Child Support Questionnaire
Non-Parent

SECTION A- Instructions
A separate form must be completed for each Noncustodial Parent of a child for whom you are requesting or receiving assistance from DCF. If you are receiving assistance from DCF, failure to cooperate in completing this form to the best of your knowledge may result in assistance being denied or terminated.

Please fill in the blanks and answer the questions as completely as possible. If you need more space to answer the questions, you may put the information on page 7 or attach more pages. If you find out that the information you gave is wrong or you get new information, you must report this to the CSS caseworker assigned to your case. Should you knowingly give false information you may be charged with perjury.

SECTION B- Applicant/Custodial Parent (This section contains information about you & the child/children)

1. Your Name (Last, First, Middle, Maiden): _____________________________________________________

2. Social Security Number: ________________  Date of Birth:__________________________
   Month           Day         Year
   Sex: [ ] Male   [ ] Female                   Race:________________________________

3. Mailing address:__________________________________________________________________________
   Street                               City                          State                           Zip Code

4. Home Phone:_______________   Work Phone: _______________________  Other, specify:_____________

5. Give the name, address and phone number of someone who will always know how to get in touch with you:
   ______________________________________________________________________________________

6. If Married, Spouse Name: _________________________________________________________________

7. What is your relationship to the child/children?_________________________________________________

8. What is your relationship to this Noncustodial Parent (NCP)?

9. Has the child/ren received Public Assistance (Welfare) before?  [ ] Yes  [ ] No
   If yes, give County:_____________ State:______________  Dates: From:___________ To:_____________
   MM/DD/YY        MM/DD/YY

10. For this Absent Parent, list the children for whom you are applying.
    Child’s Name                         Birth date            Birth place          Sex        Social Security Number
    (Last, First, Middle)                (Mo/Day/Year)       (City/State)        (M/F)        _____________________
    ___________________________      ____________     ____________      ____      _____________________
    ___________________________      ____________     ____________      ____      _____________________
    ___________________________      ____________     ____________      ____      _____________________
    ___________________________      ____________     ____________      ____      _____________________
11. Is the NCP listed on the child’s official state birth certificate? ☐ Yes ☐ No
   If yes, which child/ren?______________________________________________________________
   If no, who is listed?

PLEAS PROVIDE COPY OF THE BIRTH CERTIFICATES (if you have them)

SECTION C- Noncustodial Parent (NCP) Identifying Information

12. NCP’s Name:_______________________________________________ Sex: ☐ Male ☐ Female
    Last                             First                           Middle

13. NCP’s Other Names (Alias, Maiden, Nicknames, etc.): _________________________________________

14. Social Security Number:_________________ Date of Birth:_________ Approximate age:____
    MM     DD     YY

15. Place of Birth:  City: ______________________  State:__________________________ ☐ Unknown

16. ☐ Current or ☐ Last known address:
    Date of Address: Month:____________ Day:______ Year:_____ Telephone Number: __________________
    Street                                 City                          State           Zip Code

17. Give the full Maiden name of the NCP’s mother (child’s grandmother):

    Last                                       First                                      MI

18. Give the full name of the NCP’s father (child’s grandfather):

    Last                        First                MI

19. Physical description of NCP: Height:________   Weight:_________  Eye color:_____________
    Hair Color:____________________                   Race:_____________

20. Scars, tattoos or other traits or features:________________________________________________________

21. When did you last have contact with the NCP?  Month:____________ Day:______  Year:________

22. Where did you last see the NCP? Address:_____________ City:__________________ State:_____

23. Was the NCP ever in the Military, National Guard or Reserves? ☐ Yes ☐ No ☐ Unknown
   If yes, branch of Service:___________________________________ Date of Service:__________________

24. What is the NCP’s marital status now? ☐ Single ☐ Married ☐ Divorced ☐ Unknown

25. Does the NCP have any other natural or adopted children? ☐ Yes ☐ No ☐ Unknown
   If yes, give names and ages: ________________________________________________________________

