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_____ Where_____ County_____

Date City and State

(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	