

Office of the Attorney General – Child Support Enforcement Division

INFORMATION GATHERING

APPLICATION SEQUENCE NUMBER: _____

IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, PLEASE CALL OUR OFFICE AT (671) 475-3360

I. INFORMATION ABOUT YOU (THE CUSTODIAL PARENT OR PERSON WITH CUSTODY)

(Please print all information)

1. YOUR FULL LEGAL NAME _____ YOUR MAIDEN NAME _____
 LAST FIRST MI
2. WHAT IS YOUR RELATIONSHIP TO THE CHILDREN? _____
3. YOUR MAILING ADDRESS _____
 Address City State ZIP Code
4. YOUR PHYSICAL ADDRESS/TELEPHONE NUMBER _____
 Street City
 State ZIP Code County Telephone No.
5. YOUR EMPLOYER'S NAME/TELEPHONE NUMBER/ADDRESS _____
 Name Telephone No.
 Address City State ZIP Code
6. YOUR GROSS MONTHLY INCOME: _____ HOURLY WAGE: _____ (attach 6 most recent paycheck stubs)
7. ANY ADDITIONAL INCOME PER MONTH? [] YES [] NO EXPLAIN: _____

8. PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOURSELF.

Date of Birth	Birthplace (City, State)	Social Security Number	Driver's License or ID Number (include State)		
Sex	Race	Height	Weight	Hair Color	Eye Color
List any physical or mental impairments, medical problems, etc.					
Language Preference:			List any identifying scars, marks or tattoos		

9. GIVE INFORMATION WHERE WE CAN CONTACT YOU OTHER THAN HOME:

- a. _____
 Relationship to you Name Telephone No.
 Address City State ZIP Code

- b. _____
 Relationship to you Name Telephone No.
 Address City State ZIP Code

10. ARE YOU CURRENTLY RECEIVING AFDC WELFARE BENEFITS? [] YES [] NO
 HAVE YOU RECEIVED AFDC BENEFITS IN THE PAST? [] YES [] NO

If yes, list all dates: _____

List IV-D ID Number: _____

11. ARE YOU OR THE CHILDREN RECEIVING MEDICAID BENEFITS? [] YES [] NO If yes, please provide Medicaid No. _____

12. DO YOU HAVE ANOTHER ATTORNEY OR AGENCY HELPING YOU WITH YOUR CHILD SUPPORT CASE? [] YES [] NO

If yes, list the name of agency or attorney and address:

13. ARE YOU PREGNANT NOW? [] YES [] NO If yes, who is the biological father? _____

When is the baby due? _____

14. PLEASE LIST ALL MARRIAGE (CURRENT AND PREVIOUS):

Spouse Name	Date of Marriage	Date of separation/divorce	Common-law or marriage license?
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Spouse Name	Date of Marriage	Date of separation/divorce	Common-law or marriage license?
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II. INFORMATION ABOUT THE NON-CUSTODIAL PARENT (PARENT WITHOUT CUSTODY/POSSESSION)

(Please print all information)

1. HIS/HER FULL LEGAL NAME _____
 Last First MI Alias/Nickname

2. WHAT IS THE NON-CUSTODIAL PARENT'S (NCP) RELATIONSHIP TO THE CHILDREN? _____

3. NCP'S PRESENT / LAST KNOWN ADDRESS / TELEPHONE NUMBER _____
 Address

City	State	ZIP Code	Telephone No.
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4. CURRENT EMPLOYER'S NAME/TELEPHONE NUMBER/ADDRESS _____
 Name Telephone No.

Address	City	State	ZIP Code
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5. PREVIOUS EMPLOYER'S NAME/TELEPHONE NUMBER/ADDRESS _____

Address	City	State	ZIP Code
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What is the date you last knew the non-custodial parent was with this employer? _____

Approximate current monthly wages \$ _____

If the non-custodial parent is unemployed, what does the NCP usually earn? \$ _____ What type of work (plumber, mechanic, fast food, etc.) does the NCP usually do? Answer even if the NCP is unemployed. _____

6. NON-CUSTODIAL PARENT'S DESCRIPTION:

Date of Birth	Birthplace (City, State)		Social Security Number	Driver's License or ID Number (include State)	
Sex	Race	Height	Weight	Hair Color	Eye Color
List any physical or mental impairments, medical problems, etc.					
Language Preference:			List any identifying scars, marks or tattoos		

II. INFORMATION ABOUT THE NON-CUSTODIAL PARENT (PARENT WITHOUT CUSTODY/POSSESSION) (continued)

List any physical or mental impairments, medical problems, etc.

List identifying information (for example, glasses, scars tattoos, marks, etc.)

