Docket Number:_____

Multiple Cases: ☐

Child Support Enforcement Request

Your Name:_____DOB: _____SSN:_____

Address:_____City:_____ST:_____ Zip:_____

Cell:_____Home:_____Work:_____

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Other Party's Name:_____DOB:_____SSN:_____

Address:_____City:_____ST:_____Zip:_____

Cell:_____Home:_____Work:_____

Employer:_____

Address:_____City:_____ST:_____ Zip:_____

Phone:_____

1. How long has the payer been working at their current employer?_____
   a. Hourly wage? _____
   b. How many hours per week? _____
2. If payer isn't working, when was their last job?_____
   a. What did they do?_____
   b. When/why did they leave?_____
3. Please list any of the payer's family members and their phone numbers
   a. Name:_____
      Phone:_____
   b. Name:_____
      Phone:_____
   c. Name:_____
      Phone:_____
4. How is the payer supporting him/herself?_____
   a. If odds jobs, what kind?_____
   b. How much is the payer making per week?_____
5. Did the payer graduate high school? Yes or No (circle one)
   a. If so, did the payer attend college? Yes or No (circle one)
      i. If so, where and how many years?_____
   b. Does the payer have any special training or skills? (Ex: Welding, builder, roofing, etc.) Yes or No (circle one)
      i. If so, what?_____

Any information you can provide can prove useful in the enforcement process. If any extra space is needed feel free to use the back side of this form.