

Service Provider: _____ Office: _____ Case Number: _____

Child Support Questionnaire

Non-Parent

NONCUSTODIAL PARENT NAME: _____
LAST
FIRST
MIDDLE

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 (Last, First, Middle)	Birth date (Mo/Day/Year)	Birth place (City/State)	Sex (M/F)	Social Security Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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? _____

PLEASE 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: _____
Street City State Zip Code
Date of Address: Month: _____ Day: _____ Year: _____ Telephone Number: _____

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: _____

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:

Type or Name of Asset	Name of Bank	City and State	Amount
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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@dcf.ks.gov.

