



List any physical or mental impairments, medical problems, etc.	What is your language preference?
A list of identifying information (for example glasses, scars, tattoos, marks, etc.)	

9. Give information about where we can contact you other than home:

Relationship to you	Name	Telephone Number
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Address	City	State	Zip Code
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Relation to you	Name	Telephone Number
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Address	City	State	Zip Code
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10. Are you currently receiving TANF (welfare) benefits?  Yes  No  
 Have received TANF benefits in the past?  Yes  No  
 If yes, list all dates: \_\_\_\_\_  
 List IV-D ID Number: \_\_\_\_\_

11. Are you or the children receiving Medicaid benefits?  Yes  No  
 If yes, please provide the Medicaid policy number: \_\_\_\_\_

12. Do you have another attorney or agency helping you with your child support case?  
 Yes  No  
 If yes, list the name of the agency or attorney and address \_\_\_\_\_

Address	City	State	Zip Code
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13. Are you pregnant now?  Yes  No  
 If yes, who is the biological father? \_\_\_\_\_  
 When is the baby due? \_\_\_\_\_

14. Please list all marriages (current and previous):

Husband's name	Date of Marriage	Date of Separation	Common-Law or Marriage Lic.
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Husband's name	Marriage date	Date of Separation	Common-Law or Marriage Lic.
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15. Is there a restraining order in effect against the Non-Custodial Parent by the Custodial Parent?

If yes, court case number:

\_\_\_\_\_

Date of court order: \_\_\_\_\_

16. Is there a criminal Family Violence case filed against the Non-Custodial Parent where the Custodial Parent is the victim?  Yes  No

If yes, Criminal Case Number: \_\_\_\_\_

Did a Judge issue a stay-away order in the criminal case?  Yes  No

If yes, what date of the stay-away order? \_\_\_\_\_

17. Has the Non-Custodial Parent ever threatened you so that you fear for your life or safety or that of your children?  Yes  No

Are you afraid of the Non-Custodial Parent?  Yes  No

If yes, what makes you fear him/her? \_\_\_\_\_

Do you feel that by seeking child support the Non-Custodial Parent will harm you or your children?

Yes  No

Has the Non-Custodial Parent ever threatened to harm you or your children if you sought child support again him/her?  Yes  No

18. Where does the child(ren) live? \_\_\_\_\_

Who has physical custody of the child(ren) right now? \_\_\_\_\_

19. Is there court-ordered guardianship for the minor child(ren)?  Yes  No

If yes, who has guardianship? \_\_\_\_\_

What is the relationship to the child? \_\_\_\_\_

What is the court case number? \_\_\_\_\_

When was the guardianship ordered? \_\_\_\_\_

Get copies of the guardianship papers.

## II. INFORMATION ABOUT THE BIOLOGICAL FATHER OF THE CHILD(REN)

(Please print all information)

1. Non-custodial parent (NCP) full legal name: \_\_\_\_\_  
Last First Middle

Alias/Nickname \_\_\_\_\_

2. Present or last known address/telephone number

\_\_\_\_\_

Address

City

State

Zip Code

Telephone

3. Current employer's name/telephone number/address \_\_\_\_\_  
Name

Address City State Zip Code Telephone

4. Previous employer's name/telephone number address \_\_\_\_\_  
Name

Address City State Zip Code Telephone

What is the date you last know the NCP was with this employer? \_\_\_\_\_

Approximate current monthly wages? \_\_\_\_\_

If the NCP is unemployed, what does he/she usually earn? \_\_\_\_\_

What kind of work (plumber, mechanic, fast food, etc.) does he/she usually do?

Answer even he/she is unemployed \_\_\_\_\_

5. The NCP description:

Date of Birth	Birthplace (city and state)	Social Security Number	
Driver's License or ID number (include state)	Sex	Race	
Height	Weight	Hair Color	Eye Color
List any physical or mental impairments, medical problems, etc.		What is your language preference?	
A list of identifying information (for example glasses, scars, tattoos, marks, etc.)			
Do you have a photograph of the NCP? [ ] Yes [ ] No. If yes, please include a photograph when you return this form.			

6. Has the NCP been in jail or prison?  Yes  No If yes, Date: \_\_\_\_\_

Location: \_\_\_\_\_

7. Has the NCP been on probation or parole?  Yes  No

If yes, please provide the name of the parole or probation officer and the location.

\_\_\_\_\_  
Name City State

8. Has the NCP served in the military?  Yes  No

If yes, what branch? \_\_\_\_\_

Dates of service, from \_\_\_\_\_ To: \_\_\_\_\_

Is the NCP retired?  Yes  No

9. Does the NCP receive any benefits (food stamps, TANF, retirement, worker's compensation, Social Security, etc.)  Yes  No

If yes, what type of benefits: \_\_\_\_\_

10. List information about the non-custodial parent vehicle: Year of car/truck: \_\_\_\_\_  
 Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 Color: \_\_\_\_\_ License plate number: (include state) \_\_\_\_\_

11. Does the NCP own any land or have any substantial property or assets?  Yes  No  
 If yes please list below:  
 Real estate: \_\_\_\_\_ Financial: \_\_\_\_\_  
 Registered vehicles (other than those listed above) \_\_\_\_\_  
 Other (explain): \_\_\_\_\_

12. Please provide information about the non-custodial parent's relatives:

His/her mother's name		His/her mother's maiden name		Telephone number:	
Address		City		State	Zip code
His/her father's name				Telephone number	
Address		City		State	Zip code
Friend or relative's name				Telephone number	
Address		City		State	Zip code

13. Provide any other information about the NCP's whereabouts (stays with friends, frequent bars, etc):  
 \_\_\_\_\_

14. Is the NCP member of a union?  Yes  No  
 If yes, please provide name and location of union: \_\_\_\_\_  
 \_\_\_\_\_

15. Has the NCP been employed by the federal and state government?  Yes  No  
 If yes, what agency did he/she work for? \_\_\_\_\_  
 What was his/her job title? \_\_\_\_\_

16. What high school/college did he/she attend? \_\_\_\_\_  
 Address of school \_\_\_\_\_  
 Address City State Zip Code

17. Marital Status: Is he/she currently married?  Yes  No  
 If yes, who did he/she marry? \_\_\_\_\_  
 When did he/she marry? \_\_\_\_\_ Where did he/she get married? \_\_\_\_\_

18. Does the NCP have other biological child(ren) under 18 years of age?

Yes  No

If yes, how many? \_\_\_\_\_

### IIIa. INFORMATION ABOUT THE CHILD

(Please print all information)

1. Please complete the following information:

The full legal name of the child – Last, First, Middle Initial	Date of Birth	Place of Birth (city and state)
Child's Social Security Number	Sex	List any physical or mental impairments, medical problems, etc.
Does the child live with you [ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No	Race	Weight at birth (pounds and ounces)

2. Was this child born (check one)  Early?  Late?  On Time?

3. Do you have any other children by the biological father  Yes  No

If yes, please list names \_\_\_\_\_

4. Does this child have a relationship with the biological father?  Yes  No

5. Do you want this child to have the biological father's last name?  Yes  No

If no, why not? \_\_\_\_\_

6. Is the child currently enrolled in a health plan?  Yes  No

If yes, who is the provider  Mother  Alleged father  Other

What is the cost to cover the child? List amount \$ \_\_\_\_\_ per \_\_\_\_\_

Enrollment date \_\_\_\_\_

Name/address of insurance company: \_\_\_\_\_

Name

Address

City

State

Zip Code

Telephone

What is the Group Number? \_\_\_\_\_ Policy Number? \_\_\_\_\_

7. Do you have childcare/daycare expenses for this child?  Yes  No

If yes, who is the provider and what is the cost per month? \_\_\_\_\_

8. Is this child attending private school?  Yes  No

If yes, the name of the

school \_\_\_\_\_

Cost per month \_\_\_\_\_ Extra expenses \_\_\_\_\_

Did the alleged father agree? \_\_\_\_\_

**IIIb. INFORMATION ABOUT THE CHILD**

**(Please print all information)**

1. Please complete the following information:

The full legal name of the child – Last, First, Middle Initial	Date of Birth	Place of Birth (city and state)
Child's Social Security Number	Sex	List any physical or mental impairments, medical problems, etc.
Does the child live with you [ ] Yes [ ] No	Race	Weight at birth (pounds and ounces)

2. Was this child born (check one)  Early?  Late?  On Time?

3. Do you have any other children by the biological father  Yes  No

If yes, please list names \_\_\_\_\_

4. Does this child have a relationship with the biological father?  Yes  No

5. Do you want this child to have the biological father's last name?  Yes  No

If not, why not? \_\_\_\_\_

6. Is the child currently enrolled in a health plan?  Yes  No

If yes, who is the provider  Mother  Alleged father  Other

What is the cost to cover the child? List amount \$ \_\_\_\_\_ per \_\_\_\_\_

Enrollment date \_\_\_\_\_

Name/address of insurance company: \_\_\_\_\_

Name

Address City State Zip Code Telephone

What is the Group Number? \_\_\_\_\_ Policy Number? \_\_\_\_\_

7. Do you have childcare/daycare expenses for this child?  Yes  No

If yes, who is the provider and what is the cost per month? \_\_\_\_\_

8. Is this child attending private school?  Yes  No

If yes, the name of the school \_\_\_\_\_

Cost per month \_\_\_\_\_ Extra expenses \_\_\_\_\_

Did the alleged father agree? \_\_\_\_\_