

COUNTY OF ALAMEDA

DEPARTMENT OF CHILD SUPPORT SERVICES

APPLICATION FOR SUPPORT SERVICES

PLEASE PRINT

COMPLETE BOTH SIDES

FACTS ABOUT CUSTODIAL PARENT OR GUARDIAN AND CHILD(REN)

YOUR PRESENT NAME: LAST, FIRST, MIDDLE			YOUR TELEPHONE NUMBERS: HOME: WORK: CELL:		BEST TIME TO REACH YOU: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		
MAIDEN NAME:		GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		OTHER (SPECIFY):		WHERE DO YOU PREFER TO BE REACHED?	
YOUR ADDRESS: STREET: CITY: STATE: ZIP:			E-MAIL ADDRESS:			<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/> OTHER	

ARE YOU LIVING WITH THE NONCUSTODIAL PARENT? YES NO (IF NOT, GIVE DATE AND ADDRESS YOU LAST LIVED TOGETHER)

DATE: STREET: CITY: STATE: ZIP:

YOUR SOCIAL SECURITY NUMBER:	BIRTHDATE:	PLACE OF BIRTH:	RACE:	PRIMARY LANGUAGE	DRIVERS LICENSE NUMBER:	STATE:	RELATIONSHIP TO CHILDREN:
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NAME AND ADDRESS OF YOUR EMPLOYER: NAME: STREET: CITY: STATE: ZIP:				YOUR GROSS MONTHLY EARNINGS: \$		NAME AND PHONE NUMBER OF A RELATIVE OR FRIEND WHO WILL BE ABLE TO CONTACT YOU:	
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DATE AND PLACE OF YOUR MARRIAGE TO THIS NONCUSTODIAL PARENT (IF NEVER MARRIED, PRINT "NONE") DATE: COUNTY & STATE:			DATE AND PLACE OF YOUR DIVORCE FROM THIS NONCUSTODIAL PARENT (IF NONE, PRINT "NONE") DATE: COUNTY & STATE:		
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IF YOU WERE NOT MARRIED TO THIS NONCUSTODIAL PARENT, PLEASE ANSWER QUESTIONS 1 - 4

1. HAS NONCUSTODIAL PARENT EVER LIVED IN CALIFORNIA? YES NO IF SO, WHEN? WHERE?

2. HAS NONCUSTODIAL PARENT EVER WORKED IN CALIFORNIA? YES NO IF SO, WHEN? WHERE?

3. IN WHICH STATE WAS THE CHILD(REN) CONCEIVED? (ANSWER FOR EACH CHILD LISTED BELOW)

4. DID YOU COMPLETE A DECLARATION OF PATERNITY AT A CALIFORNIA HOSPITAL OR AGENCY? YES (WHERE?) NO DON'T KNOW

HAVE YOU EVER HAD A CASE WITH ANOTHER CHILD SUPPORT AGENCY? (IF YES, PLEASE GIVE DATE, CITY, STATE)

DATE FROM: TO: CITY: STATE: HAVE YOU EVER RECEIVED CASH AID (WELFARE) FOR THE LISTED CHILDREN? YES NO

IS THIS NONCUSTODIAL PARENT COURT ORDERED TO PAY CHILD SUPPORT FOR THE CHILDREN NAMED BELOW? YES NO PENDING COURT ORDER #:

AMOUNT OF ORDER: \$ PER WEEK PER MONTH DATE OF ORDER: COUNTY: STATE:

FULL NAMES OF ALL CHILDREN BY THIS NONCUSTODIAL PARENT (IF CHILD IS NOT YET BORN, PRINT "UNBORN" AND DATE EXPECTED)
(A SEPARATE APPLICATION IS REQUIRED IF YOU HAVE ADDITIONAL CHILDREN FROM ANOTHER NONCUSTODIAL PARENT)

NAME	SEX	BIRTHDATE	BIRTHPLACE (CITY AND STATE)	SOCIAL SECURITY NUMBER	LIVING WITH YOU
1.		- -		- -	YES <input type="checkbox"/> NO <input type="checkbox"/>
2.		- -		- -	YES <input type="checkbox"/> NO <input type="checkbox"/>
3.		- -		- -	YES <input type="checkbox"/> NO <input type="checkbox"/>
4.		- -		- -	YES <input type="checkbox"/> NO <input type="checkbox"/>

COMMENTS: (PLEASE ATTACH A SEPARATE SHEET IF YOU NEED ADDITIONAL SPACE)

FACTS ABOUT THIS NONCUSTODIAL PARENT

NONCUSTODIAL PARENT'S NAME: LAST, FIRST, MIDDLE		NONCUSTODIAL PARENT'S TELEPHONE NUMBERS: HOME: WORK: CELL: OTHER (Specify):	
RELATIONSHIP TO CHILD(REN): <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER	GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	E-MAIL ADDRESS:	
IS NONCUSTODIAL PARENT KNOWN BY ANY NAME OTHER THAN THE ONE GIVEN? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE PROVIDE:		MAIDEN NAME:	
NONCUSTODIAL PARENT'S ADDRESS: STREET:		CITY:	STATE: ZIP:

AS OF (DATE):

IS THE NONCUSTODIAL PARENT IN JAIL/PRISON? YES NO IF YES, PROVIDE INFORMATION BELOW:
 IS THE NONCUSTODIAL PARENT ON PROBATION/PAROLE? YES NO
 DATE: AGENCY CITY: STATE: OFFENSE (REASON):

NONCUSTODIAL PARENT'S SOCIAL SECURITY NUMBER:	DRIVERS LICENSE NUMBER:	STATE:	BIRTHDATE:	PLACE OF BIRTH:
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IS THE NONCUSTODIAL PARENT A US CITIZEN? YES NO IF NO, PLEASE PROVIDE COUNTRY OF CITIZENSHIP:

NONCUSTODIAL PARENT'S PHYSICAL DESCRIPTION: (PLEASE PROVIDE PHOTO IF AVAILABLE)

RACE:	COMPLEXION:	PRIMARY LANGUAGE:
HAIR:	HEIGHT:	IDENTIFYING FEATURES (MARKS, SCARS, TATTOS, ETC.)
EYES:	WEIGHT:	

NAME AND ADDRESS OF NONCUSTODIAL PARENT'S PRESENT EMPLOYER (IF NOT WORKING, PRINT "UNEMPLOYED")				NONCUSTODIAL PARENT'S ESTIMATED MONTHLY GROSS INCOME: \$
NAME:	STREET:	CITY:	STATE: ZIP:	
AS OF (DATE):				
IF NONCUSTODIAL PARENT IS UNEMPLOYED OR PRESENT EMPLOYER IS UNKNOWN, GIVE NAME AND ADDRESS OF LAST EMPLOYMENT				
NAME:	STREET:	CITY:	STATE: ZIP:	

NONCUSTODIAL PARENT'S USUAL OCCUPATION, TRADE, OR JOB TITLE:	LIST ANY OTHER TRADES OR SKILLS NONCUSTODIAL PARENT HAS:
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IS NONCUSTODIAL PARENT A MEMBER OF A LABOR UNION? YES NO
 NAME AND NUMBER OF UNION: ADDRESS: CITY: STATE: ZIP:

IF SELF EMPLOYED, WHAT IS THE NAME OF BUSINESS? ESTIMATED MONTHLY INCOME: \$

IS NONCUSTODIAL PARENT A STEADY WORKER? YES NO IF NOT, EXPLAIN
 LIST ANY OTHER SOURCES OF INCOME NONCUSTODIAL PARENT HAS: (VA BENEFITS, SOCIAL SECURITY, DISABILITY, INTEREST, DIVIDENDS, TRUST, ETC.)

NONCUSTODIAL PARENT'S MOTHER'S MAIDEN NAME AND FATHER'S NAME :

MOTHER'S LAST (MAIDEN), FIRST:	ADDRESS:	CITY:	STATE:	TELEPHONE NUMBER:
FATHER'S LAST, FIRST:	ADDRESS:	CITY:	STATE:	TELEPHONE NUMBER:

RELATIVE OR FRIEND OF NONCUSTODIAL PARENT WHO MAY KNOW THE NONCUSTODIAL PARENT'S LOCATION:

NAME	RELATIONSHIP	ADDRESS	CITY	STATE	TELEPHONE NUMBER

DOES THE NONCUSTODIAL PARENT VISIT THE CHILD(REN)? YES NO HOW MANY TIMES PER MONTH?
 DOES THE NONCUSTODIAL PARENT HAVE ANY OTHER CHILD SUPPORT OBLIGATIONS? YES NO IF YES, PLEASE PROVIDE AMOUNT: \$
 DOES THE NONCUSTODIAL PARENT HAVE OTHER MINOR CHILD(REN) IN THE HOME? YES NO IF YES, HOW MANY CHILDREN?
 NONCUSTODIAL PARENT'S PRESENT MARITAL STATUS: SINGLE MARRIED DIVORCED SEPARATED LIVING WITH ANOTHER

I REQUEST THE SERVICES OF THE DEPARTMENT OF CHILD SUPPORT SERVICES TO ASSIST ME IN THE FOLLOWING EFFORTS: (MARK ALL THAT APPLY)

<input type="checkbox"/> ESTABLISH PATERNITY	<input type="checkbox"/> MODIFY AN EXISTING CHILD SUPPORT ORDER	<input type="checkbox"/> OTHER:
<input type="checkbox"/> OBTAIN A CHILD SUPPORT ORDER	<input type="checkbox"/> OBTAIN AN ORDER FOR MEDICAL INSURANCE	
<input type="checkbox"/> ENFORCE AN EXISTING CHILD AND SPOUSAL SUPPORT ORDER INCLUDING ARREARS	<input type="checkbox"/> ENFORCE AN EXISTING MEDICAL INSURANCE ORDER	

I am applying for support services under the Child Support Enforcement Program of Title IV-D of the Social Security Act. I declare under penalty of perjury (Penal Code, Section 118) that this questionnaire has been examined by me and to the best of my knowledge and belief it is true and correct.

DATE: SIGNATURE OF APPLICANT:
 I AM THE: CUSTODIAL PARENT NONCUSTODIAL PARENT GUARDIAN