

UIFSA QUESTIONNAIRE

IN ORDER TO FILE A UIFSA PETITION, WE MUST HAVE THE FOLLOWING INFORMATION. THESE QUESTIONS MUST BE ANSWERED FULLY AND COMPLETELY. IF YOU ARE UNABLE TO ANSWER A SPECIFIC QUESTION, YOU MUST STATE WHY THAT QUESTION CANNOT BE ANSWERED. THIS INFORMATION WILL BE USED FOR PURPOSES OF THE UIFSA ACTION ONLY.

DATE: _____

INFORMATION ABOUT YOURSELF:

YOUR NAME AND ADDRESS (Including City and State) _____

DATE OF BIRTH: _____ S.S.# _____

PHYSICAL DESCRIPTION: HEIGHT: _____ WEIGHT: _____ RACE: _____

HAIR: _____ EYES: _____ AGE: _____ HM. PHONE: _____

OCCUPATION: _____ WK. PHONE: _____

RELATIONSHIP TO CHILD(REN): _____

CURRENT MARRITAL STATUS: _____

RELATIONSHIP TO ABSENT PARENT: _____

IF YOU ARE NOT THE NATURAL MOTHER OR FATHER OF THE CHILD(REN) GIVE THE NAME(S) AND ADDRESS OF THE NATURAL PARENT(S): _____

LIST ALL PERSONS LIVING IN YOUR HOUSEHOLD:

NAME: DOB: RELATIONSHIP: SOURCE OF INCOME:

INFORMATION ABOUT THE NON-CUSTODIAL PARENT:

NAME AND ADDRESS (Including City and State): _____

MAIDEN, ALIAS OR NICK NAME: _____

PLACE OF BIRTH: _____ ATTACH PHOTO: _____

AGE: _____ D.O.B.: _____ S.S.# _____

RACE: _____ HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

SCARS: _____ TATOOS: _____

HM. PHONE: _____ WK. PHONE: _____

EMPLOYERS NAME AND ADDRESS: _____

OCCUPATION, TRADE OR PROFESSION: _____

ESTIMATE GROSS MONTHLY INCOME: _____

OTHER INCOME: _____

REAL OR PERSONAL PROPERTY: _____

PRESENT MARITAL STATUS (IF KNOWN): _____

CURRENT SPOUSE/PARTNER EMPLOYED?: _____

ESTIMATED GROSS MONTHLY EARNINGS: _____

NAME AND ADDRESS OF CURRENT SPOUSE/PARTNER'S EMPLOYER: _____

IS THE NON-CUSTODIAL PARENT RESPONSIBLE FOR DEPENDENTS THAT ARE NOT
LIVING IN YOUR HOUSEHOLD? _____

NAME:	D.O.B.	RELATIONSHIP	LIVING WITH
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INFORMATION ABOUT THE CHILD(REN): LIST CHILD(REN) OF NON-CUSTODIAL PARENT ONLY.

NAME:	AGE:	SEX:	D.O.B.	S.S.#	PATERNITY ESTABLISHED
_____					[] YES [] NO
					SUPPORT ORDER
_____					[] YES [] NO
					LIVING WITH PETITIONER
_____					[] YES [] NO

INFORMATION ABOUT MARITAL STATUS:

WERE YOU MARRIED TO THE NON-CUSTODIAL PARENT? _____

IF SO, DATE: _____ STATE, CITY, COUNTRY: _____

ARE YOU NOW DIVORCED? _____ DATE DIVORCE FINALIZED: _____

NAME AND ADDRESS OF COURT: _____

DATE OF COURT ORDER: _____ AMOUNT OF SUPPORT: _____

WAS PATERNITY ESTABLISHED: _____

IN WHICH STATE WAS PATERNITY ESTABLISHED: _____

HOW MANY TIMES HAVE YOU BEEN MARRIED:

NAME:	DATE:	LOCATION:

NAME OF SPOUSE/PARTNER: _____

YOUR GROSS WEEKLY INCOME: _____

MEDICAL INSURANCE:

