# INSTRUCTIONS FOR COMPLETING THE SIMPLIFIED APPLICATION FOR CHILD SUPPORT SERVICES

DCSS 0373 (07/12/13)

The processing of your case depends upon the information you provide on this form. Please provide as much information as possible. Answer every question completely. If you do not know the answer, print "UNKNOWN." If the question does not apply, print "N/A."

Before you begin, please read the Child Support Handbook. This book explains the services available through the local child support agency. Also, read the Child Support Enforcement Program Notice. This notice explains your responsibility to the local child support agency and the local child support agency's responsibility to you. The local child support attorneys or Attorney General or any of their representatives are not your attorney or the child(ren)'s attorney.

Please complete all the forms in BLACK INK and PRINT clearly.

## FACTS ABOUT CUSTODIAL PARTY OR GUARDIAN AND CHILD(REN)

This section is about the person or party who has primary custody of the child(ren). Please complete the entire section. If you are the custodial party, be sure to give us a telephone number where you may be reached during the day.

If the children named in the application have different noncustodial parents, a separate application must be completed for each noncustodial parent. If you need additional space for any section, attach a separate sheet of paper or use the Comment Section provided at the end of the first page.

Please list all the child(ren) of the parents named for whom support services are being requested. Complete the full name of each child, including first name, middle name, last name, and suffix (Jr., Sr., III, etc.)

There are several questions within this section related to determining the biological father of the child(ren) named in the application. One question asks whether a Declaration of Paternity has been signed. The Declaration of Paternity is a legal form that, when signed (usually at the hospital or clinic) by both parents, says the man is the legal father. Signing the form and submitting it to the Department of Child Support Services legally establishes the man as the child's father without having to go to court.

A second question asks whether a Paternity Judgment has been established. A Paternity Judgment is an order from the court that, through the legal process, determines the biological father of the child(ren). Determining the biological father is necessary before child support can be ordered by the court.

**Comments:** You may use this section as extra space, if needed, or add any additional information you think might help us establish or enforce an order for the child(ren). You may include information about the other person's temper, whether they own rifles or handguns, if they have made threats against you or the child(ren), etc.

#### **FACTS ABOUT NONCUSTODIAL PARENT**

If you are the Custodial Party, this section may require you to look through old papers to find some of the information requested. The more information we have in this section the better and faster we will be able to serve you.

If at all possible, please provide the noncustodial parent's Social Security Number or numbers. If you do not know the exact date of birth, provide the approximate age.

Please provide any and all financial information about the noncustodial parent. Attach additional page(s) as needed or use the Comment Section on the first page.

If you are the noncustodial party, be sure to give us a telephone number where you may be reached during the day.

#### SIGNATURE OF APPLICANT

We will not be able to open this case without your signature. Your signature indicates that you have answered the questions on the application to the best of your ability and that you want to open this case. It also indicates that you have read the information provided above the signature line carefully.

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### SIMPLIFIED APPLICATION FOR CHILD SUPPORT SERVICES

DCSS 0373 (07/12/13)					1 THE:		CUSTO	ODIA	L PARTY	, <sub>□</sub>	NON	CUSTO	DIAL PARENT	
APPLICANT NAME (PERSON COMPLETING THIS FORM)					NOTE: The custodial party is the person or part primary custody of the minor children.								arty who has	
FACTS ABOUT (	CUSTODIA	L PA	RTY OF	R GUARI	DIAN	AN	D CH	IILC	(REN)					
FULL NAME (LAST, FIRST, MIDDLE, SUFFIX)								TRIBAL NAME C				BEST TIME TO BE REACHED		
MAIDEN NAME (IF APPROPRIATE)			ELATIONSHIF	EN) ] MOTHI	ΞR	TELEPHONE NUMBERS :R HOME:								
NAME OF CURRENT SPOUSE			OTHER (SPECIFY)				WORK: CELL: E-MAIL ADDRESS					OME CELL ORK		
ADDRESS (STREET, CITY, S	TATE AND ZIF CO	JDE)					E-IVIAIL	ADDF	KE33					
Does the custodial party	currently live v	vith the	noncustod	ial parent?	☐ YE	s [	NO (	If "N	O", give d	ate and a	addres	s last li	ved together)	
DATE	ADDRESS (STR	EET, CIT	TY, STATE AN	ID ZIP CODE)										
SOCIAL SECURITY NUMBER	DRIVERS LICEN	DRIVERS LICENSE NUMBER STATE BIR APP			BIRTHDATE OR APPROXIMATE AGE			CE OF BIRTH RACE		PRIMARY LANGUAGI SPOKEN IN HOME			GENDER:    FEMALE   MALE	
NAME OF PRESENT EMPLO "UNEMPLOYED" HERE	YER - IF NOT CUI	RRENTL	Y WORKING,	PRINT	JOB TI	TLE O	R OCCUF	PATIC	N	GROSS \$	MONTH	ILY EARI	NINGS	
ADDRESS OF PRESENT EM	ZIP CODE)	IS HEALTH INSURANCE FOR CHILDREN?			CE AV				ND TELEPHONE NUMBER OF A E OR FRIEND					
Date and place of marria	<u> </u>		heck "None	")						divorce, che				
DATE OF MARRIAGE TO NONCUSTODIAL PARENT	COU	NTY	STATE	□ NONE	DATE (	OF DIV	ORCE	COUNTY			STAT	E	☐ NONE	
(Use number for each of 4. Was a Declaration of Pa or agency?	ternity signed a	t a Califo	ornia hospita	ol YE	is 🗆	NO		N'T I	KNOW KNOW	If "YES" If "YES"	", When	re? re? OR CHILI	DREN RECEIVED	
Is the noncustodial parer		<del></del>	/ child supp	ort for the c				ow?	☐ YES	□ NO		ENDING		
COURT ORDER #	PEI				R WEEK R MONTH					COUNTY	1		STATE	
List full names of all min (A separate application is	or children by t s required for c	his nor hildren	ncustodial p from anoth	arent (If chi er noncusto	ild is no dial pa	ot yet rent)	born, w	rite '	"unborn",	and exp	ected	date of	birth).	
IF CHILD IS NOT YET BORN,	F CHILD IS NOT YET BORN, WRITE "UNBORN" HERE					EXPECTED DATE OF BIRTH FOR UNBORN CHILD(REN)								
NAME	SEX	BIF	RTHDATE	BIRTHPLAC	E (CITY	' AND	STATE)	S	OCIAL SE		CHILI	D(REN) L	IVING WITH YOU	
1.												YES	□ NO	
2.												YES	□ NO	
3.												YES	□ NO	
4.												YES	□ NO	
List full names of other n	ninor child(ren) NAME	NOT re	elated to thi	s noncustod	lial par	ent	RIP	THDA	TF		СНП	D(RENI) I	IVING WITH YOU	
INAIVIE							DIR	ΠυΑ	1 L				NO	
											+ -	YES	□ NO	
COMMENTS (Please atta	ch a separate s	heet if	you need a	dditional spa	ice)									

