



# Sarpy County Child Support Services Office

## Non-Support Application/Questionnaire

[EQUITY08/09]

ATTENTION: Please enclose a copy of any child support order presently active in your case when you return this completed form. Copies of all separation agreements, temporary orders, juvenile court orders, etc. which pertain to the child(ren) in your custody must also be enclosed. A failure to provide these documents may prevent this office from processing your application for support services.

Please complete the following questionnaire, answering all questions you are capable of answering. If you are unsure of a specific answer, use your best guess, and indicate that it is a best guess or the best information you have.

Applications are processed as quickly as possible, and in the order in which they are received. Generally, this means that your application will be processed within 30 to 60 days from the date we receive it.

It is important to keep the child support office updated on any significant changes that may occur with regard to the information you provide to our office. For instance, should you change address, phone number, or employment status, please be sure to let the Child Support Services Office know of the changes at once. We may be reached toll free at 1-877-631-9973 or via email at sarpychildren@dhhs.ne.gov .

### INFORMATION ABOUT YOURSELF

1) Your Name: \_\_\_\_\_  
(last) (first) (M.I.)

2) If your name has changed since your support order was first entered, please list your former name:  
\_\_\_\_\_  
(last) (first) (M.I.)

### 3) How can we reach you?



Current Address: \_\_\_\_\_  
(street) (city) (state/zip code)



E-mail address: (please print clearly) \_\_\_\_\_ @ \_\_\_\_\_



Phone #: (\_\_\_\_\_) \_\_\_\_\_; Mobile (if different): (\_\_\_\_\_) \_\_\_\_\_;  
Work/daytime #, if different from above: (\_\_\_\_\_) \_\_\_\_\_  
Phone # of nearest friend/relative/neighbor not living with you: (emergency contact #)  
(\_\_\_\_\_) \_\_\_\_\_ (name and relation to you)



If you wish to accept messages from this office on any social networking site such as Facebook or MySpace, please provide the details of your account.

4) **Other statistical information:** Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Your date of birth: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_



Your present employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_ (phone #) \_\_\_\_\_

Your wages: \$ \_\_\_\_\_ [per week \_\_\_\_\_; per month \_\_\_\_\_ (check one)]  
Is the preceding figure a gross (before taxes) or net (after taxes) figure? \_\_\_\_\_  
How many hours per week do you normally work? \_\_\_\_\_ Do you normally work overtime? \_\_\_\_\_  
How long have you been working for your present employer? \_\_\_\_\_

Do you work for any other employers (i.e., a 2<sup>nd</sup> or part-time job)? \_\_\_\_\_ If Yes, please provide the name(s) and your typical *monthly take home pay* from the other job: \_\_\_\_\_

If not employed, what is your principal reason for unemployment: \_\_\_\_\_

When/under what conditions do you plan on returning to work: \_\_\_\_\_

- 5) Are you presently receiving (circle all that apply, and list monthly amount received): ADC > \$ \_\_\_\_\_; Food stamps > \$ \_\_\_\_\_; social security > \$ \_\_\_\_\_; Medicaid; other (specify below) \_\_\_\_\_

### INFORMATION ABOUT YOUR RELATIONSHIP WITH THE OTHER PARENT

- 1) When did you last reside with your spouse? (month/year) \_\_\_\_\_
- 2) In what state did you last reside with your spouse? \_\_\_\_\_
- 3) Please provide the following information regarding your marriage:  
Date you were married: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_  
Place you were married: (county) \_\_\_\_\_ (state) \_\_\_\_\_
- 4) Has there EVER been an action for divorce or legal separation filed between you and your spouse? \_\_\_\_\_
- 5) If yes, who filed the action, and in what court was it filed? \_\_\_\_\_  
When was it filed? \_\_\_\_\_
- 6) Are there any *existing* court cases with *Orders for child support* for your child(ren)? \_\_\_\_\_ If No, skip down to the next *Section*. If Yes, please proceed to the next *Question*.
- 7) What court issued the support order? \_\_\_\_\_; How much child support is supposed to be paid? \$ \_\_\_\_\_ per \_\_\_\_\_.

### INFORMATION ABOUT YOUR MINOR CHILD(REN)

- 1) Please list the name, date of birth, sex, and social security # of each child for which support has been ordered, or for whom you are seeking support:

Name (first/M.I./last)	Date of Birth	Sex	S.S.#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 2) If you were married at the time the above listed child(ren) was (were) born, was your spouse the biological parent of said child(ren)? \_\_\_\_\_
- 3) Do any of your dependent children have special medical or educational needs? \_\_\_\_\_ If yes, please specify what those special needs are: \_\_\_\_\_
- 4) Is medical insurance currently in effect for your child(ren)? \_\_\_\_\_ If yes, who is the insurance provider? \_\_\_\_\_  
What does the insurance cost *you*? \$ \_\_\_\_\_ per \_\_\_\_\_.

## INFORMATION ABOUT THE OTHER PARENT

- 1) Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_  
Alias name(s) \_\_\_\_\_
- 2) Other parent's phone #(s): \_\_\_\_\_ Email address: \_\_\_\_\_
- 3) If your spouse has a social networking account, such as MySpace or Facebook, please provide us with whatever details you have about the account: \_\_\_\_\_
- 4) Other parent's last known address: \_\_\_\_\_  
\_\_\_\_\_  
(street) (city) (state/zip code)
- 5) If the other parent doesn't live in Nebraska, did you ever reside in Nebraska with the other parent? \_\_\_\_\_
- 6) Physical description of other parent:  
Race \_\_\_\_\_; Height \_\_\_\_\_; Weight \_\_\_\_\_; Hair color \_\_\_\_\_ Date of Birth \_\_\_\_\_;  
Place of Birth \_\_\_\_\_ S.S.# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
List any distinguishing feature (scars, tattoos, etc.) \_\_\_\_\_
- 7) Please provide the following information if known to you:  
Vehicle description: \_\_\_\_\_; License plate #: \_\_\_\_\_ (state) \_\_\_\_\_  
Description and location of any real estate the other parent might own: \_\_\_\_\_
- 8) Is other parent a member of the U.S. Armed forces? \_\_\_\_\_ If yes, what branch: \_\_\_\_\_  
Is other parent: Active duty \_\_\_\_\_ Discharged \_\_\_\_\_ Retired \_\_\_\_\_
- 9) Does other parent receive a pension or have any other source of income? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_
- 10) Is other parent presently employed? \_\_\_\_\_ If yes, provide whatever information you can as to the following:  
Present Employer: \_\_\_\_\_  
(company name) (address/location) (town)  
Company telephone#: \_\_\_\_\_  
Type of work: \_\_\_\_\_ Monthly income: \$ \_\_\_\_\_  
How long has the other parent worked at this company? \_\_\_\_\_  
Other parent's normal line of work: \_\_\_\_\_ Is other parent a union member? \_\_\_\_\_
- 11) Please list the names, addresses, and/or phone #'s of anyone who might know of the other parent's whereabouts:  
(such as a relative, friend, creditor, employer, name of other parent's high school or college)  
\_\_\_\_\_  
\_\_\_\_\_
- 12) Does the other parent have an arrest record? \_\_\_\_\_ If yes, please list type of crime(s) Obligor has been convicted of  
and location of Obligor's arrest(s)/conviction(s): \_\_\_\_\_
- 13) If you have additional comments that you believe would be helpful to this office in securing the collection of  
child/spousal support for you, please checkmark here (\_\_\_), and use the back of this page for your comments.

**I authorize the Sarpy County Attorney's Office to initiate all appropriate actions to obtain child support:**

**Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2009.**

\_\_\_\_\_  
**Applicant signature**