

# LOCAL CHILD SUPPORT AGENCIES

**ALLEGANY CO. CSE**

P. O. BOX 1647  
CUMBERLAND, MD 21501

**ANNE ARUNDEL CO. CSE**

PO BOX 1870  
44 CALVERT STREET  
ANNAPOLIS, MD 21404

**BALTIMORE CO. CSE**

170 W. RIDGELY RD. SUITE 200  
LUTHERVILLE, MD 21093

**BALTIMORE CITY OCSE**

ONE NORTH CHARLES STREET  
5th FLOOR  
BALTIMORE, MD 21201

**CALVERT CO. BOSE**

200 DUKE STREET  
PRINCE FREDERICK, MD 20678

**CAROLINE CO. DSS/CSE**

PO BOX 400  
300 MARKET STREET  
DENTON, MD 21629

**CARROLL CO. DSS/CSE**

PO BOX 930  
1232-D TECH COURT  
WESTMINSTER, MD 21157

**CECIL CO. DSS/CSE**

PO BOX 1160  
170 E. MAIN STREET  
ELKTON, MD 21922

**CHARLES CO. DSS/BCSE**

200 KENT AVE  
LAPLATA, MD 20646

**DORCHESTER CO. BOSE**

PO BOX 259  
627 RACE STREET  
CAMBRIDGE, MD 21613

**FREDERICK CO. DSS/BCSE**

PO BOX 237  
1888 NORTH MARKET STREET  
FREDERICK, MD 21705

**GARRETT CO. DSS/BCSE**

12578 GARRETT HIGHWAY  
OAKLAND, MD 21550

**HARFORD CO. DSS/BCSE**

101 S. MAIN STREET  
BEL AIR, MD 21014

**HOWARD CO. DSS/BCSE**

7121 COLUMBIA GATEWAY DR  
COLUMBIA, MD 21046

**KENT CO. DSS/BCSE**

315 HIGH STREET, SUITE 208  
CHESTERTOWN, MD 21620

**MONTGOMERY CO. CSE**

51 MONROE STREET  
SUITE 811  
ROCKVILLE, MD 20850

**PRINCE GEORGE'S CO OCSE**

4235 28TH AVENUE, SUITE 135  
TEMPLE HILLS, MD 20748

**QUEEN ANNE'S CO. OCSE**

PO BOX 387  
122 COURSEVALL DRIVE  
CENTREVILLE, MD 21617

**SOMERSET CO. OCSE**

PO BOX 369  
30397 MT. VERNON ROAD  
PRINCESS ANNE, MD 21853

**ST MARY'S CO. BOSE**

PO BOX 509  
23110 LEONARD HALL DRIVE  
LEONARDTOWN, MD 20650

**TALBOT CO. DSS/OCSE**

PO BOX 1479  
301 BAY STREET, UNIT 5  
EASTON, MD 21601

**WASHINGTON CO. DSS/CSE**

PO BOX 1419  
122 N. POTOMAC STREET  
HAGERSTOWN, MD 21740

**WICOMICO CO. DSS/CSE**

201 BAPTIST STREET, SUITE 101  
SALISBURY, MD 21801

**WORCESTER CO DSS/CSE**

PO BOX 39  
424 WEST MARKET ST. SUITE B  
SNOW HILL, MD 21863

If you have any question, please call 1-800-332-6347 for more information.



Department of Human Services

Maryland Department of Human Services  
Child Support Administration  
311 W. Saratoga Street  
Baltimore, MD 21201

# CHILD SUPPORT PAYMENT INCENTIVE PROGRAM

Make Your Payments  
Reduce Your State Owed Arrears!



# Child Support Payment Incentive Program

The program encourages non custodial parents (NCP) to make consistent child support payments by:

- Reducing state-owed arrears by half if the NCP makes full child support payments for one year.
- Eliminating the balance owed if the (NCP) makes full child support payments for two years.

Credit will be given for uninterrupted court ordered payments made immediately prior to participation in the program.

Consideration will be given for periods of unemployment due to seasonal work and no-fault termination.

**Note:** Any arrears owed to the family will not be reduced.

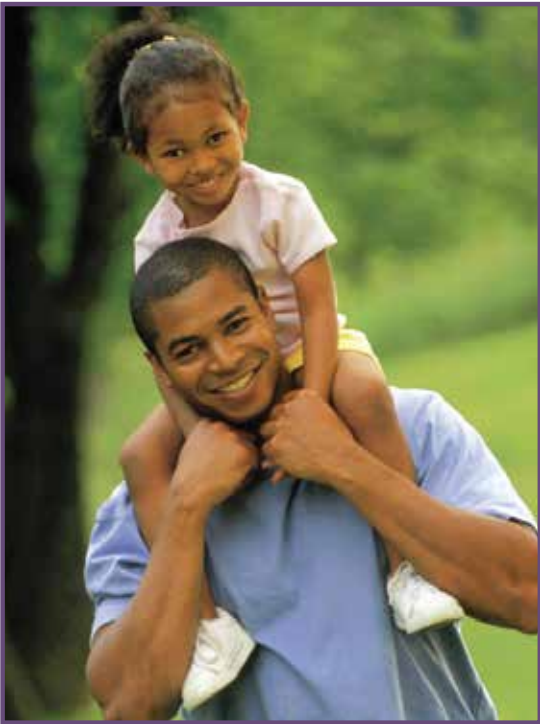
## Eligibility Criteria

- Applicant has a Maryland court order and there is an arrears balance owed to the State because the custodial parent received public assistance.
- Applicant's gross income is less than 225 percent of the federal poverty level. The number of household members is considered.
- Applicant has not been terminated from this program three (3) times.

## To Apply

**The Non-Custodial Parent must:**

- Submit a completed application to the local CSE agency; and
- Provide copies of the most recent pay stubs, if available.



## Application for Child Support Payment Incentive Program



If you prefer you may complete this form online at <http://dhr.maryland.gov/child-support-services/>

**Please Print**

\_\_\_\_\_  
Your Name (First, Middle, Last)

\_\_\_\_\_  
Custodial Parent's Name

\_\_\_\_\_  
Case Number

\_\_\_\_\_  
Your Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zipcode

\_\_\_\_\_  
Your Social Security Number

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Business Phone Number

\_\_\_\_\_  
Your Employer

\_\_\_\_\_  
Employer's Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zipcode

\_\_\_\_\_  
Income (Hourly, Weekly, Bi-Weekly, Monthly)

**Note: Please provide proof of income if available.**  
(Last 2 pay stubs.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## DO NOT WRITE BELOW THIS LINE

( ) Qualifies to participate in the program/Acceptance letter sent \_\_\_\_\_  
Date

( ) Does not qualify to participate in the program/Denial letter sent \_\_\_\_\_  
Date

- ☐ Yes ☐ No Gross income less than 225 percent of the federal poverty level  
☐ Yes ☐ No Arrears are permanently assigned to State of Maryland  
☐ Yes ☐ No Previously terminated from the program three (3) times