

SUPPORT QUESTIONNAIRE

FOR COUNTY USE ONLY

Instructions:

You must answer ALL questions.
COMPLETE ONE FORM FOR EACH NONCUSTODIAL PARENT OR EACH UNMARRIED FATHER IN THE HOME.

Use ink. Print answer. Check Yes, No, or Unknown.
Use a separate piece of paper if you need more room.

CWD CASE NAME	LCSA CASE NAME
CWD CASE NUMBER	LCSA CASE NUMBER
CWD WORKER NAME/NO.	LCSA WORKER NAME/NO.
TELEPHONE NUMBER ()	TELEPHONE NUMBER ()

SECTION 1 - COMPLETE THE FOLLOWING ABOUT YOURSELF

NAME (FIRST, MIDDLE, LAST)	MAIDEN NAME	SOCIAL SECURITY NUMBER (SSN)	BIRTHDATE	BIRTH PLACE	RACE
HOME ADDRESS (STREET NUMBER AND NAME, APARTMENT NUMBER, IF ANY)		CITY	STATE	ZIP	TELEPHONE NUMBER ()
YOUR RELATIONSHIP TO CHILDREN		YOUR RELATIONSHIP TO NONCUSTODIAL PARENT/UNMARRIED FATHER IN THE HOME <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Friend <input type="checkbox"/> Other			

SECTION 2 - COMPLETE THE FOLLOWING ABOUT THE NONCUSTODIAL PARENT OR UNMARRIED FATHER IN THE HOME

A. NAME (FIRST, MIDDLE, LAST) SOCIAL SECURITY NUMBER (SSN) MALE FEMALE BIRTHDATE BIRTH PLACE

LAST KNOWN ADDRESS (STREET NUMBER AND NAME, APARTMENT NUMBER, IF ANY) HEIGHT WEIGHT EYE COLOR HAIR COLOR RACE

CITY STATE ZIP SCARS, BIRTHMARKS, TATTOOS, NICKNAMES, ETC.

WHEN WAS THIS ADDRESS CURRENT? TELEPHONE NUMBER () WHEN DID YOU LAST HEAR FROM OR GET MAIL FROM THIS PARENT? DOES THIS PARENT LIVE WITH YOU? YES NO

B. WHAT KIND OF INCOME DOES NONCUSTODIAL PARENT HAVE? Earnings Unemployment or Disability Insurance Benefits Social Security None Other

LAST KNOWN EMPLOYER TELEPHONE NUMBER ()

STREET ADDRESS TYPE OF WORK

CITY STATE ZIP UNION MEMBER? YES, UNION NAME NO UNKNOWN

WHEN DID THIS PARENT LAST WORK THERE? UNION ADDRESS:

C. DOES THIS PARENT HAVE HEALTH INSURANCE FOR THE CHILDREN? YES NO UNKNOWN WHO IS COVERED?

NAME OF INSURANCE POLICY NUMBER DATE OF COVERAGE

D. PARENTS ARE OR HAVE BEEN MARRIED DATE _____ WHERE _____ DIVORCED DATE _____ WHERE _____ SEPARATED NEVER MARRIED LIVING TOGETHER

E. IS THERE A COURT ORDER FOR SUPPORT? YES NO PENDING AMOUNT ORDERED \$ HOW OFTEN? DATE OF COURT ORDER COURT ORDER NUMBER LOCATION OF COURT (COUNTY & STATE)

HOW DOES THE PARENT PAY? PAYS HOUSEHOLD BILLS TO YOU TO COUNTY PAYROLL DEDUCTION OTHER WHEN DID PARENT LAST PAY? HOW MUCH? \$

F. NAME OF A FRIEND OR RELATIVE OF NONCUSTODIAL PARENT RELATIONSHIP TO NONCUSTODIAL PARENT TELEPHONE NUMBER ()

ADDRESS (NUMBER AND STREET) CITY STATE ZIP

G. DOES THIS PARENT OWN ANY MOTOR VEHICLES? YES NO UNKNOWN MAKE MODEL YEAR LICENSE NO. STATE

H. DOES THIS PARENT OWN A HOUSE, LAND, BUILDINGS, OR BANK ACCOUNTS? YES NO UNKNOWN WHAT/WHERE

I. IS THIS PARENT CURRENTLY ON PROBATION OR PAROLE? YES NO UNKNOWN WHAT COUNTY OR STATE?

J. HAS THIS PARENT EVER BEEN IN JAIL OR PRISON? YES NO UNKNOWN IF YES, WHEN/WHERE?

K. HAS THIS PARENT EVER BEEN IN THE MILITARY? YES NO UNKNOWN IF YES, WHEN/WHAT BRANCH?

L. ARE YOU ABLE TO IDENTIFY OR HELP LOCATE THE NONCUSTODIAL PARENT? YES NO

SECTION 3 - CHILDREN (IN YOUR HOME) OF THIS PARENT OR UNMARRIED FATHER

PATERNITY DECLARATION

NAME OF CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	SSN	BIRTHDATE	BIRTHPLACE, CITY, STATE	MFG <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
NAME OF CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	SSN	BIRTHDATE	BIRTHPLACE, CITY, STATE	<input type="checkbox"/> DATE SIGNED COUNTY
NAME OF CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	SSN	BIRTHDATE	BIRTHPLACE, CITY, STATE	<input type="checkbox"/> DATE SIGNED COUNTY
NAME OF CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	SSN	BIRTHDATE	BIRTHPLACE, CITY, STATE	<input type="checkbox"/> DATE SIGNED COUNTY

SECTION 4 - SUPPORT ENFORCEMENT SERVICES (MEDI-CAL ONLY)

I don't want other child support enforcement services.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA AND THE STATE OF CALIFORNIA THAT THE INFORMATION IN THIS QUESTIONNAIRE IS TRUE, CORRECT AND COMPLETE.

SIGNATURE 	DATE
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