



CHILD SUPPORT

Today's date: \_\_\_\_\_

How did you hear about our services? \_\_\_\_\_

BACKGROUND INFORMATION

YOU:

OTHER PARENT:

Full Name:		Full Name:	
Former Name(s):		Former Name(s):	
Address:		Address:	
Mailing Address:		Mailing Address:	
Future Address:		Future Address:	
As of (date):		As of (date):	
SSN:		SSN:	
Date of Birth:		Date of Birth:	
Home Phone No:		Home Phone No:	
Work Phone No:		Work Phone No:	
Hours:		Hours:	
Cell No.		Cell No.	
Email:		Email:	
Emergency Contact: (Relationship)		Emergency Contact: (Relationship)	
Emergency Phone:		Emergency Phone:	

## CHILDREN BETWEEN YOU AND OTHER PARENT

Child's Full Name	Birthdate	Age	SSN

Who are the children living with? \_\_\_\_\_

Do any children have special needs? \_\_\_\_\_

Explain: \_\_\_\_\_

Do you have any other children? If so, please list their names, ages, and who they primarily live with. \_\_\_\_\_

\_\_\_\_\_

Does the other parent have any other children? If so, please list their names, ages, and who they primarily live with. \_\_\_\_\_

\_\_\_\_\_

Is either parent currently pregnant? \_\_\_\_\_

If so, who is the father? \_\_\_\_\_

## INCOME INFORMATION

YOU:		OTHER PARENT:	
Degree(s) Obtained:		Degree(s) Obtained:	
Occupation:		Occupation:	
Employed by:		Employed by:	
Address:		Address:	
___ Years employed	___ Hours/week	___ Years employed	___ Hours/week
Gross Salary:	\$ _____ per _____	Gross Salary:	\$ _____ per _____



Bonus:		Bonus:	
Net Salary:	\$ _____ per _____	Net Salary:	\$ _____ per _____
Other source or potential source of income?		Other source or potential source of income?	

### SUPPORT OBLIGATIONS

List all current support paid or received by you or the other parent. Include amounts paid since the date of separation from the other parent.

	YOU:	OTHER PARENT:
Child Support Paid		
Child Support Received		
Spousal Support Paid		
Spousal Support Received		

### HEALTH INFORMATION

Do you have insurance available through employment? \_\_\_\_\_

Does the other parent have insurance available through employment? \_\_\_\_\_

Who provides health insurance?    You        Other Parent   

Through employment?                Yes        No                               

Who is covered by health insurance? \_\_\_\_\_

Cost for individual: \_\_\_\_\_ Cost for dependent: \_\_\_\_\_ Cost for family: \_\_\_\_\_

Who provides dental insurance?    You        Other Parent   

Through employment?                Yes        No                               

Who is covered by dental insurance? \_\_\_\_\_

Cost for individual: \_\_\_\_\_ Cost for dependent: \_\_\_\_\_ Cost for family: \_\_\_\_\_



Who provides vision insurance? You  Other Parent

Through employment? Yes  No

Who is covered by vision insurance? \_\_\_\_\_

Cost for individual: \_\_\_\_\_ Cost for dependent: \_\_\_\_\_ Cost for family: \_\_\_\_\_

What is your general state of health? \_\_\_\_\_

Are you currently under treatment for anything? If so, what? \_\_\_\_\_

What is your spouse's general state of health? \_\_\_\_\_

Is your spouse currently under treatment for anything? If so, what? \_\_\_\_\_

### COUNTY/STATE BENEFITS

Benefits received by you or the other parent:

	AMOUNT:	COUNTY:
Cash Grant (AFDC or MFIP)		
Medical Assistance		
Minnesota Care		
Subsidized or sliding fee child care		
Veterans Administration		
Social Security		
Unemployment Compensation		
Workers' Compensation		
Other, explain: (i.e. food stamps, daycare assistance)		



**ADDITIONAL INFORMATION**

When were you married (if applicable)? \_\_\_\_\_

Place of marriage (if applicable): \_\_\_\_\_

When were you divorced (if applicable)? \_\_\_\_\_

In what state were you divorced (if applicable)? \_\_\_\_\_

If you were never married, when did you separate? \_\_\_\_\_

Is child support already established (if so, from what state)? \_\_\_\_\_

When was the last Order and Judgment issued? \_\_\_\_\_

Is a child support review currently pending? \_\_\_\_\_

What amount of child support was established? \_\_\_\_\_

What city and state do you currently live in? \_\_\_\_\_

How long have you lived in this state? \_\_\_\_\_

What city and state does the other parent live in? \_\_\_\_\_

How long has the other parent lived this state? \_\_\_\_\_

What is your highest level of education? \_\_\_\_\_

What is the other parent's highest level of education? \_\_\_\_\_

Do the children attend daycare? \_\_\_\_\_ If so, where? \_\_\_\_\_

How much are the daycare costs? \_\_\_\_\_ Who pays? \_\_\_\_\_

What is your current parenting time schedule? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Is either parent under-employed (meaning can either parent earn more than they are currently earning)? \_\_\_\_\_

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Are either you or the other parent in the US military service? If so, please explain. \_\_\_\_\_

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### REQUEST FOR DOCUMENTARY DATA

I need a complete picture of income for you and child's other parent. By providing us with the information and items requested below, you will **save time and money**. I understand you may not have access to everything, but please try your best to get as much as possible. Please assume all requests for documents apply to both you and your child's other parent.

1. Your most recent Order or Judgment that established your child support. Bring any prior child support Orders or Judgments as well, and any child support Orders for other children.
2. Your most recent 5 consecutive paycheck stubs.
3. Tax returns (state and federal) for the last 3 years.
4. Proof of any other income that is not included on your income tax returns.
5. Proof of health, vision, and dental insurance costs. If possible, please provide proof of individual and family plan costs.
6. Proof of daycare costs.
7. A Social Security statement which lists past earnings.
8. Any other information you feel may clarify your and the other parent's income.