FILL NAME (AST, FREST, MODILE SUPERV)  MAIDEN NAME (FA APPROPRIATE)  NAME OF CURRENT SPOUSE  OTHER MARS OR ALLASES OF NONCUSTODIAL PARENT  ADDRESS (STREET, CITY, STATE AND ZIP CODE)  OTHER MARS OR ALLASES OF NONCUSTODIAL PARENT  ADDRESS (STREET, CITY, STATE AND ZIP CODE)  OTHER MARS OR ALLASES OF NONCUSTODIAL PARENT  ADDRESS (STREET, CITY, STATE AND ZIP CODE)  OTHER MARS OR ALLASES OF NONCUSTODIAL PARENT  ADDRESS (STREET, CITY, STATE AND ZIP CODE)  OTHER MARS OR ALLASES OF NONCUSTODIAL PARENT  ADDRESS (STREET, CITY, STATE AND ZIP CODE)  OTHER MARS OR ALLASES OF NONCUSTODIAL PARENT  ADDRESS (STREET, CITY, STATE AND ZIP CODE)  OTHER MARS OR ALLASES OF NONCUSTODIAL PARENT  I MALE  CURRENT NOW  OTHER MARS OR ALLASES OF NONCUSTODIAL PARENT  I MALE  FEMALE  ADDRESS OF PROVIDE PROTO;  RACE  CURRENT NOW  OFFENSE (PEASON)  IS the noncustodial parent a US CITIZED, CITY  STATE  FOR THE MALE CODE  OFFENSE (PEASON)  IS THE NONCUSTODIAL PARENT ALLASES (MARCS, SCARS, TATTOOS, ETC.)  I WESHING  II unemployed or present employer is unknown, give name, address and telephone number of last employment below.  I'VES   NO  NAME OF PRESENT EMPLOYER (STREET, CITY, STATE AND ZIP CODE)  ON THE MARS OF PRESENT EMPLOYER (STREET, CITY, STATE AND ZIP CODE)  I'VES   NO  I'VES   NO  NAME OF LAST EMPLOYER (STREET, CITY, STATE AND ZIP CODE)  I'VES   NO  I'VES   NO  NAME OF LAST EMPLOYER (STREET, CITY, STATE AND ZIP CODE)  ON THE STATE AND ZIP CODE  ON	<b>FACTS ABOUT NO</b>	NCUS	TODIA	L PA	REN	NT									
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OTHER NAMES OR ALIASES OF NONCUSTODIAL PARENT  ADDRESS (STREET, CITY, STATE AND ZIP CODE)  Currently on probation or parole?   YES   NO	MAIDEN NAME (IF APPROPRIA	ATE)					_		CHILD(REN)						
OTHER NAMES OR ALIASES OF NONCUSTODIAL PARENT  EMANLA DIDRESS    CHARLEST CITY, STATE AND ZIP CODE	NAME OF CURRENT SPOUSE									_					
ADDRESS (STREET, CITY, STATE AND ZIP CODE)    CURRENT NOW   CURRENT NOW   CURRENT NOW   CURRENT AS OF (DATE)	OTHER NAMES OR ALIASES OF NONCLISTODIAL PARENT								ADDRESS						
SOCIAL SECURITY NUMBER   DRIVERS LICENSE NUMBER   STATE   BIRTHDATE OR APPROXIMATE   PLACE OF BIRTH   GENDER   PLACE OF BIRTH   MALE   PLACE OF BIRTH   PLACE	OTTLER WILL OF THE MOLE O	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1001/121/1						E-IWAIL ADDRESS						
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Currently on probation or parole?   YES   NO	, 125, 1255 (G.1, 1221, G.1, 1, G.1					1=									
Currently on probation or parole?   YES   NO	SOCIAL SECURITY NUMBER [	DRIVERS LI	CENSE NUI	MBER IS	STATE	BIRTHDATE	OR APPROX	IMATE	PLACE O	I BIRTH		GENDER			
Currently on probation or parole?   YES   NO						AGE									
Currently in jail or prison?   YES   NO	Currently on probation or r	narole?	□ VES		<u> </u>							L WALE			
Is the noncustodial parent a US citizen?   YES   NO   IF "NO", Please provide country of citizenship here:						VES" provid	la infor	mation held		_					
Is the noncustodial parent a US citizen?					_		i Lo , piovic								
HAYSICAL DESCRIPTION: (PLEASE PROVIDE PHOTO) RACE COMPLETION HAIR HEIGHT IDENTIFYING FEATURES (MARKS, SCARS, TATTOOS, ETC.)  EYES WEIGHT IDENTIFYING FEATURES (MARKS, SCARS, TATTOOS, ETC.)  ADDRESS OF PRESENT EMPLOYER (FROT WORKING, PRINT "UNEMPLOYED")  ADDRESS OF PRESENT EMPLOYER (STREET, CITY, STATE AND ZIP CODE)  IT unemployed or present employer is unknown, give name, address and telephone number of last employment below.  NAME OF LAST EMPLOYER ADDRESS OF LAST EMPLOYER (STREET, CITY, STATE AND ZIP CODE)  IT unemployed or present employer is unknown, give name, address and telephone number of last employment below.  NAME OF LAST EMPLOYER ADDRESS OF LAST EMPLOYER (STREET, CITY, STATE AND ZIP CODE)  IT SELPHONE NUMBER (INCLUDE AREA CODE)  IT SELPHONE NUMBE	,	, to Lito	0			017112		OI I LIV	10L (11L11001)	,					