ARE THE DEPENDENTS FOR WHOME SUPPORT IS SOUGHT PRESENTLY COVERED BY MEDICAL INSURANCE: _____

IS THE NON-CUSTODIAL PARENT ORDERED TO PROVIDE MEDICAL INSURANCE: ___

WHO PROVIDES MEDICAL INSURANCE FOR THE CHILD(REN) AT THIS TIME: _____

THE NAME OF THE INSURANCE COMPANY: _____

POLICY NUMBER: _____

INSURANCE COMPANY OF CUSTODIAN'S EMPLOYER: _____

COST PER MONTH: _____

WERE THE CHILDREN EVER COVERED BY MEDICAL INSURANCE PROVIDED BY THE NON-CUSTODIAL'S EMPLOYER? _____

DO ANY OF THE NON-CUSTODIAL'S CHILDREN HAVE SPECIAL NEEDS OR EXTRAORDINARY MEDICAL EXPENSES NOT COVERED BY INSURANCE? _____

IF SO, PLEASE EXPLAIN: _____

CRIMINAL INFORMATION:

DOES THE NON-CUSTODIAL PARENT HAVE A TRAFFIC OR CRIMINAL RECORD: _____

VIOLATION: _____ DATE: _____

LOCATION: _____ INCARCERATED: _____

SUPPORT ORDER AND PAYMENT INFORMATION:

IS THE ABSENT PARENT PAYING CURRENT CHILD SUPPORT: _____

AMOUNT OF THE ORDER: _____

WHEN DID THE RESPONDENT MAKE THE LAST SUPPORT/ARREARAGE PAYMENT AND HOW MUCH WAS THE PAYMENT? _____

HAS THE RESPONDENT EVER PAID CHILD SUPPORT DIRECTLY TO YOU? _____

IF SO, HOW MUCH, AND THE DATE PAYMENTS WERE MADE: _____

DO YOU HAVE RECEIPTS FOR ANY PAYMENTS MADE DIRECTLY TO YOU? _____

IF YES, PLEASE ATTACH.

FINANCIAL INFORMATION:

EMPLOYED: [] YES [] NO IF YES, PLEASE LIST OCCUPATION: _____

PUBLIC ASSISTANCE: _____ AMOUNT: _____

MONTHLY AFDC PAYMENTS _____

MONTHLY FOOD STAMP BENEFITS _____

OTHER: _____

EMPLOYMENT INCOME: _____

[] GROSS [] NET _____

(ATTACH 3 OF YOUR MOST RECENT PAY STUBS FROM EACH CURRENT EMPLOYER)

DEDUCTIONS:

INCOME TAX WITHHOLDING (FEDERAL + STATE + LOCAL) _____

FICA (SOCIAL SECURITY) _____

MANDATORY UNION DUES _____

MANDATORY RETIREMENT _____

MEDICAL INSURANCE PREMIUMS COVERAGE _____

THE DEPENDENTS _____

OTHER: _____

OTHER EARNINGS: _____

MONTHLY BUSINESS INCOME _____

EXPLAIN: _____

MONTHLY EXPENSES:

CHILD CARE:

PROVIDER: _____ FREQUENCY: _____

UNINSURED EXTRAORDINARY MEDICAL (ATTACH DESCRIPTION & DOCUMENTATION) _____

OTHER SUPPORT PAYMENTS, ACTUALLY MADE _____

EDUCATION (RESPONDENT'S CHILDREN) _____

HOUSING AND UTILITIES _____

FOOD & HOUSEHOLD SUPPLIES _____

OTHER EARNINGS:

MONTHLY CHILD SUPPORT: _____

MONTHLY ALIMONY OR SPOUSAL SUPPORT INCOME: _____

GOVERNMENT PAYMENTS:

EXPLAIN: _____

MONTHLY PENSION BENEFITS:

SOURCE: _____

UNEMPLOYMENT COMPENSATION:

SOURCE AND DURATION: _____

OTHER MONTHLY INCOME:

SOURCE AND EXPLAIN: _____

DEPENDENT'S INCOME:

[] GROSS [] NET _____

(ATTACH THE THREE MOST RECENT STUBS FROM EACH CURRENT EMPLOYER)

PROVIDE ANY ADDITIONAL INFORMATION IMPACTING INCOME, PARTICIPATION IN JOBS PROGRAM

MONTHLY EXPENSES (CONTINUED)

TRANSPORTATION: _____

PERSONAL EDUCATION EXPENSES: _____

OTHER UNINSURED HEALTH RELATED EXPENSES: _____

CLOTHING: _____

INSURANCE PREMIUMS: _____

ENTERTAINMENT: _____

ALL OTHER EXPENSES AND PAYMENTS: _____