INSTRUCTIONS FOR GENERAL TESTIMONY

PURPOSE OF THE FORM:
The General Testimony provides a framework for stating the detailed information and evidence necessary to support the action requested in the petition. Its eleven sections may or may not apply to all cases. Before completing the form, carefully consider the status of the individual petitioner completing the testimony and his/her relationship to the respondent, the relief you plan to request in the petition, and other case characteristics to determine what information should be provided.

Italicized text that appears within a "box" refers to policy or provides additional information.

(Note: all section headings contain a checkbox to be used when additional comments/remarks are desired or required. These comments/remarks should be placed in Section X.) As a general rule, requests for relief require completion of the following sections:

Section No.	Description	Case Type Requiring Completion
I	Personal Information About Child(ren)'s Mother	All
II	Personal Information About Child(ren)'s Father	All
III	Personal Information About Caretaker Other Than Parent	Cases where the caretaker is an individual other than the child(ren)'s parent
IV	Legal Relationship of Parents	All
V	Dependent Child(ren) in this Action	All
VI	Medical Insurance	All
VII	Support Order and Payment Information	All cases where an order for support has been entered
VII	Obligor's Payment History	All cases where an order for support has been entered; however, a certified copy of the court or agency payment history may be attached in lieu of Page 6a
VIII	TANF/Foster Care/Medical Assistance Status	Cases where the obligee received TANF, Foster Care, or Medical Assistance benefits
IX	Financial Information	Establishment and modification cases, as required by States' guidelines
X	Other Pertinent Information	When needed (Note: all section headings contain a checkbox to be used when additional comments/re-marks are desired or required.)
XI	Verification	All

HEADING/CAPTION:

- Identify the **petitioner** and **respondent** name (first, middle, last) and Social Security Number in the appropriate spaces.
- Check the appropriate space to identify the type of case: TANF; IV-E Foster Care, Medicaid only; former assistance, never assistance, or Non-IV-D.

TANF means the obligee's family receives IV-A cash payments. A Medicaid only case is a case where the obligee's family receives Medicaid but does not receive TANF (IV-A cash payments).

- In the appropriate spaces, if applicable and if known, enter the Responding jurisdiction's FIPS code, State, IV-D identifier number, and Tribunal number.

Under "IV-D case identifier", enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number that the responding State may use to identify the case, if known. The Responding jurisdiction is the jurisdiction that is working the case at the request of the initiating jurisdiction.

- In the appropriate spaces, enter the Initiating jurisdiction's IV-D case identifier, and tribunal number.

Under "IV-D case identifier", enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number which the initiating tribunal or agency has assigned to the case. The initiating jurisdiction is the jurisdiction that referred the case to the responding jurisdiction for services.

- Check the appropriate boxes to indicate whether the petitioner is the "Obligee", "Obligor", or "Caretaker Other than Parent", or whether this is a "Foster Care" case. Check the appropriate boxes for the Respondent as well.

Obligee is the individual or State agency who is owed or is alleged to be owed support. If an obligee receives TANF benefits, s/he assigns certain support rights to the State.

Obligor is the individual who owes or is alleged to owe support. This term includes alleged or putative fathers whose paternity of the child(ren) has not yet been established.

Caretaker Other than Parent is an individual who is custodian of the child(ren) but who is not the mother or father of the child(ren).

Foster Care indicates that the child is in foster care. In such cases, a State or political subdivision may seek support from both parents.

- In the name-block immediately above section I, fill in the name (First, Middle, Last) of the individual providing the testimony and signing the form.

In most cases this will be the individual obligee. However, it could also be an obligor seeking paternity establishment or modification of a support order, or an authorized child support worker if the form is completed with information from the file. Note that verification by an individual petitioner is required for information personally known to him/her, and that testimony is given under penalty of perjury.

SECTION I, PERSONAL INFORMATION ABOUT CHILD(REN)'S MOTHER:
This section asks for information about the child(ren)'s mother. If the mother is the respondent in this action, this information will be used to identify her, locate her, discover income and assets, begin the process of determining her ability to pay, and/or effect collection actions.

If the individual completing this form is not the child(ren)'s mother, the requested information may not be available. Provide as much information as possible.

Part A

Item 1: Indicate whether the child(ren)'s mother is the "Obligee" or "Obligor".

Item 2: Check this box if a nondisclosure finding pursuant to the Uniform Interstate Family Support Act (UIFSA) or an existing protective order excuses disclosure of the mother's address or other identifying information. Attach a copy of any nondisclosure finding. If a nondisclosure finding exists, do not enter the mother's address/identifying information on the form; you may enter a substitute address.

