

Office of the Attorney General – Child Support Enforcement Division

INFORMATION GATHERING

APPLICATION SEQUENCE NUMBER: \_\_\_\_\_

IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, PLEASE CALL OUR OFFICE AT (671) 475-3360

I. INFORMATION ABOUT YOU (THE CUSTODIAL PARENT OR PERSON WITH CUSTODY)

(Please print all information)

1. YOUR FULL LEGAL NAME \_\_\_\_\_ YOUR MAIDEN NAME \_\_\_\_\_  
 LAST FIRST MI
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 No.
5. YOUR EMPLOYER'S NAME/TELEPHONE NUMBER/ADDRESS \_\_\_\_\_  
 Name Telephone No.  
 Address City State ZIP Code
6. YOUR GROSS MONTHLY INCOME: \_\_\_\_\_ HOURLY WAGE: \_\_\_\_\_ (attach 6 most recent paycheck stubs)
7. ANY ADDITIONAL INCOME PER MONTH? [ ] YES [ ] NO EXPLAIN: \_\_\_\_\_

8. PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOURSELF.

Date of Birth	Birthplace (City, State)	Social Security Number	Driver's License or ID Number (include State)		
Sex	Race	Height	Weight	Hair Color	Eye Color
List any physical or mental impairments, medical problems, etc.					
Language Preference:			List any identifying scars, marks or tattoos		

9. GIVE INFORMATION WHERE WE CAN CONTACT YOU OTHER THAN HOME:

- a. \_\_\_\_\_  
 Relationship to you Name Telephone No.  
 Address City State ZIP Code
- b. \_\_\_\_\_  
 Relationship to you Name Telephone No.  
 Address City State ZIP Code

10. ARE YOU CURRENTLY RECEIVING AFDC WELFARE BENEFITS? [ ] YES [ ] NO  
 HAVE YOU RECEIVED AFDC BENEFITS IN THE PAST? [ ] YES [ ] NO

If yes, list all dates: \_\_\_\_\_

List IV-D ID Number: \_\_\_\_\_

11. ARE YOU OR THE CHILDREN RECEIVING MEDICAID BENEFITS? [ ] YES [ ] NO If yes, please provide Medicaid No. \_\_\_\_\_

12. 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:

\_\_\_\_\_

13. ARE YOU PREGNANT NOW? [ ] YES [ ] NO If yes, who is the biological father? \_\_\_\_\_

When is the baby due? \_\_\_\_\_

14. PLEASE LIST ALL MARRIAGE (CURRENT AND PREVIOUS):

Spouse Name Date of Marriage Date of separation/divorce Common-law or marriage license?

Spouse Name Date of Marriage Date of separation/divorce Common-law or marriage license?

**II. INFORMATION ABOUT THE NON-CUSTODIAL PARENT (PARENT WITHOUT CUSTODY/POSSESSION)**

**(Please print all information)**

1. HIS/HER FULL LEGAL NAME \_\_\_\_\_  
 Last First MI Alias/Nickname

2. WHAT IS THE NON-CUSTODIAL PARENT'S (NCP) RELATIONSHIP TO THE CHILDREN? \_\_\_\_\_

3. NCP'S PRESENT / LAST KNOWN ADDRESS / TELEPHONE NUMBER \_\_\_\_\_  
 Address

City State ZIP Code Telephone No.

4. CURRENT EMPLOYER'S NAME/TELEPHONE NUMBER/ADDRESS \_\_\_\_\_  
 Name Telephone No.

Address City State ZIP Code

5. PREVIOUS EMPLOYER'S NAME/TELEPHONE NUMBER/ADDRESS \_\_\_\_\_

Address City State ZIP Code

What is the date you last knew the non-custodial parent was with this employer? \_\_\_\_\_

Approximate current monthly wages \$ \_\_\_\_\_

If the non-custodial parent is unemployed, what does the NCP usually earn? \$ \_\_\_\_\_ What type of work (plumber, mechanic, fast food, etc.) does the NCP usually do? Answer even if the NCP is unemployed. \_\_\_\_\_

6. NON-CUSTODIAL PARENT'S DESCRIPTION:

Date of Birth	Birthplace (City, State)		Social Security Number	Driver's License or ID Number (include State)	
Sex	Race	Height	Weight	Hair Color	Eye Color
List any physical or mental impairments, medical problems, etc.					
Language Preference:			List any identifying scars, marks or tattoos		

**II. INFORMATION ABOUT THE NON-CUSTODIAL PARENT (PARENT WITHOUT CUSTODY/POSSESSION) (continued)**

List any physical or mental impairments, medical problems, etc.

List identifying information (for example, glasses, scars tattoos, marks, etc.)

