

# SUPPORT QUESTIONNAIRE

## 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.

FOR COUNTY USE ONLY	
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		
HOME ADDRESS (STREET NUMBER AND NAME, APARTMENT NUMBER, IF ANY)		CITY	STATE	ZIP	TELEPHONE NUMBER ( )
SOCIAL SECURITY NUMBER (SSN)	BIRTHDATE	BIRTH PLACE		RACE	
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)		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
LAST KNOWN ADDRESS (STREET NUMBER AND NAME, APARTMENT NUMBER, IF ANY)		CITY	STATE	ZIP		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
BIRTHDATE	BIRTH PLACE	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	RACE
SCARS, BIRTHMARKS, TATTOOS, NICKNAMES, ETC.						

## 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	<b>UNION MEMBER?</b> <input type="checkbox"/> Yes, Union Name <input type="checkbox"/> No <input type="checkbox"/> Unknown
WHEN DID THIS PARENT LAST WORK THERE?		UNION ADDRESS:	

## C. DOES THIS PARENT HAVE HEALTH INSURANCE FOR THE CHILDREN?

Yes    No    Unknown

NAME OF INSURANCE		POLICY NUMBER	DATE OF COVERAGE
WHO IS COVERED?			

## D. PARENTS ARE OR HAVE BEEN

MARRIED DATE \_\_\_\_\_ WHERE \_\_\_\_\_    DIVORCED DATE \_\_\_\_\_ WHERE \_\_\_\_\_    SEPARATED    NEVER MARRIED    LIVING TOGETHER

<b>E. IS THERE A COURT ORDER FOR SUPPORT?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	AMOUNT ORDERED \$	HOW OFTEN?
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DATE OF COURT ORDER	COURT ORDER NUMBER	LOCATION OF COURT (COUNTY & STATE)
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How does the parent pay? <input type="checkbox"/> Pays Household Bills <input type="checkbox"/> To You <input type="checkbox"/> To County <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Other	WHEN DID PARENT LAST PAY?	HOW MUCH? \$
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<b>F. NAME OF A FRIEND OR RELATIVE OF NONCUSTODIAL PARENT</b>	RELATIONSHIP TO NONCUSTODIAL PARENT	TELEPHONE NUMBER (     )
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ADDRESS ( NUMBER AND STREET)	CITY	STATE	ZIP
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<b>G. Does this parent own any motor vehicles?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	MAKE	MODEL	YEAR	LICENSE NO.	STATE
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<b>H. Does this parent own a house, land, buildings, or bank accounts?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	WHAT/WHERE
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<b>I. Is this parent currently on probation or parole?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	WHAT COUNTY OR STATE?
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<b>J. Has this parent ever been in jail or prison?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	IF YES, WHEN/WHERE?
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<b>K. Has this parent ever been in the military?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	IF YES, WHEN/WHAT BRANCH?
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<b>L. Are you able to identify or help locate the noncustodial parent?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
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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	<input type="checkbox"/> YES DATE SIGNED	<input type="checkbox"/> NO COUNTY
NAME OF CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	SSN	BIRTHDATE - -	BIRTHPLACE, CITY, STATE	<input type="checkbox"/> YES DATE SIGNED	<input type="checkbox"/> NO COUNTY
NAME OF CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	SSN	BIRTHDATE - -	BIRTHPLACE, CITY, STATE	<input type="checkbox"/> YES DATE SIGNED	<input type="checkbox"/> NO COUNTY
NAME OF CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	SSN	BIRTHDATE - -	BIRTHPLACE, CITY, STATE	<input type="checkbox"/> YES DATE SIGNED	<input type="checkbox"/> NO 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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