Item 3: Enter the mother's full name (First, Middle, Last) on the first line and nickname, alias, maiden name, or former maiden name on the second line.

Item 4: Enter the mother's home or residential address (Street, City, State, Zip Code). If this address has been confirmed/ verified by the initiating State agency, check the box indicating that the information has been confirmed and the date it was confirmed. If the address cannot be confirmed, provide last known address.

Item 5: Enter the mother's Social Security Number.

Item 6: Enter the mother's date of birth (Month, Date, Year).

Item 7: Enter the mother's home phone number. Include the area code.

Item 8: Enter the mother's work phone number. Include the area code and any extension.

Item 9: Enter the name and address of the mother's employer. If this information has been confirmed/verified by the initiating State agency, check the box indicating that the information has been confirmed and the date it was confirmed. If the employer name and address cannot be confirmed, provide last known information.

Item 10(a): Enter the mother's occupation, trade, or profession.

Item 10(b): Enter the mother's highest attained level of education. If the mother is the obligor, the educational level can be used by some responding States to impute the income of an unemployed or underemployed obligor.

Item 11: Enter the dollar amount of the mother's estimated gross monthly earnings.

Item 12: Enter the dollar amount of the mother's monthly income other than earnings. Indicate the source of the income.

Item 13: List any real or personal property owned by the mother. Include type and location.

Part B: Physical Description of Child(ren)'s Mother

Items 1 - 5: Provide a physical description of the mother by listing her race, height, weight, hair color, and eye color. This information may be helpful in locating or serving the mother if she is the respondent in this action. Optional: attach a recent photo if available. A photo may be useful if the mother is the respondent and identification or service of process is necessary.

When listing the mother's race, select from the following:) White (non-hispanic), 2) Black (non-hispanic), 3) Hispanic, 4) American Indian - Alaskan Native, or 5) Asian - Pacific Islander.

Part C: Present Marital Status of Child(ren)'s Mother

Items 1 - 7: Check the appropriate box(es) which describe the mother's present marital status. This information may be considered in determining the obligor's ability to pay or the obligee's need for support when a support order is established or modified. Check "single" only if the mother has never been married to anyone; if the mother has previously been married, check divorced, legally separated, or separated, as appropriate.

Part D: Information about Current Spouse or Partner of Child(ren)'s Mother.
Complete part D only if the mother currently has a spouse or non-marital partner. Otherwise, enter "Not Applicable".

Item 1: Enter the name of the mother's current spouse or non-marital partner.

Item 2: Check the appropriate box to indicate whether the mother's current spouse/partner is employed.

Item 3: If the answer to item 2 is "Yes", enter the name and address of the spouse's/partner's employer.

Item 4: Enter the spouse's/partner's estimated gross monthly earnings.

Part E:
Check the appropriate box to indicate whether the mother is responsible for dependents **other than** the child(ren) in this action (listed in Section V). If the answer is "yes", provide information about each dependent under **items 1 through 3**. If there are more than three dependents, provide information about the other dependents in Section X: Other Pertinent Information.

Item a: Enter the full name of the dependent (First, Middle, Last).

Item b: Enter the dependent's date of birth (Month, Date, Year).

Item c: Enter the dependent's relation to the child(ren)'s mother.

Item d: Indicate who the dependent is living with.

Item e: Enter the dependent's source of support or income.

Item f: Enter the monthly amount (both gross and net) of that support or income.

SECTION II, PERSONAL INFORMATION ABOUT CHILD(REN)'S FATHER:
This section asks for information about the child(ren)'s father. This includes an alleged father if paternity has not yet been established. If the father is the respondent in this action, this information will be used to identify him, locate him, discover income and assets, begin the process of determining his ability to pay, and/or effect collection actions.

If the individual completing this form is not the child(ren)'s father, that individual may not be able to provide all of the requested information. Provide as much information as possible.

Part A

Item 1: Indicate whether the child(ren)'s father is the "Obligee" or "Obligor".

Item 2: Check this box if a nondisclosure finding pursuant to the Uniform Interstate Family Support Act (UIFSA) or an existing protective order excuses disclosure of the father's address or other identifying information. Attach a copy of any nondisclosure finding. If a nondisclosure finding exists, do not enter the father's address/identifying information on the form; you may enter a substitute address.

Item 3: Enter the father's full name (Full, Middle, Last) on the first line and nickname or alias on the second line.