RACE	Is the noncustodial parent	a US citiz	en?	YES [	NO	IF "NO",	Please provi	de cou	ntry of citize	enship he	re:				
HEIGHT		EASE PROV					I==		_						
EYES    MAIR OF PRESENT EMPLOYER (IF NOT WORKING, PRINT "UNEMPLOYED")   CURRENT NOW   S. HEALTH INSURANCE   CANADA PRINT "UNEMPLOYED"   CURRENT AS OF   CHILDREN"   S. MISURANCE   CANADA PRINT "UNEMPLOYED"   CURRENT AS OF   CHILDREN"   S. MISURANCE   CANADA PRINT "UNEMPLOYER (IF AND ZIP CODE)   CURRENT AS OF   CHILDREN"   S. MISURANCE   CANADA PRINT "UNEMPLOYER (IF AND ZIP CODE)   CHILDREN"   S. MISURANCE   CANADA PRINT "CONE   S. MISURANCE   CANADA PRINT "CONE   S. MISURANCE   CANADA PRINT AS OF   CHILDREN"   S. MISURANCE   CHILDREN"   S. MISURANCE   CANADA PRINT AS OF   CHILDREN"   S. MISURANCE   CHILDREN"   S. MISURANCE   CANADA PRINT AS OF   CHILDREN   S. MISURANCE   CANADA PRINT AS OF   CHILDREN"   S. MISURANCE   CANADA PRINT AS OF   CHILDREN   CANADA PRINT AS OF   CHI				KION							T4 TT0 00	FTO \			
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NAME OF LAST EMPLOYER    ADDRESS OF LAST EMPLOYER (STREET, CITY, STATE AND ZIP CODE)   TELEPHONE NUMBER (INCLUDE AREA CODE)								,							
USUAL OCCUPATION, TRADE, JOB TITLE OR SKILLS  IS THE NONCUSTODIAL PARENT A LABOR UNION  MEMBER?   YES   NO  WHAT BRANCH OF THE SERVICE?  IS THE NONCUSTODIAL PARENT A LABOR UNION  MEMBER?   YES   NO  IF SELF-EMPLOYED, WHAT IS THE NAME OF THE BUSINESS?  STEADY WORKER?   YES   NO IF NO, EXPLAIN:  List any other sources of income or assets. (For example, Veterans Affairs benefits, Social Security Disability, Interest, dividends, trust, wehicles, boats, real estate, etc. Attach a separate sheet if necessary).  MOTHER'S MAIDEN NAME (LAST, FIRST)  MOTHER'S STREET ADDRESS, CITY, STATE AND ZIP CODE MOTHER'S TELEPHONE NUMBER  NAME RELATIONSHIP STREET ADDRESS, CITY, STATE AND ZIP CODE FATHER'S TELEPHONE NUMBER  Is there visitation with the children?   YES   NO If "YES", how many times per month?  Is there any other child support obligation(s)?   YES   NO If "YES", please provide amount: \$  Is there any other minor child(ren) in the home?   YES   NO If "YES", how many children?  Present marital status:   Single   Married   Divorced   Separated   Living with another person  Irequest the services of the Department of Child Support Services to assist me in the following efforts: (Mark all that apply)    Establish patentity   Obtain an order for medical insurance enforcement needed at this time. The children have satisfactory medical insurance enforcement needed at this time. The children have satisfactory medical insurance enforcement placed on 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.		employer i													
IS THE NONCUSTODIAL PARENT A LABOR UNION NAME AND NUMBER OF UNION 2TP CODE  IF SELF-EMPLOYED, WHAT IS THE NAME OF THE BUSINESS?  STEADY WORKER? YES NO IF NO. EXPLAIN:  List any other sources of income or assets. (For example, Veterans Affairs benefits, Social Security Disability, interest, dividends, trust, vehicles, boats, real estate, etc. Aftach a separate sheet if necessary).  MOTHER'S MAIDEN NAME (LAST, FIRST)  MOTHER'S STREET ADDRESS, CITY, STATE AND ZIP CODE NUMBER  FATHER'S NAME (LAST, FIRST)  FATHER'S STREET ADDRESS, CITY, STATE AND ZIP CODE NUMBER  NAME RELATIONSHIP STREET ADDRESS, CITY, STATE ZIP CODE TELEPHONE NUMBER  Is there any other child support obligation(s)? YES NO If "YES", how many times per month?  Is there any other minor child(ren) in the home? YES NO If "YES", how many children?  