Do you have a photograph of the NCP? Yes No If yes, please include a photograph when you return this form

7. HAS THE NCP BEEN IN JAIL OR PRISON? YES NO IF YES, DATE _____ LOCATION _____

8. HAS THE NON-CUSTODIAL PARENT BEEN ON PROBATION OR PAROLE? YES NO
If yes, please provide name of parole or probation officer and location

Name _____ City _____ State _____

9. HAS THE NON-CUSTODIAL PARENT SERVED IN THE MILITARY? YES NO If yes, what branch? _____

Dates of service: From _____ to _____ Did the non-custodial parent retire? Yes No

10. DOES THE NON-CUSTODIAL PARENT RECEIVE ANY BENEFITS? (food stamps, AFDC, Retirement, Worker's Compensation, Social Security Benefits, Unemployment Benefits, etc)
 Yes No If yes, what type of benefits? _____

11. LIST INFORMATION ABOUT THE NON-CUSTODIAL PARENT'S VEHICLE:

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color	Vehicle License No.	State

12. DOES THE NON-CUSTODIAL PARENT OWN ANY LAND OR HAVE ANY SUBSTANTIAL PROPERTY OR ASSETS? YES NO
If yes, list below:

REAL ESTATE: _____

REGISTERED VEHICLES (other than the one listed above): _____

FINANCIAL : _____

OTHER: _____

13. PLEASE PROVIDE INFORMATION ABOUT THE NON-CUSTODIAL PARENT'S RELATIVES:

Mother's Name		Mother's maiden name		Telephone number	
Address		City		State	
Father' Name				Telephone number	
Address		City		State	
Friend or other relative's name				Telephone number	
Address		City		State	

II. INFORMATION ABOUT THE NON-CUSTODIAL PARENT (PARENT WITHOUT CUSTODY/POSSESSION) (continued)

14. PROVIDE ANY OTHER INFORMATION ABOUT THE NCP'S WHEREABOUTS (stays with friends, frequents bars, etc):

15. IS THE NCP A MEMBER OF A UNION? YES NO If yes, please provide name and location of union:

16. HAS THE NCP BEEN EMPLOYED BY THE FEDERAL STATE GOVERNMENT? YES NO

If yes, what agency did the NCP work for? _____

What was the NCP's job title? _____

17. HAS THE NCP MADE ANY LARGE GIFTS OR CASH PAYMENTS DIRECTLY TO YOUR CHILDREN? YES NO

If yes, please explain: _____

18. IS THE NCP BUYING/RENTING A HOUSE OR APARTMENT? YES NO

If yes, provide details: _____ What is the monthly mortgage/rent payment? \$ _____

19. DOES THE NCP MAKE MONTHLY CAR/TRUCK PAYMENTS? YES NO If yes, please give amount \$ _____

20. DOES THE NCP HAVE PARENTS, RELATIVES, OR FRIENDS WHO COULD LOAN MONEY TO THE NCP TO PAY CHILD SUPPORT OWED? YES NO

If yes, who? _____

21. WHAT HIGH SCHOOL/COLLEGE DID THE NCP ATTEND? _____

Address of School _____
Address City State ZIP Code

22. MARITAL STATUS: IS THE NON-CUSTODIAL PARENT CURRENTLY MARRIED? YES NO

If yes, whom did the NCP marry? _____ When did the NCP marry? _____

23. DOES THE NCP HAVE OTHE BIOLOGICAL CHILD(REN) UNDER 18 YEARS OF AGE? YES NO If yes, how many? _____

III. INFORMATION ABOUT THE CHILDREN

(Please print all information)

1. PLEASE PROVIDE INFORMATION ABOUT ALL OF YOUR CHILDREN:

1) Full legal name of child – Last, First, Middle Initial		Date of Birth	Place of Birth (city and state)
Child's Social Security Number	Sex	Race	
List any physical or mental impairments, medical problems, etc.	Name of biological father	Does this Child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2) Full legal name of child – Last, First, Middle Initial		Date of Birth	Place of Birth (city and state)
Child's Social Security Number	Sex	Race	
List any physical or mental impairments, medical problems, etc.	Name of biological father	Does this Child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3) Full legal name of child – Last, First, Middle Initial		Date of Birth	Place of Birth (city and state)
Child's Social Security Number	Sex	Race	
List any physical or mental impairments, medical problems, etc.	Name of biological father	Does this Child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	

4) Full legal name of child – Last, First, Middle Initial	Date of Birth	Place of Birth (city and state)
Child's Social Security Number	Sex	Race
List any physical or mental impairments, medical problems, etc.	Name of biological father	Does this Child live with you? [] Yes [] No
5) Full legal name of child – Last, First, Middle Initial	Date of Birth	Place of Birth (city and state)
Child's Social Security Number	Sex	Race
List any physical or mental impairments, medical problems, etc.	Name of biological father	Does this Child live with you? [] Yes [] No
6) Full legal name of child – Last, First, Middle Initial	Date of Birth	Place of Birth (city and state)
Child's Social Security Number	Sex	Race
List any physical or mental impairments, medical problems, etc.	Name of biological father	Does this Child live with you? [] Yes [] No
7) Full legal name of child – Last, First, Middle Initial	Date of Birth	Place of Birth (city and state)
Child's Social Security Number	Sex	Race
List any physical or mental impairments, medical problems, etc.	Name of biological father	Does this Child live with you? [] Yes [] No
8) Full legal name of child – Last, First, Middle Initial	Date of Birth	Place of Birth (city and state)
Child's Social Security Number	Sex	Race
List any physical or mental impairments, medical problems, etc.	Name of biological father	Does this Child live with you? [] Yes [] No
9) Full legal name of child – Last, First, Middle Initial	Date of Birth	Place of Birth (city and state)
Child's Social Security Number	Sex	Race
List any physical or mental impairments, medical problems, etc.	Name of biological father	Does this Child live with you? [] Yes [] No
10) Full legal name of child – Last, First, Middle Initial	Date of Birth	Place of Birth (city and state)
Child's Social Security Number	Sex	Race
List any physical or mental impairments, medical problems, etc.	Name of biological father	Does this Child live with you? [] Yes [] No

