

| | |
|----------------------------------|--------|
| Address (Street/Route, P.O. Box) | (Work) |
| City, State, Zip Code | |

INFORMATION ON CHILDREN

| | Child 1 | Child 2 | Child 3 | Child 4 |
|---|---------|---------|---------|---------|
| a. Name | | | | |
| b. Sex | | | | |
| c. SSN | | | | |
| d. Date of Birth (DOB) | | | | |
| e. Name(s) of Absent Parent | | | | |
| f. Has Paternity (Fatherhood) Been Established? | | | | |
| g. Is There An Order For Support (Yes or No) | | | | |

ABSENT PARENT INFORMATION OR PARENT ORDERED TO PAY CHILD SUPPORT

| | Absent Parent #1 | Absent Parent #2 | Absent Parent #3 |
|---|------------------|------------------|------------------|
| Name | | | |
| Address, City State, Zip Code | | | |
| SSN | | | |
| Date of Birth | | | |
| Name of Employer | | | |
| Address of Employer, City, State Zip Code | | | |
| Amount of Support Ordered | | | |
| Date of Support Order | | | |
| Location Where Order Was Issued, City, County, State | | | |
| Military Service - Give Date and Branch Entered | | | |
| Arrest Record: Give Date and Place of Arrest | | | |
| IF the absent parent has been on Public Assistance: Give Date and Place | | | |
| Give Name and Address of Current Spouse of Absent Parent | | | |

* Have you ever been on public assistance? Yes No
 When _____ Date _____ Where _____ City and State _____ County _____

| (Do Not Write in This Space) | | FOR AGENCY USE ONLY | |
|------------------------------|----------------------------|-------------------------|--|
| Case Name | Date Requested | Date Mailed or Provided | |
| Case Number | Date Returned or File Date | | |