



Sarpy County Child Support Services Office

Non-Support Application/Questionnaire

[01/16]

ATTENTION: This form is only to be used by persons desiring to have an existing child support order enforced. Please enclose a copy of your divorce decree, support order, or modification order when you return this completed form. Copies of all Orders, separation/divorce agreements, temporary orders, final decrees/orders for support, juvenile court orders, etc. which pertain to your support 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. Due to the volume of applications received, it may take up to 30 days for the complete processing of your application.

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(s), 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. You may view court schedules and receive other services online at www.sarpy.com...click on the *Child Support Enforcement* link. You may also access our office's **Facebook** page ("Sarpy County Attorney-Child Support Services"), and by clicking on "like" sign up for regular updates on court schedules and other information.

INFORMATION ABOUT YOURSELF

Your present marital status is: _____
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1) Your Name: _____
(last) (first) (M.I.)

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

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

3) How can we reach you?

 Current Address: _____
(street) (city) (state/zip code)

 E-mail address: (please print clearly) _____@_____

 What is the best phone number to use to reach you? (_____)_____;

 List any alternate phone # you have: (_____) _____
Phone # of nearest friend/relative/neighbor not living with you: (emergency contact #) (_____) _____
(name and relation to you) _____

4) Other statistical information:

Your: Social Security #: _____ - _____ - _____; Date of birth: _____

 Are you in school? _____ Part time or full time? _____

Your present employer (Employer #1): _____ Employer's phone #: _____ List any additional employers (i.e.- a 2nd or part-time job) _____

Other work phone #s: _____

- 5) Are you presently receiving for yourself or your children (circle all that apply, and list monthly amount received):
 TANF/ADC, \$ _____; Social Security, \$ _____; Medicaid _____; Other (specify below) _____

INFORMATION ABOUT YOUR RELATIONSHIP WITH THE CHILD SUPPORT OBLIGOR

- 1) What is/was your relationship to the person you are seeking child support from? _____ divorced; _____ married but separated; _____ never married to him; _____ other (explain) _____
- 2) If you were married to this individual, when were you married? (date) _____; (where) _____
- 3) When (if ever) did you last reside with this person? (month) _____ (year) _____.
- 4) **When and Where did you obtain your child support order for this child/these children?**
 _____ (county/city) _____ (date of order)
- 5) Is your child support order part of a (1) divorce proceeding? _____ / (2) Paternity action? _____ / (3) Other? _____
- 6) How much child support was ordered to be paid? \$ _____ per _____
- 7) If you have more than one support order, list the others here:(name of child/support amount) _____
- 8) Are you owed **alimony** (sometimes called spousal support)? _____ If yes, how much? \$ _____
- 9) Is the person who is supposed to be paying you child support/alimony current in his or her payments? _____
- 10) If delinquent child support is owed to you, how much back support are you owed? \$ _____ through _____ (month/year).
- 11) When did you last receive a support payment? _____ (month/year)

INFORMATION ABOUT YOUR MINOR CHILD(REN)

Please list the name, date of birth, sex, and social security # of each child for which support has been ordered:

Name (first/M.I./last)	Date of Birth Mo./ day/ year	Sex	S.S.#	city/state of birth
_____	____/____/____	_____	_____	_____
_____	____/____/____	_____	_____	_____
_____	____/____/____	_____	_____	_____

(_____ check here if you have more than 3 children for whom there is a support order, and make an extra copy of this page)

- 1) Do any of your dependent children have special medical or educational needs? _____ If yes, please specify what those special needs are: _____
- 2) Is there a court order in place requiring either *you* or the *other parent* to provide PRIVATE health/medical insurance for your minor child(ren)? _____ If yes, who is ordered to provide the insurance? _____
- 4) Is PRIVATE medical insurance in effect now for your child(ren)? _____
 If yes, who is providing the coverage? _____ (Please provide copies of any insurance cards)
- 4) If you know, what does the insurance cost? \$ _____ per _____. (_____ don't know)

INFORMATION ABOUT YOUR EX-SPOUSE/CHILD SUPPORT OBLIGOR

- 1) Name: (last) _____ (first) _____ (middle) _____
 Alias name(s) _____
- 2) If the Obligor is presently married, what is the spouse's name? _____

- 3) Obligor's telephone #'s: Personal _____ Work _____
- 4) Other contact information -- such as an email or social networking account (Facebook, MySpace, twitter, etc.): _____
- 5) Obligor's last known address: _____

 _____ (street) _____ (city) _____ (state/ zip code)
- 6) Please describe the Obligor: 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 obligor might own: _____
- 8) Is Obligor a member of the U.S. Armed Forces/Reserves? _____ If yes, what branch: _____
 Is Obligor: Active duty _____ Discharged _____ Retired _____
- 9) Does Obligor receive a pension or have any other source of income? _____ If yes, please describe: _____
- 10) Is Obligor 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 obligor worked at this company? _____
 Obligor's normal line of work: _____ Is Obligor a union member? _____
- 11) How far did the other parent go in school? _____
- 12) Please list the names, addresses, and/or phone #'s of anyone who might know of Obligor's whereabouts: (such as a relative, friend, creditor, employer, name of Obligor's high school or college)

- 13) Does the Obligor 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): _____
- 14) Does the Obligor have any addictions that interfere with his ability to maintain employment? _____ If Yes, describe: _____
- 15) 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. I understand that a fee *may* be charged for services provided:
 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**