

Oregon Child Support
Program

CSP # _____

Child Support Questionnaire

This form asks for information that will help in enforcing your child support case. Please answer the questions as completely as possible and return the form to the agency listed at the top of this page. Type or print clearly.

Information about the child support order

Include copies of any support orders you have for the child(ren).

- Is there a support order or divorce judgment covering the child(ren)? _____
If yes, give: Order # _____ County _____
State _____

*If you have more than one order, attach a separate page listing all orders, including county/state where they are filed and the court number.

- Has paternity ever been legally established? Yes No
If yes, how (genetic test, voluntary acknowledgment, etc.)? _____
If yes, where? _____
Were you married at the time the child was born or conceived, or at any time in the 300 days before the child's birth?
 Yes No
If so, is the husband the father? Yes No If not, why do you think he is not the father? _____
- Have other states ever tried to get the non-custodial parent to pay support? _____
If yes, where? _____

Information about custodial parent/guardian

- Your full name (include middle initial) _____
List any other names you have used _____
- Address _____
City, State, Zip _____ Home phone (____) _____
- Social Security Number _____ Birth date _____
- Employer _____
Employer's address _____
City, State, Zip _____ Work phone (____) _____

Have you ever received public assistance from another state? [] Yes [] No If yes, where _____

Name of person (not living with you) who will know how to contact you _____

Phone () _____ Relationship _____

Are you currently represented by a lawyer in a child support action? [] Yes [] No If yes, list the lawyer's name, address and phone number: _____

Information about the non-custodial parent

Include the most recent photo you have of the other parent.

- Full name (include middle initial) _____
- Other names used by the non-custodial parent _____
- Last Known Address _____
City, State, Zip _____ Home phone () _____
- Birth date _____ Birth place _____
(if unknown, give the non-custodial parent's age) Social Security Number _____
- Description of the non-custodial parent: [] Male [] Female Height _____ Weight _____
Hair color _____ Eye Color _____ Race _____
- Describe any scars, tattoos, or other distinguishing marks _____

- Name of friend or relative who may know the non-custodial parent's whereabouts _____
Relationship _____ Home phone () _____
- Business where non-custodial parent is employed _____
(If name of business unknown, give type of business)
Address (if known) _____
City, State, Zip _____ Phone () _____
If you don't know current employer, list any former employers (name, city, state) _____

- If the non-custodial parent is now or has been a member of a union, give the union's name _____
- What is the non-custodial parent's usual occupation or trade _____
- Does the non-custodial parent have an occupational license? [] Yes [] No What type? _____
- Present or past military service? Branch _____
On active duty? _____ In the Reserves? _____ In the National Guard? _____

- If the non-custodial parent owns a home or land, give the address, or the city, county and state in which it is located

- List any vehicles owned by the non-custodial parent (cars, trucks, boats, farm equipment, airplanes). Give model, year, cost, state of license if possible

- List any other sources of income for the non-custodial parent, such as rental property or land sales contracts

- Name of the non-custodial parent's bank, location and account number(s) if known _____

- Information about the non-custodial parent's retirement, IRA or deferred compensation accounts (location and account number(s) if known) _____

- Is the non-custodial parent now incarcerated? [] Yes [] No Been incarcerated in the last five years? [] Yes [] No
If yes, give location _____
- Has the non-custodial parent ever declared bankruptcy? [] Yes [] No
- Does the non-custodial parent have a driver's license? (If yes, list the state) _____
- Is the non-custodial parent receiving any of the following:

	No	Yes	Amount		No	Yes	Amount
Veterans' benefits	_____	_____	_____				
Workers Comp benefits	_____	_____	_____	Military pension	_____	_____	_____
Pension benefits	_____	_____	_____	Money from trust fund	_____	_____	_____
Money from inheritance	_____	_____	_____	Social Security benefits	_____	_____	_____
Unemployment benefits	_____	_____	_____	Other (describe below)	_____	_____	_____

Marital, divorce and support information

Date of marriage to non-custodial parent? _____ Place? _____

Are you still married? [] Yes [] No

Has a divorce petition been filed? [] Yes [] No

Date of filing? _____

Is there a temporary support order? [] Yes [] No

Amount? _____

Is the divorce judgment final? [] Yes [] No

Date? _____

Who filed for divorce? _____

Place? _____

(county and state)

Is there a court order or written agreement about parenting time? Yes No If yes, attach a copy.

Who was your lawyer for the divorce? _____

Address _____

Who represented the non-custodial parent? _____

Address _____

Custody of child(ren) awarded to _____

Are all the children listed in the divorce judgment? Yes No

Which child(ren) is not, and why? _____

Is spousal support ordered? Yes No Amount? _____

Does non-custodial parent pay as ordered? Yes No Date last paid? _____

Where or to whom are payments made? _____

Amount? _____

Does the order address health care coverage? Yes No

Does the order address cash medical support? Yes No Amount? _____

Has non-custodial parent been taken to court previously for nonpayment of child support by a private attorney, district lawyer or the Division of Child Support? Yes No

If yes, when and where? _____

Has non-custodial parent been arrested or jailed for nonpayment of support? Yes No

Have the non-custodial parent's wages been garnished to pay child support? Yes No

Medical expenses and health care coverage information

Do you pay recurring medical expenses for any of the joint child(ren) that are not paid by health care coverage?

Yes No If yes, list name(s) of child(ren), nature of expense, and monthly cost:

Amount? _____

Amount? _____

Amount? _____

Do you have health care coverage for your child(ren)? Yes No

If not, does anyone else? Yes No

Source of insurance: employer other group spouse domestic partner Other _____

Insurance Co.: _____ Phone # (if known): _____

Address (if known): _____

Policy #: _____ Group #: _____

Monthly premium cost per child: _____

Name(s) of child(ren) currently covered by insurance: _____

ATTACH PROOF OF INSURANCE PREMIUMS AND OTHER MEDICAL COSTS

- Give any other information you think would be helpful in locating the non-custodial parent or establishing and enforcing a child support order _____

Information about child(ren) of this relationship

Full name	Sex M or F	Birth date	Social Security Number
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____

Information about non-joint child(ren)

Full name	Sex M or F	Birth date	Social Security Number	Who child lives with
_____	_____	___/___/___	_____	_____
_____	_____	___/___/___	_____	_____
_____	_____	___/___/___	_____	_____