



Office of the Attorney General
State of Texas
Child Support Division

JOHN CORNYN
ATTORNEY GENERAL

INFORMATION GATHERING

Form Sequence Number:

Application Sequence Number:

IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, PLEASE CALL OUR OFFICE AT:
SI NECESITA ASISTENCIA PARA COMPLETAR ESTE FORMULARIO, POR FAVOR LLAME AL NUMERO:

I. INFORMATION ABOUT YOU (THE CUSTODIAL PARENT OR PERSON WITH CUSTODY)
(Please Print All Information)

- 1. Your full legal name (Last, First, Middle Initial) Your maiden name
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 Number)
5. Your employer's name/telephone number/address (Name, Telephone Number, Address, City, State, ZIP Code)

6. Please provide the following information about yourself:

Table with 4 columns: Date of Birth, Birthplace (city and state), Social Security Number, Driver License or ID number (include state), Sex, Race, Height, Weight, Hair color, Eye color, List any physical or mental impairments, medical problems, etc., What is your language preference? (check one only) [English] [Spanish], List identifying information (for example, glasses, scars, tattoos, marks, etc.)

7. Give information where we can contact you other than home:

Relationship to you, Name, Telephone Number, Address, City, State, ZIP Code (repeated for two contacts)

8. Are you currently receiving TANF (welfare) benefits? [Yes] [No] Have you received TANF benefits in the past? [Yes] [No]

If yes, list all dates:

9. Are you or the children receiving Medicaid benefits? [Yes] [No] If yes, please provide the Medicaid number:

10. 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:

11. Are you pregnant now? [Yes] [No] If yes, who is the biological father? When is the baby due?



Form Sequence Number:

Application Sequence Number:

II. INFORMATION ABOUT THE NON-CUSTODIAL PARENT (NCP) (continued)

11. List information about the non-custodial parent's vehicle: Year of car/truck \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License plate number (include 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:

Table with 3 columns: Name, Address, Telephone number. Rows for Mother, Father, and Friend or other relative.

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 or 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, 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? \_\_\_\_\_ Where did the NCP get married? \_\_\_\_\_

23. Does the NCP have other child(ren) under 18 years of age? Yes No If yes, how many? \_\_\_\_\_

24. Do you wish to keep identifying information and addresses about you or your child(ren) private and not disclosed in court documents? If so, you will have to fill out an Affidavit of Non-Disclosure explaining a protective order has been entered, or the release of your address may result in physical or emotional harm. If this is the case, please explain below. If you have them, provide us with any documents, orders or reports.

## INFORMATION GATHERING

Form Sequence Number:

Application Sequence Number:

### III. INFORMATION ABOUT THE CHILDREN (Please Print All Information)

1. Please provide information about all of your children:

Full legal name of child - Last , First, Middle Initial 1)		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
Full legal name of child - Last , First, Middle Initial 2)		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
Full legal name of child - Last , First, Middle Initial 3)		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
Full legal name of child - Last , First, Middle Initial 4)		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
Full legal name of child - Last , First, Middle Initial 5)		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
Full legal name of child - Last , First, Middle Initial 6)		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
Full legal name of child - Last , First, Middle Initial 7)		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
Full legal name of child - Last , First, Middle Initial 8)		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
Full legal name of child - Last , First, Middle Initial 9)		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
Full legal name of child - Last , First, Middle Initial 10)		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

INFORMATION GATHERING

Form Sequence Number:

Application Sequence Number:

III. INFORMATION ABOUT THE CHILDREN (continued)

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 Effective date

5. Name of insurance company

6. Address of insurance company

7. Health Insurance Group Number Health Insurance Policy Number

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 the 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:

Table with 5 columns: Date of court order, Case/Cause 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 children of the marriage? Yes No If yes, please provide the following information:

Table with 5 columns: Date of Filing, Case/Cause 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 provide details:

8. Have the children belonging to both you and the NCP lived with the NCP in excess of the visitation period defined by the court order? Yes No If yes, please provide details:

9. Have you had continuous possession of the children belonging to both you and the non-custodial parent since the last court order? Yes No If no, please provide details:

