinet for Health and Family Services, Division of Child Support. As such, no attorney-client relationship exists between the applicant requesting services and the County Attorney or Assistant County Attorney. **KRS 205.7129(7)**

Applicants should further understand that as a result of non-formation of an attorney-client relationship that there is no attorney-client privilege between the attorney and the applicant. However, as a representative of the Cabinet for Health and Family Services, Division of Child Support, the attorneys are required to keep information provided by you for the purpose of se proceedings confidential.

This information has been explained to me as the applicant for IV-D Child Support Services; I understand that the relationship between the County Attorney and/or Assistant County Attorney and myself.

_____
Applicant

COMMONWEALTH OF KENTUCKY)
COUNTY OF ANDERSON)

The foregoing Affidavit was subscribed, sworn and acknowledge before me, a Notary Public, in and for the state and county aforesaid by, the Petitioner herein, on this the _____ day of _____.

My Commission expires:_____

_____
Notary, State At Large, Kentucky
Notary ID: _____

Telephone: (502) 839-5164 • Telefax: (502) 839-9136
E-mail: Glenna.robinson@ky.gov
Samantha.black@ky.gov

CS-11
(R. 10/12)
921 KAR 1:380

COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Income Support
Child Support Enforcement

AUTHORIZATION AND ACKNOWLEDGEMENT OF NO LEGAL REPRESENTATION

Contracting Officials represent the Commonwealth of Kentucky, not you personally. If you apply for and use child support services through the Cabinet for Health and Family Services (CHFS), by signing below, you authorize and acknowledge the following:

- I request CHFS to assist me in my child support case, including court action, if necessary.
- I acknowledge that any CHFS attorney to whom I may be referred will be dealing with me only in my capacity as the adult representative (guardian, custodial parent) pursuant to his or her obligation to provide legal services to and for CHFS and the Commonwealth of Kentucky according to **KRS 205.712(7).**
- I understand I am not legally represented by a CHFS attorney and a CHFS attorney may take a position unfavorable to me.
- I understand an attorney-client relationship does not exist between CHFS's attorney and me, and I understand the consequences of this on the issues of confidentiality and attorney-client privilege.
- I understand I have the right to obtain legal representation for myself at any time I choose, now or in the future, and I will be responsible for attorney fees and costs. If I choose private legal representation, I will notify the contracting official's office.
- I understand that information I provide to CHFS is not completely confidential. It is sometimes necessary for CHFS to provide information from its files to other people who work with CHFS to establish, enforce or modify child support orders. In addition, CHFS may provide information to appropriate authorities for use in the investigation and prosecution of welfare fraud or other violations of state or federal law. Also, the court may require the release of information to the noncustodial parent(s).

_____ _____

Signature Date

DO NOT WRITE IN THIS SPACE

FOR AGENCY USE ONLY: IV-D NUMBER: _____

NONCUSTODIAL PARENT: _____ CUSTODIAL PARENT: _____

CHILD(REN):

_____
_____
_____
_____

CS-140
(R. 06/22)
921 KAR 1:380

COMMONWEALTH OF KENTUCKY
Cabinet for Health and Family Services
Department for Income Support
Child Support Enforcement

ASSIGNMENT OF RIGHTS AND AUTHORIZATION TO COLLECT SUPPORT

Noncustodial Parent:

_____

Child(ren):

_____

_____

_____

_____

IV-D Number: _____

I, _____, assign to the Cabinet for Health and Family Services (CHFS) medical support owed for the child not to exceed the amount of Medicaid payments made on behalf of the child.

I hereby authorize CHFS, to collect on my behalf all current and/or past-due child support, medical support and spousal support payable to me for the benefit of myself and/or my minor child(ren).

I authorize any and all current or past-due sums of child, medical and/or spousal support which are owed to me to be paid to CHFS and guarantee these monies have not already been paid.

I further understand that the Cabinet for Health and Family Services will assess a nonrefundable annual fee of $35.00 for child support services when $550.00 has been disbursed during the federal fiscal year.

CHFS shall distribute any and all payments received according to federal and state laws.

_____ _____
SIGNATURE DATE

Return to:
_____
_____
_____
_____