Present marital status: Single Married Divorced Separated Living with another person  Irequest the services of the Department of Child Support Services to assist me in the following efforts: (Mark all that apply)  STREET ADDRESS, CITY, STATE ZIP CODE NO MERK all that apply)  STREET ADDRESS, CITY, STATE ZIP CODE NO MERK All that apply)  STREET ADDRESS, CITY, STATE ZIP CODE NO MERK All that apply)  STREET ADDRESS, CITY, STATE ZIP CODE NO MERK All that apply)  STREET ADDRESS, CITY, STATE ZIP CODE NO MERK All that apply)  STREET ADDRESS, CITY, STATE ZIP CODE NO MERK All that apply)  STREET ADDRESS, CITY, STATE ZIP CODE NO MERK All that apply)  STREET ADDRESS, CITY, STATE ZIP CODE NO MERK All that apply)  STREET ADDRESS, CITY, STATE ZIP CODE NO MERK All that apply)  STREET ADDRESS, CITY, STATE ZIP CODE NO MERK All that apply)  STREET ADDRESS, CITY, STATE ZIP CODE NO MERK All that apply)  STREET ADDRESS, CITY, STATE ZIP CODE NO MERK All that apply)  STREET ADDRESS, CITY, STATE ZIP CODE NO MERK All that apply)  STREET ADDRESS, CITY, STATE ZIP CODE NO MERK All that apply)  STREET ADDRESS, CITY, STATE ZIP CODE NO MERK All that apply)  STREET ADDRESS, CITY, STATE ZIP CODE NO MERK All that apply)  STREET ADDRESS, CITY, ST	NAME OF LAST EMPLOYER		ADDRESS	S OF LAS	ST EMF	PLOYER (STI	REET, CITY, S	TATE AI	ND ZIP CODE,						
IS THE NONCUSTODIAL PARENT A LABOR UNION   NAME AND NUMBER OF UNION   ADDRESS OF UNION (STREET, CITY, STATE AND ZIP CODE)    IF SELF-EMPLOYED, WHAT IS THE NAME OF THE BUSINESS?   GROSS MONTHLY EARNINGS    STEADY WORKER?   YES   NO   IF NO, EXPLAIN:   \$  LIST ANY OTHER SURVEY, STATE AND ZIP CODE   MOTHER'S TELEPHONE NUMBER    FATHER'S NAME (LAST, FIRST)   MOTHER'S STREET ADDRESS, CITY, STATE AND ZIP CODE   FATHER'S TELEPHONE NUMBER    FATHER'S NAME (LAST, FIRST)   FATHER'S STREET ADDRESS, CITY, STATE AND ZIP CODE   FATHER'S TELEPHONE NUMBER    NAME   RELATIONSHIP   STREET ADDRESS, CITY, STATE ZIP CODE   TELEPHONE NUMBER    Is there any other child support obligation(s)?   YES   NO   If "YES", how many times per month?    Is there any other child support obligation(s)?   YES   NO   If "YES", how many children?    Present marital status:   Single   Married   Divorced   Separated   Living with another person    Ir equest the services of the Department of Child Support Services to assist me in the following efforts: (Mark all that apply)      Establish paternity   Modify an existing child support order   Statishish paternity   Modify an existing child support order   Children have satisfactory medical insurance ended at this time. The children have satisfactory medical insurance coverage through   Custodial Parent   Noncustodial Parent    I am applying for support services under the Child Support Program of Title IV-D of the Social Security Act. I declare under postodial Parent   Correct.	USUAL OCCUPATION, TRADE,	, JOB TITLE	OR SKILLS						ACTIVE MI	_ITARY: [	l │YES	NO			
IF SELF-EMPLOYED, WHAT IS THE NAME OF THE BUSINESS?   GROSS MONTHLY EARNINGS	, ,	•							WHAT BRA	NCH OF T	HE SERVIC	E?			
IF SELF-EMPLOYED, WHAT IS THE NAME OF THE BUSINESS?   GROSS MONTHLY EARNINGS	IS THE MONICUSTODIAL DADENT A LADOR LINION.									CITY STATE AND					
List any other sources of income or assets. (For example, Veterans Affairs benefits, Social Security Disability, interest, dividends, trust, vehicles, boats, real estate, etc. Attach a separate sheet if necessary).  MOTHER'S MAIDEN NAME (LAST, FIRST)  MOTHER'S STREET ADDRESS, CITY, STATE AND ZIP CODE NUMBER  FATHER'S NAME (LAST, FIRST)  FATHER'S STREET ADDRESS, CITY, STATE AND ZIP CODE NUMBER  Name and address of current spouse, friend, or relative.  RELATIONSHIP  STREET ADDRESS, CITY, STATE ZIP CODE  TELEPHONE NUMBER  Is there visitation with the children?  STREET ADDRESS, CITY, STATE ZIP CODE  TELEPHONE NUMBER  Is there any other child support obligation(s)?  YES NO If "YES", how many times per month?  Is there any other minor child(ren) in the home?  YES NO If "YES", how many children?  