26. Do any of the above children live with the NCP? ☐ Yes   ☐ No

27. Is the NCP ordered to pay child support for any other children? ☐ Yes ☐ No ☐ Unknown
   If yes, give names, ages, amount & State where ordered:

28. Has the NCP ever attended a college or vocational technical school? ☐ Yes ☐ No ☐ Unknown
   If yes, Name: ________________________   When:_______________ Where:__________________________________
29. Has the NCP ever been arrested, put on probation, sent to prison or paroled?
   ☐ Yes ☐ No ☐ Unknown  If yes, complete the following:
   Date:________ What charge:_________________ What court (city/state):____________________________
   What prison/jail (city/state): ________________ Name of probation/parole officer:____________________
   Is the NCP presently incarcerated? ☐ Yes ☐ No ☐ Unknown  If yes, Where:____________________________________________________________________________

30. List friends and family members with whom the NCP is most likely to keep in touch.

   Names and addresses | Phone Number | Relationship
   ---------------------|--------------|------------------
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

31. Does NCP have a driver’s license? ☐ Yes ☐ No ☐ Unknown  If yes, State:____________

32. Does the NCP have a vehicle? ☐ Yes ☐ No ☐ Unknown  If yes, give description including
tag numbers: _____________________________________________________________________________

33. Has the NCP ever received Public Assistance (Welfare) before? ☐ Yes ☐ No ☐ Unknown
   If yes, Date: ___________ City:______________________ County:____________________  State:_______

34. In an emergency, how do you get in touch with the NCP?__________________________________

SECTION D- Noncustodial Parent (NCP) Employment Information

35. Current employer name:____________________________________________________________________

   Current employer Address: _________________________ City: _________________ State:_____________

36. Phone Number: ________________________      Type of Business:_________________________________

37. How long has the NCP worked for this employer? _____________________________________________

38. The NCP earns: $________ Every: ☐ hour ☐ week ☐ 2 weeks ☐ twice a month ☐ month

39. What kind of work does the NCP usually do? ___________________________________________

40. List past employers of the NCP below

   Employer name and address | Phone number | Dates employed (From) | (To)
   ---------------------------|--------------|----------------------|------
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

41. Has the NCP ever belonged to any labor unions or professional groups?
   ☐ Yes ☐ No ☐ Unknown  If yes, list below:
   Names__________________________________________________________________________________
SECTION E- Reason for Parent’s Absence

42. Please mark the most appropriate choice.

☐ Parents of the child/children were never married.

☐ Divorce: Month:______ Day:_____ Year:____ City:____________ County:____________ State:___

☐ Legal separation: Month:______ Day:____ Year:__ City:______ County:______ State:____

☐ Non legal separation: Month:__________________ Day:__________________ Year:________________

☐ Desertion: Date: Month:_________________ Day:________________________ Year:______________

☐ Death: Date: Month:_____________ Day: _______ Year:_______ County:____________ State:_______

If deceased: Do the child(ren) receive survivors benefits?  (   ) Yes   (   ) No  If yes, amount: $_________

Source of benefits:__________________________ How often:__________________________________

If no, have you applied for benefits?  ☐ Yes  ☐ No  If yes, type of benefit applied for:__________________________

Please attach proof of death (i.e. death certificate, obituary notice, name/address of funeral home)

☐ Other (explain):________________________________________________________________________

SECTION F-Living arrangements of child/children

43. When did the child/children come into your home? Date: Month:______________ Day:________ Year:____

44. How long do you expect these children to remain in your home?____________________________________

45. Why are the children living in your home? (Please be specific):

46. If a court has awarded custody of the child/children to any specific person please provide the following information:

Name of person:________________________________ Relationship to child/children:____________________

Date: ______________ Location of court:_____________________________________________________

Please provide a copy of the court order

47. Did the noncustodial parent ever live with the child in Kansas?  ☐ Yes  ☐ No

If yes, When : Month:______________ Day:______________ Year:________

If yes, Where: City:_____________________________

SECTION G- Child support orders and Decrees

48. Is there a court order for child support payments?  ☐ Yes  ☐ No  If yes, attach copies of all court orders and complete the following:

Names of Children associated with the Court order:____________________________________________________

49. Type of order: ☐ Divorce  ☐ Separation  ☐ Paternity  ☐ Protection from Abuse  ☐ Other (explain):__________________________

50. Name of Court:_____________________________________________________

51. Court Location: City:__________________________ County:_____________________ State:___________
52. Court Case number:_________________ Date of court order: Month: _______ Day:______ Year:_____

53. Amount of support ordered:______________ How often:________________________________________

54. Has the original order for support ever changed? □ Yes □ No
   If yes, Month ___________ Day _______ Year _______ City ____________ County_________ State________

55. How was the order changed?________________________________________________________________

56. Have you taken legal action to enforce payment? □ Yes □ No
   If yes, type of action:________________________
   Who filed the action:________________________________
   Result of the action:________________________________

57. Where does the court order payments to be made?
   □ To the Clerk of the Court  County:________________________  State:______________________
   □ Directly to you ( ) Other (explain): _____________________________________________________

58. Have you ever received child support directly from the NCP? □ Yes □ No
   If yes, provide the month, year and amount on page 7 of this form.

59. Amount of support last received: $_____________ Month: ______________ Day:__________ Year:_______

60. Give your estimate of the amount of back support owed: $______________________

SECTION H- Paternity Information

61. Were the parents married at time of conception or birth of the child/children? □ Yes □ No
   If yes, Date of Marriage: __________________________ Place of Marriage:________________________
   If no, which statement most accurately represents the parents’ status?
   □ The parents married after the child/children were born/conceived: Date of Marriage:________________
   Place of Marriage:________________________
   □ The parents never married but lived together. Dates:__________________ Place:____________________
   □ The parents never married and never lived together
   □ Other: ______________________________________________________________________________

(Complete these questions only if the mother of the child was not married to the person named as the
father when the child was born or conceived)

62. Was paternity established in court? □ Yes □ No
   If yes, Month:___________ Day:_______ Year:______ County: __________________ State:_________

63. Was paternity voluntarily acknowledged? □ Yes □ No
   If yes, was it □ verbally or □ in writing on
   Month:___________ Day:_______ Year:______ at (place):________________________

64. Was the mother married to someone else other than the NCP at the time the child was born or
   conceived? □ Yes □ No
   If yes, name of the husband:_________________________________________________________

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SECTION I- Medical support/Insurance

65. Do any of the children listed have special medical needs?  ☐ Yes ☐ No  **If yes,** explain:

________________________________________________________________________________________

66. Is there a court order for medical support or health insurance?  ☐ Yes ☐ No  Court Order No:___________

**If yes,** who is ordered to provide medical insurance for the child? ___________________________________

67. Does the NCP provide medical insurance for the child?  ☐ Yes ☐ No

68. Is someone other than the NCP providing medical support or insurance (other than the medical card)?  ☐ Yes ☐ No  **If yes,** who is providing it?

69. Complete the following information on all health insurance policies that provide coverage for these children **(excluding the medical card):**

   Name of insurance company: ______________________________________________________________

   Address of insurance company: ____________________________________________________________

   Phone number: ________________

   Policy number: ____________________________ Group Number: __________________________

   Type of coverage available: ______________________________________________________________

   Effective date of coverage: Month: _______________________ Day: _____________ Year: __________

   Who is covered: _________________________________________________________________

   Name of Policy Owner: ________________________________

SECTION J- Noncustodial Parent’s (NCP) Income and Resource

70. Does the NCP receive Social Security Benefits?  ☐ Yes ☐ No ☐ Unknown

**If yes,** type of benefit: ___________________________    Amount of benefit: $ ____________

Date benefits began:  Month: ___________________ Day:___________ Year: __________

Does the child receive Social Security benefits based on the NCP’s disability?  ☐ Yes ☐ No

**If yes,** Amount of benefits the child receives: $________

Date child’s benefits began:  Month: _______________ Day:___________ Year: ______