Do you have a photograph of the NCP?  Yes  No If yes, please include a photograph when you return this form

7. HAS THE NCP BEEN IN JAIL OR PRISON?  YES  NO IF YES, DATE \_\_\_\_\_ LOCATION \_\_\_\_\_

8. HAS THE NON-CUSTODIAL PARENT BEEN ON PROBATION OR PAROLE?  YES  NO  
If yes, please provide name of parole or probation officer and location

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

9. HAS THE NON-CUSTODIAL PARENT SERVED IN THE MILITARY?  YES  NO If yes, what branch? \_\_\_\_\_

Dates of service: From \_\_\_\_\_ to \_\_\_\_\_ Did the non-custodial parent retire?  Yes  No

10. DOES THE NON-CUSTODIAL PARENT RECEIVE ANY BENEFITS? (food stamps, AFDC, Retirement, Worker's Compensation, Social Security Benefits, Unemployment Benefits, etc)  
 Yes  No If yes, what type of benefits? \_\_\_\_\_

11. LIST INFORMATION ABOUT THE NON-CUSTODIAL PARENT'S VEHICLE:

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color	Vehicle License No.	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:

<b>Mother's Name</b>		Mother's maiden name		Telephone number	
Address		City		State	
				ZIP Code	
<b>Father' Name</b>				Telephone number	
Address		City		State	
				ZIP Code	
<b>Friend or other relative's name</b>				Telephone number	
Address		City		State	
				ZIP Code	

**II. INFORMATION ABOUT THE NON-CUSTODIAL PARENT (PARENT WITHOUT CUSTODY/POSSESSION)** (continued)

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 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, please 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? \_\_\_\_\_

23. DOES THE NCP HAVE OTHE BIOLOGICAL CHILD(REN) UNDER 18 YEARS OF AGE?  YES  NO If yes, how many? \_\_\_\_\_

**III. INFORMATION ABOUT THE CHILDREN**

**(Please print all information)**

1. PLEASE PROVIDE INFORMATION ABOUT ALL OF YOUR CHILDREN:

<b>1) Full legal name of child – Last, First, Middle Initial</b>		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	
<b>2) Full legal name of child – Last, First, Middle Initial</b>		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	
<b>3) Full legal name of child – Last, First, Middle Initial</b>		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	

<b>4) Full legal name of child – Last, First, Middle Initial</b>	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? [ ] Yes [ ] No
<b>5) Full legal name of child – Last, First, Middle Initial</b>	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? [ ] Yes [ ] No
<b>6) Full legal name of child – Last, First, Middle Initial</b>	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? [ ] Yes [ ] No
<b>7) Full legal name of child – Last, First, Middle Initial</b>	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? [ ] Yes [ ] No
<b>8) Full legal name of child – Last, First, Middle Initial</b>	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? [ ] Yes [ ] No
<b>9) Full legal name of child – Last, First, Middle Initial</b>	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? [ ] Yes [ ] No
<b>10) Full legal name of child – Last, First, Middle Initial</b>	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? [ ] Yes [ ] No

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 \_\_\_\_\_ Enrollment date \_\_\_\_\_

5. NAME OF INSURANCE COMPANY \_\_\_\_\_

6. ADDRESS OF INSURANCE COMPANY \_\_\_\_\_

7. HEALTH INSURANCE GROUP NUMBER \_\_\_\_\_ HEALTH INSURANCE \_\_\_\_\_

**III. INFORMATION ABOUT THE CHILDREN** (continued)

8. DO YOU HAVE CHILD CARE/DAY CARE EXPENSES FOR THIS CHILD?  YES  NO If yes, who is the provider and what is the cost per month? \_\_\_\_\_
9. IS THIS CHILD ATTENDING PRIVATE SCHOOL?  YES  NO If so, name of school \_\_\_\_\_  
 Cost per month \$ \_\_\_\_\_ Extra Expenses \$ \_\_\_\_\_ Did the alleged father agree?  YES  NO
10. DO ANY OF THESE CHILDREN HAVE SPECIAL MEDICAL NEEDS NOT COVERED BY INSURANCE?  YES  NO  
 If so, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**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 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:

Date of court order	Case 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 CHILD(REN) MARRIAGE?  YES  NO If yes, please provide the following information

Date of court order	Case 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 explain: \_\_\_\_\_





Office of the Attorney General  
Child Support Enforcement Division  
287 West O'Brien Drive  
Hagåtña, Guam 96910

### **AUTHORIZATION FOR DIRECT DEPOSIT**

The Office of the Attorney General, Child Support Enforcement Division is hereby authorized to initiate credit entries for deposit of child support payments and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account at the Bank of Guam. Please note that an account at Bank of Guam will be established for you for direct deposit of your child support payments upon your authorization.

Please complete and return this form to:

Office of the Attorney General  
Child Support Enforcement Division  
287 West O'Brien Drive  
Hagåtña, Guam 96910

Name (print): Last			First			MI		
Child Support Case Number:			Social Security Number			Phone:		
Signature:								
Mailing Address:								

This authority is to remain in full force and effect until the Office of the Attorney General, Child Support Enforcement Division (CSED) has received written notification from me of its termination in such time and in such manner as to afford the Office of the Attorney General, CSED a reasonable opportunity to act on it.