Present marital status:  Single Married Divorced Separated Living with another person  I request the services of the Department of Child Support Services to assist me in the following efforts: (Mark all that apply)  Stabilish paternity  Obtain a child support order  Enforce an existing child and spousal support order medical insurance enforcement needed at this time. The children have satisfactory medical insurance order order order (including past due)  MoTHER'S REET ADDRESS, CITY, STATE ZIP CODE  TELEPHONE NUMBER  NUMBER  NO If "YES", how many times per month?  Is there visitation with the children?  Present marital status:  Single Married Divorced Separated Living with another person  I request the services of the Department of Child Support Services to assist me in the following efforts: (Mark all that apply)  Modify an existing child support order medical insurance enforcement needed at this time. The children have satisfactory medical insurance coverage through: Custodial Parent months of the period 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.										OITT, STATE AND					
List any other sources of income or assets. (For example, Veterans Affairs benefits, Social Security Disability, interest, dividends, trust, vehicles, boats, real estate, etc. Attach a separate sheet if necessary).  MOTHER'S MAIDEN NAME (LAST, FIRST)  MOTHER'S STREET ADDRESS, CITY, STATE AND ZIP CODE NUMBER  FATHER'S NAME (LAST, FIRST)  FATHER'S STREET ADDRESS, CITY, STATE AND ZIP CODE NUMBER  NAME  RELATIONSHIP  STREET ADDRESS, CITY, STATE ZIP CODE  TELEPHONE NUMBER  Is there any other child support obligation(s)?  YES NO If "YES", how many times per month?  Is there any other minor child(ren) in the home?  YES NO If "YES", how many children?  Present marital status:  Single Married Divorced Separated Living with another person  I request the services of the Department of Child Support Services to assist me in the following efforts: (Mark all that apply)  Station a child support order Enforce an existing medical insurance enforcement order order (including past due)  MoTHER'S STREET ADDRESS, CITY, STATE AND ZIP CODE  TELEPHONE NUMBER  NAME  NAME  NAME  NAME  RELATIONSHIP  STREET ADDRESS, CITY, STATE ZIP CODE  TELEPHONE NUMBER  TELEPHONE NUMBER  NUMBER  NUMBER  NUMBER  NAME	IF SELF-EMPLOYED, WHAT IS THE NAME OF THE BUSINESS?										GROSS	MONTHLY EARNINGS			
List any other sources of income or assets. (For example, Veterans Affairs benefits, Social Security Disability, interest, dividends, trust, vehicles, boats, real estate, etc. Attach a separate sheet if necessary).  MOTHER'S MAIDEN NAME (LAST, FIRST)  MOTHER'S STREET ADDRESS, CITY, STATE AND ZIP CODE MOTHER'S TELEPHONE NUMBER  FATHER'S NAME (LAST, FIRST)  Name and address of current spouse, friend, or relative.  NAME  RELATIONSHIP  STREET ADDRESS, CITY, STATE ZIP CODE  TELEPHONE NUMBER  Is there visitation with the children?  YES NO If "YES", how many times per month?  Is there any other child support obligation(s)?  YES NO If "YES", how many children?  Present marital status:  Single Married Divorced Separated Living with another person  I request the services of the Department of Child Support Services to assist me in the following efforts: (Mark all that apply)  Statistical insurance enforcement needed at this time. The children have satisfactory medical insurance order order (including past due)  Modify an existing child support order 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.									—  <sub>\$</sub>						
MOTHER'S MAIDEN NAME (LAST, FIRST)  MOTHER'S STREET ADDRESS, CITY, STATE AND ZIP CODE NUMBER  FATHER'S NAME (LAST, FIRST)  Name and address of current spouse, friend, or relative.  NAME  RELATIONSHIP  STREET ADDRESS, CITY, STATE ZIP CODE  TELEPHONE NUMBER  Is there visitation with the children?  Is there any other child support obligation(s)?  YES NO If "YES", how many times per month?  Is there any other minor child(ren) in the home?  YES NO If "YES", please provide amount: \$  Is there any other minor child (ren) in the home?  Present marital status:  Single Married Divorced Separated Living with another person  I request the services of the Department of Child Support Services to assist me in the following efforts: (Mark all that apply)  Stabilish paternity  Obtain a child support order  Enforce an existing child and spousal support order (including past due)  MOTHER'S STREET ADDRESS, CITY, STATE AND ZIP CODE  FATHER'S TELEPHONE NUMBER  FATHER'S TARE XID ZIP CODE  FATHER'S TELEPHONE NUMBER  FATHER'S TELEPHONE NUMBER  FATHER'S TELEPHONE NUMBER  FATHER'S TARE XID ZIP CODE  FATHER'S TELEPHONE NUMBER  FATHER'S TELEPHONE NUMBER  FATHER'S TARE XID ZIP CODE  FATHER'S TELEPHONE NUMBER  FATHER'S TARE XID ZIP CODE  FATHER'S TELEPHONE NUMBER  FATHER'S TARE XID ZIP CODE		_	,		manla	Votorono	Affaira banat	ita Car	aial Caarriit	Disabilit	intorco	t dividende tweet			
Name and address of current spouse, friend, or relative.    NAME   RELATIONSHIP   STREET ADDRESS, CITY, STATE ZIP CODE   TELEPHONE NUMBER	vehicles, boats, real estate	e, etc. Atta	assets. (I ch a sepai	rate she	impie, eet if i	veterans A necessary).	Amairs benei	its, 500	ciai Security	DISADIIII	y, interest	t, aiviaenas, trust,			
Name and address of current spouse, friend, or relative.    NAME   RELATIONSHIP   STREET ADDRESS, CITY, STATE ZIP CODE   TELEPHONE NUMBER															
Name and address of current spouse, friend, or relative.    NAME   RELATIONSHIP   STREET ADDRESS, CITY, STATE ZIP CODE   TELEPHONE NUMBER	MOTHER'S MAIDEN NAME (LA					T ADDRESS,	CITY, S	TATE AND ZIF	CODE						
Name and address of current spouse, friend, or relative.    NAME	FATHEDIS NAME // AST FIDST					T ADDDESS (	NTV OT	ATE AND ZID							
Is there visitation with the children?   YES   NO   If "YES", how many times per month?  Is there any other child support obligation(s)?   YES   NO   If "YES", please provide amount: \$  Is there any other minor child(ren) in the home?   YES   NO   If "YES", how many children?  Present marital status:   Single   Married   Divorced   Separated   Living with another person  I request the services of the Department of Child Support Services to assist me in the following efforts: (Mark all that apply)	FATHER'S NAME (LAST, FIRST			FAIR	EKSSIKEE	I ADDRESS, (	۱۱۱, ۵۱	ATE AND ZIF							
Is there visitation with the children?   YES   NO   If "YES", how many times per month?  Is there any other child support obligation(s)?   YES   NO   If "YES", please provide amount: \$  Is there any other minor child(ren) in the home?   YES   NO   If "YES", how many children?  Present marital status:   Single   Married   Divorced   Separated   Living with another person  I request the services of the Department of Child Support Services to assist me in the following efforts: (Mark all that apply)	Name and address of ourre	ont enque	friend o	r rolati	<u> </u>										
Is there visitation with the children?   YES   NO   If "YES", how many times per month?  Is there any other child support obligation(s)?   YES   NO   If "YES", please provide amount: \$  Is there any other minor child(ren) in the home?   YES   NO   If "YES", how many children?  Present marital status:   Single   Married   Divorced   Separated   Living with another person  I request the services of the Department of Child Support Services to assist me in the following efforts: (Mark all that apply)    Establish paternity   Modify an existing child support order   Obtain a child support order   Obtain an order for medical insurance enforcement needed at this time. The children have satisfactory medical insurance coverage through:   Custodial Parent   Noncustodial				T .	CTDEE	T ADDDESS	CITV C	TATE ZID COI	)E	TELEPHONE NUMBER					