71. Does the NCP have any other extra or special income (examples: self-employment, Veteran’s benefits, military retirement, worker’s compensation, insurance, housing or travel allowance, trust income, rental income, etc.)  ☐ Yes ☐ No ☐ Unknown  **If yes,** list below:

   Source (Name and address)                                Kind of income                    Amount of income

   ______________________________________________________  ____________________  ____________________

   ______________________________________________________  ____________________  ____________________

   ______________________________________________________  ____________________  ____________________

72. Has the NCP ever filed bankruptcy?  ☐ Yes ☐ No ☐ Unknown.

**If yes,** Month:___________ Day:__________ Year: _____ Case number: _____________________

City:___________________________________ State:______________________________
73. Does the NCP have bank accounts? □ Yes □ No □ Unknown  If yes, give account numbers and the names and addresses of the banks:

________________________________________________________________________________________

74. Does the NCP have any other financial assets (examples: savings bonds, stocks and bonds, mutual fund accounts, certificates of deposit, retirement accounts (IRA’s, Keogh’s), deferred compensation, profit sharing account, etc.)? □ Yes □ No □ Unknown  If yes, list below:

<table>
<thead>
<tr>
<th>Type or Name of Asset</th>
<th>Name of Bank</th>
<th>City and State</th>
<th>Amount</th>
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75. Does the NCP own property (examples: car, truck, motorcycle, boat, camper, trailer, house, farm, rental property, land, business tools, equipment, etc.)? □ Yes □ No □ Unknown  If yes, list and describe, as best as you can, and provide location.

SECTION K- Record of Direct Payments and Additional Information

Use this space to record the Month, Year and amount of any child support payments you have received directly from the Noncustodial Parent that did not go through the Kansas Payment Center. You may also use this space to provide additional information, or you may attach additional sheets. Please give the page, section and number of the question you are answering when giving additional information.

If none check here □

SECTION L- Attorney- Client Disclaimer

Under Kansas Law, Attorneys in the Child Support Services (CSS) Program represent the Secretary of the Department for Children and Families (DCF) as their Client. This means that there is no attorney-client relationship between you and any CSS attorney. If your interests and DCF’s interests are not the same, the CSS attorney’s duty is to DCF. It also means that information you give the CSS program or a CSS attorney could be used if DCF needs to take an action against you. An example is if you keep child support that belongs to DCF. CSS attorneys cannot be involved in custody or visitation disputes between a child’s parents or other family members. You will need to get your own attorney if custody or visitation becomes an issue in your child support case. Anyone involved in a legal action has the right to get advice from an attorney of their choice. If you do not have an attorney and you want one, you may call the Kansas Bar Association Lawyer Referral Service at 1-785-234-5696. A Kansas Legal Services Office may be able to help you.
SECTION M- Statements of Understanding, Authorization and Signature

I understand that to be eligible for Cash, Medical Assistance or Day Care Assistance I must cooperate with the CSS program. This includes turning in to the CSS office any assigned child support that I receive from the noncustodial parent. It includes any payments that the Kansas Payment Center may send to me after my application for cash assistance is approved and any medical payments received from the NCP or from any other source. Intentionally keeping support payments belonging to DCF could result in theft charges being filed against me. I understand that cooperation also includes: appearing at the local CSS office as necessary to provide information or documentation relative to establishing paternity of a child born out of wedlock, identifying and locating the NCP and obtaining support payments; appearing as a witness in court or other necessary proceedings; promptly and accurately completing all necessary forms; providing information or attesting to the lack of information under the penalty of perjury; and cooperating with attorneys in the CSS program.

I understand that each person who receives assistance must provide or apply for a social security number. I authorize the use of these social security numbers for such purposes as identification, program reviews, or audits and computer matching with other agencies and institutions, both public and private.

I declare under penalty of perjury under the laws of the State of Kansas that the foregoing is true and correct.

Executed on:

___________________________________________
(Date)

___________________________________________
(Signature)

Please sign this form and return it to your local CSS office or submit via email to cssapplications@def.ks.gov.