2. ARE ALL THE CHILDREN LISTED CURRENTLY ENROLLED IN A HEALTH PLAN? [] YES [] NO If no, which children are enrolled?

3. WHO IS THE PROVIDER OF THE HEALTH INSURANCE? [] Custodial parent [] Non-Custodial parent [] Other _____

4. WHAT IS THE COST TO COVER YOUR CHILD(REN)? List amount \$ _____ per _____ Enrollment date _____

5. NAME OF INSURANCE COMPANY _____

6. ADDRESS OF INSURANCE COMPANY _____

7. HEALTH INSURANCE GROUP NUMBER _____ HEALTH INSURANCE _____

III. INFORMATION ABOUT THE CHILDREN (continued)

8. DO YOU HAVE CHILD CARE/DAY CARE EXPENSES FOR THIS CHILD? YES NO If yes, who is the provider and what is the cost per month? _____
9. IS THIS CHILD ATTENDING PRIVATE SCHOOL? YES NO If so, name of school _____
 Cost per month \$ _____ Extra Expenses \$ _____ Did the alleged father agree? YES NO
10. DO ANY OF THESE CHILDREN HAVE SPECIAL MEDICAL NEEDS NOT COVERED BY INSURANCE? YES NO
 If so, please explain: _____

IV. INFORMATION ABOUT THE CHILD SUPPORT OBLIGATION AND POSSESSION OF THE CHILDREN (Please print all information)

1. WHAT IS THE CURRENT RELATIONSHIP BETWEEN THE MOTHER AND FATHER OF THE CHILDREN?
 Never Married Married/living apart Divorced
 Date of Marriage Ceremony: _____ County: _____ ST: _____
2. IF THERE IS A COURT ORDER (DIVORCE, PATERNITY ORDER, CUSTODY ORDER, PROTECTIVE ORDER, ETC.) OF ANY KIND REGARDING THE CHILDREN, YOU MUST PROVIDE THE FOLLOWING INFORMATION:

Date of court order	Case Number	County	State	Court

If you have a copy of this order, please include it when you return this form.

3. ARE THERE ANY LEGAL ACTIONS PENDING THAT AFFECT THE CHILD(REN) MARRIAGE? YES NO If yes, please provide the following information

Date of court order	Case Number	County	State	Court

4. WHAT IS THE AMOUNT OF CHILD SUPPORT THAT THE NON-CUSTODIAL PARENT IS ORDERED TO PAY?
 \$ _____ How often? _____
5. SINCE THE DIVORCE OR ESTABLISHMENT OF THE SUPPORT OBLIGATION, HAVE ANY COURT ORDERS MODIFIED THE AMOUNT OF CHILD SUPPORT DUE? YES NO If yes, please explain:

6. HAVE YOU AND THE NON-CUSTODIAL PARENT (NCP) LIVED TOGETHER SINCE THE LAST COURT ORDER THAT SET THE AMOUNT OF CHILD SUPPORT PAYMENTS? YES NO
 If yes, please explain and list the dates: _____
7. IN YOUR OPINION, WILL THE NCP CLAIM THAT THERE SHOULD BE CREDITS, OFFSETS, OR REDUCTIONS IN THE AMOUNT OF CHILD SUPPORT OWED? YES NO
 If yes, answer the following:
 a. Have you made any "out-of-court" agreements with the NCP in regards to reducing, increasing, or permitting non-payment of child support?
 YES NO If yes, please explain: _____
 b. Did you promise the NCP any credits or reductions in child support payments in exchange for making repairs to your house or car, paying medical or dental bills, paying rent or making house payments for you, etc?
 YES NO If yes, please explain: _____



Office of the Attorney General
Child Support Enforcement Division
287 West O'Brien Drive
Hagåtña, Guam 96910

AUTHORIZATION FOR DIRECT DEPOSIT

The Office of the Attorney General, Child Support Enforcement Division is hereby authorized to initiate credit entries for deposit of child support payments and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account at the Bank of Guam. Please note that an account at Bank of Guam will be established for you for direct deposit of your child support payments upon your authorization.

Please complete and return this form to:

Office of the Attorney General
Child Support Enforcement Division
287 West O'Brien Drive
Hagåtña, Guam 96910

Name (print): Last			First			MI		
Child Support Case Number:			Social Security Number			Phone:		
Signature:								
Mailing Address:								

This authority is to remain in full force and effect until the Office of the Attorney General, Child Support Enforcement Division (CSED) has received written notification from me of its termination in such time and in such manner as to afford the Office of the Attorney General, CSED a reasonable opportunity to act on it.