Is there any other child support obligation(s)?	TOTAL		KLLATIO	NOTHE	<u> </u>	SIRE	T ADDRESS,	CITT, 3	TATE ZIP COL	) <u> </u>	TEELI HONE NOMBER				
Is there any other child support obligation(s)?					<u> </u>										
Is there any other child support obligation(s)?															
Is there any other minor child(ren) in the home?	Is there visitation with the	children?			□ YI	ES NO	If "YE	ES", ho	w many tim	es per mo	onth?				
Present marital status: Single Married Divorced Separated Living with another person  I request the services of the Department of Child Support Services to assist me in the following efforts: (Mark all that apply)  Establish paternity Modify an existing child support order Obtain a child support order Enforce an existing child and spousal support order (including past due)  Enforce an existing medical insurance order  I am applying for support services under the Child Support 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.	Is there any other child support obligation(s)?  ☐ YES ☐ NO If "YES", please provide amount: \$														
I request the services of the Department of Child Support Services to assist me in the following efforts: (Mark all that apply)  ☐ Establish paternity ☐ Obtain a child support order ☐ Obtain a norder for medical insurance ☐ Enforce an existing child and spousal ☐ Support order (including past due) ☐ Enforce an existing medical insurance ☐ Obtain an order for medical insurance ☐ Enforce an existing medical insurance ☐ Obtain an order for medical insurance ☐ Enforce an existing medical insurance ☐ Custodial Parent ☐ Noncustodial Parent															
□ Establish paternity □ Obtain a child support order □ Dotain a child support order □ Enforce an existing child and spousal support order (including past due) □ I am applying for support services under the Child Support 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. □ No medical insurance needed at this time. The children have satisfactory medical insurance coverage through: □ Custodial Parent □ Noncustodial Pa	Present marital status: Single Married Divorced Separated Living with another person														
Obtain a child support order  Enforce an existing child and spousal support order (including past due)  I am applying for support services under the Child Support 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.	I request the services of th	e Departn	ent of Ch	ild Sup	port S	Services to	assist me in	the fol	lowing effor	ts: <i>(Mar</i>	k all that a	apply)			
□ Enforce an existing child and spousal support order (including past due) □ Enforce an existing medical insurance order □ Satisfactory medical insurance coverage through: □ Custodial Parent □ Noncustodial Parent □ Noncustodial Parent □ Noncustodial Parent □ Custodial Parent □ Noncustodial Parent □ Noncust	☐ Establish paternity ☐ Modify an existing child support order ☐ No medical insurance enforcement														
support order (including past due)  order  order  coverage through: Custodial Parent  Noncustodial Parent  lam applying for support services under the Child Support 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.	☐ Obtain a child support order ☐ Obtain a						n an order for medical insurance ne								
□ Noncustodial Parent  I am applying for support services under the Child Support 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.	support order (includi	Jousai Je)			an existin	y medicai in									
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.			,							_		Noncustodial Parent			
SIGNATURE OF APPLICANT DATE	perjury (Penal Code, Section	services u on 118) tha	nder the C at this que	hild Su estionna	ipport aire h	Program o as been exa	of Title IV-D on the samined by m	of the S ie and t	ocial Secur to the best o	ity Act. I of my kno	declare u wledge ar	nder penalty of nd belief it is true and			
	SIGNATURE OF APPLICANT DATE														