



Sarpy County Child Support Services Office

Non-Support Application/Questionnaire [CSEO EQUITY-01/16]

(This form is to be used by persons who remain married, but are separated from their spouse)

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 **childsupport@sarpy.com**.

INFORMATION ABOUT YOURSELF

1) Your Name: _____
(last) (first) (M.I.)

If your name has changed since your support order was first entered, please list your former name:

(last) (first) (M.I.)

2) 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) _____



Our office maintains a Facebook page ("Sarpy County Attorney-Child Support Services"), with updates on court schedules and other information you might be interested in. We invite you to "Like" our office in order to receive these updates.

3) **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 2nd or part-time job)? _____ If Yes, please provide the name(s) and your typical *monthly take home pay* from the other job: _____

If you are not employed, what is your principal reason for unemployment: _____

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

- 4) Are you/your child presently receiving (circle all that apply, and list monthly amount received):
TANF >\$ _____; 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, is 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 *Facebook* or *Twitter*, 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/was the other parent a member of the U.S. Armed forces/reserves? _____ 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 _____, 2016.

Applicant signature

Please return the completed questionnaire and any accompanying documents to:

**Sarpy County Attorney-Child Support Services
Hall of Justice, Box 1420
1210 Golden Gate Dr.
Papillion NE 68046**