Item 4: Enter the father's home or residential address (Street, City, State, Zip Code). If this address has been confirmed/verified by the initiating State agency, check the box indicating that the information has been confirmed and the date it was confirmed. If the address cannot be confirmed, provide last known address.

Item 5: Enter the father's Social Security Number.

Item 6: Enter the father's date of birth (Month, Date, Year).

Item 7: Enter the father's home phone number. Include the area code.

Item 8: Enter the father's work phone number. Include the area code and any extension.

Item 9: Enter the name and address of the father's employer. If this information has been confirmed/verified by the initiating State agency, check the box indicating that the information has been confirmed and the date it was confirmed. If the employer name and address cannot be confirmed, provide last known information.

Item 10(a): Enter the father's occupation, trade, or profession.

Item 10(b): Enter the father's highest attained level of education. If the father is the obligor, the educational level can be used by some responding States to impute the income of an unemployed or underemployed obligor.

Item 11: Enter the dollar amount of the father's estimated gross monthly earnings.

Item 12: Enter the dollar amount of the father's monthly income **other than** earnings. Indicate the source of the income.

Item 13: List any real or personal property owned by the father. Include type and location.

Part B: Physical Description of Child(ren)'s Father

Items 1 - 5: Provide a physical description of the father by listing his race, height, weight, hair color, and eye color. This information may be helpful in locating or serving the father, if he is the respondent in this action. You may attach a recent photo if available. A photo may be useful if the father is the respondent and identification or service of process is necessary.

When listing the father's race, select from the following:) White (non-hispanic), 2) Black (non-hispanic), 3) Hispanic, 4) American Indian - Alaskan Native, or 5) Asian - Pacific Islander.

Part C: Present Marital Status of Child(ren)'s Father

Items 1 - 7: Check the appropriate box(es) which describe the father's present marital status. This information may be considered in determining the obligor's ability to pay or the obligee's need for support when a support order is established or modified.

Part D: Information about Current Spouse or Partner of Child(ren)'s Father.
Complete part D only if the father currently has a spouse or non-marital partner. Otherwise, enter "Not Applicable".

Item 1: Enter the name of the father's current spouse or non-marital partner.

Item 2: Check the appropriate box to indicate whether the father's current spouse/partner is employed.

Item 3: If the answer to item 2 was "Yes", enter the name and address of the spouse's/partner's employer.

Item 4: Enter the spouse's/partner's estimated gross monthly earnings.

Part E:
Check the appropriate box to indicate whether the father is responsible for dependents **other than** the child(ren) in this action (listed in Section V). If the answer is "yes", provide information about each dependent under **items 1 through 3**. If there are more than three dependents, provide information about the other dependents in Section X: Other Pertinent Information.

Item a: Enter the full name of the dependent (First, Middle, Last). Item b: Enter the dependent's date of birth.

Item c: Enter the dependent's relation to the child(ren)'s father.

Item d: Indicate who the dependent is living with.

Item e: Enter the dependent's source of support or income.

Item f: Enter the monthly amount (both gross and net) of that support or income.

SECTION III, PERSONAL INFORMATION ABOUT CARETAKER OTHER THAN PARENT:
Complete this section only if the child(ren)'s caretaker or custodian is not the child(ren)'s mother or father.

Item 1: Indicate the caretaker's relation to the child(ren). If the caretaker is a relative, indicate whether he/she is a maternal (mother's side of the family) or paternal (father's side of the family) relative. Examples include: "maternal grandmother" or "paternal cousin". Check the box if the caretaker has legal custody/guardianship of the child(ren).

Item 2: Check this box if a nondisclosure finding pursuant to the Uniform Interstate Family Support Act (UIFSA) or an existing protective order excuses disclosure of the caretaker's address or other identifying information. Attach a copy of any nondisclosure finding. If a nondisclosure finding exists, do not enter the caretaker's address/identifying information on the form; you may enter a substitute address.

Item 3: Enter the caretaker's full name (First, Middle, Last) on the first line and nickname, alias, maiden name or former married name on the second line.

Item 4: Enter the caretaker's home or residential address (Street, City, State, Zip Code). If this address has been confirmed/verified by the initiating State agency, check the box indicating that the information has been confirmed and the date it was confirmed. If the address cannot be confirmed, provide last known address.

Item 5: Enter the caretaker's Social Security Number.

Item 6: Enter the caretaker's date of birth (Month, Date, Year).

Item 7: Enter the caretaker's sex or gender: male or female.

Item 8: Enter the caretaker's home phone number. Include the area code.

Item 9: Enter the caretaker's work phone number. Include the area code and any extension.

Note: If the caretaker does not have a legal obligation to contribute to the child(ren)'s support, **items 10 through 14** concerning the caretaker's employment and income may be privileged.

Item 10: Enter the name and address of the caretaker's employer. If this information has been confirmed/verified by the initiating State agency, check the box indicating that the information has been confirmed and the date it was confirmed. If the employer name and address cannot be confirmed, provide last known information.

Item 11(a): Enter the caretaker's occupation, trade, or profession.

Item 11(b): Enter the caretaker's highest attained level of education. If the caretaker is the obligor, the educational level can be used by some responding States to impute the income of an unemployed or underemployed obligor.

Item 12: Enter the dollar amount of the caretaker's estimated gross monthly earnings.

Item 13: Enter the dollar amount of the caretaker's monthly income **other than** earnings. Indicate the source of the income.

Item 14: Enter the date the child(ren) began residing with the caretaker.

SECTION IV, LEGAL RELATIONSHIP OF PARENTS:
Identify the legal relationship between the child(ren)'s mother and father. Check all appropriate boxes and enter the pertinent corresponding information.

Item 1: Check this box if the parents were never married to each other.

Item 2: Check this box if the parents were married to each other. Indicate the date (Month, Date, Year) and County/State of the marriage.

Item 3: Check this box if the parents were married by common law. Indicate the time period (dates) and the County/State of the common law marriage.

Item 4: Check this box if the parents are separated. Indicate the date (Month, Date, Year) of the separation.

Item 5: Check this box if the parents are divorced. Indicate the date (Month, Date, Year) and County/State of the finalized divorce.

Item 6: Check this box if the parents are legally separated. Indicate the date (Month, Day, Year) and County/State of the legal separation.

Item 7: Check this box if divorce proceedings are pending. Indicate the County/State of the proceedings.

Item 8: Check this box if a child support order has been entered. Indicate the date (Month, Date, Year) of the order.

Item 9: Check this box if no child support order has been entered.

Item 10: Check this box to indicate relationships not described by the options above. Describe the relationship on the line provided (e.g. mother and father lived together; mother and father had casual relationship; etc).

Item 11: List the name and location of the tribunal (court or agency) that entered any divorce decree, legal separation, or child support order.

Remember to attach the required number of copies of any existing support orders (including a divorce decree or separation agreement). You will generally need to attach a certified copy of any support order.

Note, however, that some responding States may be able to take certain administrative enforcement actions without having a certified copy of the order, although a regular copy is still necessary.

SECTION V, DEPENDENT CHILD(REN) IN THIS ACTION:
This information is used to identify child(ren) for whom paternity is to be established and/or for whom the establishment or enforcement of support or a modification thereof is sought.

Part A: List all the children for whom paternity is to be established or support is sought or due from the obligor listed on page 1 of this form. These should be the same children listed in section I of the Uniform Support Petition. List only those children of the particular obligor named in this action. Provide information about each child under **items 1 through 4**. If there are more than four children, provide information about the other children in Section X: Other Pertinent Information. If a child listed is over 18, indicate whether (s)he is enrolled in high school or college; some responding States may require a letter from the child's school for verification purposes.

Attach a separate "Affidavit in Support of Establishing Paternity" for each child whose paternity is at issue.

Check the box "Nondisclosure Finding Attached" if a nondisclosure finding pursuant to the Uniform Interstate Family Support Act (UIFSA) or an existing protective order excuses disclosure of the child(ren)'s address or other identifying information. Attach a copy of any nondisclosure finding. If a nondisclosure finding exists, do not enter the child(ren)'s address or identifying information on the form.

Item a: Enter the child's full legal name (First, Middle, Last).

Item b: Enter the child's address (Street, City, State, Zip Code).

Item c: Enter the child's Social Security Number.

Item d: Enter the child's sex or gender: male or female.

Item e: Enter the child's date of birth (Month, Date, Year).

Item f: Check the appropriate box to indicate if the paternity of the child has been established or not. If "yes" is checked, check the appropriate box indicating how paternity was established, i.e., by order, voluntary acknowledgment, adoption, conclusive marital presumption, or other. If other is checked, explain on the line provided. Use Section X if more space is needed.

Item g: Check the appropriate box to indicate whether a child support order for the child has been established.

Item h: Check the appropriate box to indicate whether the child is living with the petitioner. In this instance, "petitioner" means the **individual** who is the moving party rather than a State child support agency that is bringing action.

Part B:
Indicate the month and year when the child(ren) began residing in the State. If this information is not the same for all children, provide separate information for each child in Section X: Other Pertinent Information. If the child(ren) are older than six months of age and have resided in the State less than six months, provide information about the child(ren)'s previous States of residence (including length of residence) in Section X: Other Pertinent Information.

Information about the child(ren)'s length of residence in the State is necessary under the Uniform Interstate Family Support Act (UIFSA) in order to determine which child support order should be prospectively enforced or modified if multiple orders exist.

SECTION VI, MEDICAL INSURANCE:

This information is used to determine if medical coverage is currently provided for the dependents. If coverage is not provided, additional information in this section is a basis for adding medical coverage to new and existing orders. You should provide this information in all IV-D cases.

Item 1: Check the appropriate box to indicate whether the obligor is required by a child support order to provide medical insurance for the child(ren).

Item 2: Check the appropriate box to indicate whether the obligor is required by a child support order to provide medical insurance for the obligee.

Item 3: Check the appropriate boxes to indicate who provides medical coverage for the dependent child(ren) (listed in Section V) and obligee. The choices are: obligee, obligor, State Medicaid, obligee's employer, obligor's employer, and other. If you check "other", print the name of the person or entity that provides coverage (e.g., obligee's current spouse). Check "unknown" if you do not know who provides coverage. Check "no coverage" if the child(ren)/obligee do not have coverage.

In the appropriate spaces, enter the name and policy number of the obligee's insurance company, the obligor's insurance company, and any other relevant insurance company. If information about "Other Insurance Company" is provided, describe this company and its relation to the parties in Section X: Other Pertinent Information.

Item 4: Enter the monthly medical insurance cost paid by the obligee for the obligor's child(ren) only. Do not include the portion of the monthly cost of medical insurance for the obligee or children other than the obligor's. If the obligee is the individual petitioner in this action and is seeking reimbursement for these medical insurance costs, attach proof of payment.

Item 5: If medical insurance is provided by the obligee or the obligee's employer, do not answer this item; skip to item 6. Otherwise, enter the monthly cost to the obligee if he/she were to provide needed medical insurance. If the cost is unknown, enter "unknown". Some responding States may require you to enter a prorated amount per child.

Item 6: As a lead for possible third party coverage, check the appropriate box to indicate whether the obligor's children were ever covered by medical insurance provided through the obligor or obligee or his/her current employer. If you check "Yes", describe this coverage in Section X: Other Pertinent Information.

Item 7: Indicate whether any of the obligor's children have special needs or extraordinary medical expenses not covered by insurance. This includes special medical needs, medical equipment, counseling, special schooling, etc. If yes, indicate the child involved, the type of need/expenses, and the related costs. Attach proof, such as a doctor's statement. If special needs are indicated, explain in detail any agreements made to cover these costs including agreements that are verbal, written, or part of any court or administrative order.

Item 8: Indicate whether the obligee is asking to be reimbursed for medical coverage by the obligor.

SECTION VII, SUPPORT ORDER AND PAYMENT INFORMATION:
This information is used to justify the court or administratively ordered current support and arrearage obligation to be claimed in the petition.

Item 1: Check the appropriate box to indicate whether a support order exists. If a support order does not exist, skip to Section VIII on page 7.

Item 2: Check the appropriate box to indicate whether the child(ren) resided with the obligor at anytime during the period for which support is sought, except during periods of visitation specified by a tribunal's order. If "yes", identify period of residency with the obligor by entering dates (Month, Date, Year) in the spaces labeled "From" and "Thru". If this information is not the same for all children, provide separate information for each child in Section X: Other Pertinent Information.

Item 3: Complete item 3 only if modification of a support order is requested; otherwise skip to item 4. Indicate the basis for requesting a modification by checking all appropriates boxes. If you check "other", explain in the blank and/or provide an explanation in Section X and check the "See Section X" checkbox next to the Heading on this page.)

Item 4: Enter information on court or administratively ordered support amounts. Include information on the relevant original order, modifications, and interstate orders under the Uniform Reciprocal Enforcement of Support Act (URESA) or the Uniform Interstate Family Support Act (UIFSA). If there are more than three pertinent orders, describe the remaining orders in Section X: Other Pertinent Information.

For each order, indicate:

- Date of Order: the date the order was issued or entered.
- Current Amount: the amount of periodic current support payments owed under the order. Specify the total amount for all children (listed in section V) even if the order designates a separate amount for each child.
- Per Month/W eek/Etc: the frequency with which current support must be paid (per month, per week, etc).
- Toward Arrears: the amount of any periodic payment ordered to go toward arrears. Specify the total amount for all children (listed in section V) even if the order designates a separate amount for each child.
- Per Month/Week/Etc: the frequency with which the arrears payment must be paid.
- Unpaid Interest: the amount of any unpaid interest due, and the date as of which the amount is correct.
- Total Arrears: the total amount of arrears owed under that order, if any. Specify the total amount for all children (listed in section V) even if the order designates a separate amount for each child. Enter the date as of which the amount is correct.
- The name and address of the tribunal (court or agency) that entered the order.

Remember to attach the required number of copies of all pertinent orders that relate to support. You will generally need to attach a certified copy of any support order.

Note, however, that some responding States may be able to take certain administrative enforcement actions without having a certified copy of the order, although a regular copy is still necessary.

Item 5: If the obligor owes reimbursement for prenatal, postnatal or general medical expenses paid by the obligee or State agency, indicate the total amount owed. Enter only the amount which the obligor has been ordered to pay. Enter the date as of which this amount is correct. Attach documentation.

Item 6: Enter the amount of unpaid costs and fees owed by the obligor. Enter the date as of which the amount was correct. Describe the costs/fees on the blank line.

Item 7: Check the appropriate box to indicate whether an affidavit from the obligee concerning direct payments is attached, or whether no direct payments were received by the obligee.

Item 8: Check one of three options for supplying the obligor's support payment history:

- Check the first box on the left to indicate that you will be providing a certified copy of your own court or agency's payment history (manual or computer generated) and skip to Section VIII on page 7. Provide any additional information (e.g., regarding interest, costs, fees) necessary to explain the payment history so that it can be correctly interpreted by the responding jurisdiction.

- Check the middle box to indicate that you will be completing the payment history provided on page 6a of the General Testimony.
- Check the last box on the right to indicate that you will not be providing a detailed arrears statement and skip to Section VIII on page 7. Note, however, to register an order under the Uniform Interstate Family Support Act (UIFSA), a sworn statement by the party seeking registration or a certified statement by the custodian of the records showing the amount of arrears is required.

Fill in the spaces at the bottom of section VII on page 6. Under "From (Year) to (Year)" indicate the years covered by the obligor's support payment history. Also enter the name of the "Agency which Prepared Audit/Payment History".

PAGE 6A:
Complete this page if you checked the middle box in item 8, section VII, page 6. Enter the amount of adjudicated arrears in the line at the top of the page; indicate the date of the order that established the arrears amount. Enter "zero" if there are no adjudicated arrears.

The payment history tables on the rest of page 6a should show arrears that accrued since the date that arrears were adjudicated, or since the support order was entered if arrears have not been adjudicated. The beginning balance for the first year's table should be the amount of adjudicated arrears listed at the top of the page.

At the bottom of the page, enter the total amount of adjudicated and accrued arrears; indicate the date that the amount is correct. If the amount of adjudicated arrears was used as the beginning balance in the first year's payment history table, the ending balance in the last year's payment history table should equal the amount of adjudicated and accrued arrears that is entered at the bottom of the page.

If continuation sheets are necessary, attach as needed. Each page of payment history should be certified or notarized according to the standard required by the State or local agency in preparing an interstate support pleading. The signature line can be signed either by a tribunal/agency representative or an individual, depending on State procedures. Some responding States may require a seal to be affixed if the records are provided by a tribunal or agency.

SECTION VIII, TANF/FOSTER CARE/MEDICAL ASSISTANCE

STATUS: Complete this section only if:

- You are seeking support for a prior period **and** TANF/Foster Care benefits were paid, or
- You are seeking reimbursement for medical assistance costs.

Otherwise, skip to section IX, Financial Information.

Complete **items 1 and 2** only if you are seeking support for a prior period (i.e., if you are seeking "back support" or support for a period prior to the establishment of an order).

The award of support for a prior period is not required under Federal law but may be appropriate in accordance with State law. Not all States have authority to establish support orders for prior periods. However, the period of time the family received TANF benefits may be a relevant factor in setting an award for a prior period; this section provides space for this information.

States may not, as a federally-reimbursable function, establish judgments solely for reimbursement of public assistance, or pursue enforcement of such judgments established after March 22, 1993. States must use guidelines as a rebuttable presumption, not the amount of unreimbursed public assistance, in establishing orders after October 13, 1989. States may establish child support awards covering a prior period, but such awards must be based on guidelines and take into consideration either the current earnings and income at the time the order is set, or the obligor's earnings and income during the prior period.

Item 1: If known, specify the period of time when TANF/Foster Care benefits were paid to the obligee's family, and the State which provided the assistance and had an assignment of support rights. Only consider public assistance paid to the obligee or the children in this action (listed in section V).

Item 2: If known, enter the total amount of TANF/Foster Care benefits paid, and the date as of which the amount was correct. Only include public assistance paid to the obligee or the children in this action (listed in section V).

Item 3: Complete item 3 only if you are seeking reimbursement for medical assistance related to prenatal, postnatal or general expenses. Enter the dollar amount of medical expenses for which you are seeking reimbursement. Enter the name of the agency or person who paid the medical expenses and is due reimbursement. Attach appropriate proof or documentation, such as receipts.

SECTION IX, FINANCIAL INFORMATION:
This section is used to obtain the petitioner's financial information needed to apply guidelines to determine the appropriate amount of support.

Generally, you only need to complete this section if you are requesting establishment of an order or modification of an existing order, unless a responding State specifically asks for section IX to be completed to enforce an order. It is important to disclose all the information pertaining to income, expenses, and assets, as required by the responding State's guidelines. Failure to disclose information may seriously affect the legal proceedings in the responding State and may unnecessarily delay the resolution of the support issue.

*However, before completing all parts of Section IX IV-D agencies may wish to consult the **Intergovernmental Referral Guide (IRG)** (https://extranet.acf.hhs.gov/irgps/stateMap.do) or to contact the responding State to determine if all parts of Section IX are needed. Some responding States do not need all of the information in Section IX. IV-D agencies need to complete only those parts needed by the responding State.*

Part A: Monthly Income From All Sources

Item 1: Check the appropriate box to indicate if the individual petitioner is employed. If "yes", list occupation. If "no", list income source.

Item 2: List the gross monthly income of the individual petitioner, the petitioner's current spouse/partner (if applicable), and the obligor's dependents who are in the petitioner's custody. If there are multiple dependents in the petitioner's custody, combine the income from all the dependents and enter the total in the third column. List each income source separately under the categories provided in item 2. Be sure to provide information regarding all earnings and income sources, including salaries, wages, commissions, fees, bonuses, tips, and public assistance. You should consider seasonal or intermittent income on an annual basis (total for the year divided by 12).

Item 2.a.: Enter the gross monthly amount of any public assistance received, including SSI, Family Assistance, and other. "Family Assistance" means IV-A cash payments [IV-A was formerly called Aid to Families with Dependent Children (AFDC) and is now called Temporary Assistance to Needy Families]. "Other" includes other types of cash public assistance.

Item 2.b.: Enter the gross monthly amount of base pay salary or wages.

Item 2.c.: Enter the gross monthly amount of overtime, commissions, tips, bonuses, part time pay.

Item 2.d.: Enter the gross monthly amount of unemployment compensation received.

Item 2.e.: Enter the gross monthly amount of worker's compensation received.

Item 2.f.: Enter the gross monthly amount of Social Security Disability received.

Item 2.g.: Enter the gross monthly amount of Social Security Retirement received.

Item 2.h.: Enter the gross monthly amount of dividends and interest received.

Item 2.i.: Enter the gross monthly amount of trust/annuity income received.

Item 2.j.: Enter the gross monthly amount of pension or retirement income received.

Item 2.k.: Enter the gross monthly amount of any child support payments received.

Item 2.l.: Enter the gross monthly amount of any spousal support/alimony received.

Item 2.m.: Under "All other sources", be sure to include and describe monthly amounts for other income regularly received, such as self-employment income, regular in kind income, barter, or net income from rental property. If income is received on other than a monthly basis, annualize and divide by 12.

Item 3: Add all monthly income (lines 2a through 2m) and enter the total gross monthly income for the individual petitioner, petitioner's current spouse/partner (if applicable), and obligor's dependents who are in the petitioner's custody.

Item 4: On the appropriate lines, list deductions from gross income including Federal, State, and local income tax withholding and Social Security tax (FICA) withholding. List deductions for each party (the individual petitioner, petitioner's current spouse/partner, and obligor's dependents who are in the petitioner's custody).

Item 5: Subtract the deductions (lines 4a through 4d) from the total gross monthly income (line 3) and enter the difference on line 5 under "adjusted net monthly" income for each party.

Item 6: On the appropriate lines, enter other deductions for each party. Note that in some States these items are considered deductions while in other States they are considered expenses.

Item 6.a.: "Savings" means amounts that are withheld or paid directly from a party's income and deposited in a savings account or fund.

Item 6.b.: "Loan repayment" means amounts that are withheld or paid directly from a party's income to repay a loan.

Item 6.c.: "Mandatory Retirement" means amounts that are required by law to be withheld or paid directly from a party's income and deposited in a retirement account or fund. Enter amounts on this line only if the contributions are mandatory (i.e., required by law to be deducted).

Item 6.d.: "Non-mandatory Retirement" means amounts that are voluntarily withheld or paid directly from a party's income and deposited in a retirement account or fund. Enter amounts on this line only if the contributions are voluntary.

Item 6.e.: "Medical Insurance" means medical insurance premiums withheld or paid from a party's income.

Item 6.f.: "Union dues" means mandatory union dues that are withheld or paid directly from a party's income.

Item 6.g.: "Other" includes all other deductions, such as State unemployment insurance tax and disability insurance premiums, where applicable; and certain employment-related expenses that are deducted directly from income.

Item 7: Subtract the other deductions (lines 6a through 6g) from the adjusted net monthly income (line 5) and enter the difference on line under "net monthly income" for each party.

Item 8: Enter each party's gross income for the prior year.

Attach the three most recent pay stubs from each current employer for all parties shown. Some responding States may require additional financial documentation as well; for example, the previous year's Federal and/or State income tax returns, W-2 forms, or Federal 1099 forms.

Part B: Monthly Expenses.

On the appropriate lines, enter the monthly amount paid by the individual petitioner for the listed expenses. Generally, you should list expenses in the column labeled “Petitioner”. However, if there are expenses that are directly attributable to a dependent of the obligor (e.g., uninsured medical expenses for a child), list those expenses in the “Obligor’s Dependent(s)” column. If you prorate or divide expenses between the “Petitioner” and “Obligor’s Dependent(s)” column, explain how you divided the expenses. If there are multiple dependents in the petitioner’s custody, combine the expenses for all the dependents and enter the total. If an expense is paid on other than on a monthly basis, annualize and divide by 12.

Item 1: Enter the monthly amount paid for rent or mortgage.

Item 2: Enter the monthly amount paid for homeowner’s or renter’s insurance.

Item 3: Enter the monthly amount paid for home maintenance and repairs.

Item 4: Enter the monthly amount paid for heat.

Item 5: Enter the monthly amount paid for electricity or gas.

Item 6: Enter the monthly amount paid for telephone.

Item 7: Enter the monthly amount paid for water/sewer.

Item 8: Enter the monthly amount paid for food.

Item 9: Enter the monthly amount paid for laundry, dry cleaning, and other cleaning.

Item 10: Enter the monthly amount paid for clothing purchase.

Item 11: Enter the monthly amount paid for life insurance.

Item 12: Enter the monthly amount paid for medical insurance.

Item 13: Enter the monthly amounts paid for special needs or extraordinary medical expenses not covered by insurance, and attach a description and documentation of the expenses and payments that are made (if not provided in adequate detail in Section VI on page 5 of the General Testimony).

Item 14: Enter the monthly amount paid for other health related expenses not covered by insurance, including: doctors, dentists, medications and drug store items, and such expenses as glasses, hearing aids, etc.

Item 15: Enter the monthly amount of auto payment.

Item 16: Enter the monthly amount paid for auto insurance.

Item 17: Enter the monthly amount paid for other auto expenses such as auto repairs or licenses.

Item 18: Enter the monthly amount paid for other transportation expenses, such as public transportation, bus, or subway.

Item 19: Specify the monthly amount paid for child care (work-related or otherwise), the provider, and the frequency child care is used (e.g., hours per week). Some responding States also require that you attach verification or proof of child care expenses, and some responding States need to know if the child care is work-related.

Item 20: Enter the monthly amount of any support payments actually made by the individual petitioner for child, spousal or family support.

Item 21: Enter the monthly amount paid for internet service.

Item 22: Under "Other", be sure to include and explain personal educational expenses; educational expenses for obligor's child(ren) including books, fees, supplies and tuition; garbage collection fees; cable television fees; contributions; dues; newspapers; entertainment; hobbies or sports.

Total Monthly Expenses: At the end of part B, add the totals of line through line 22 and enter the total on the lines beside **Total Monthly Expenses** for both the individual petitioner and the obligor's dependents.

Part C: Assets.
This section lists assets owned by the individual petitioner.

Item 1: Describe real estate owned by the individual petitioner by entering the address (including street, county, State and zip code), the owner(s) (including any co-owners other than the individual petitioner), and the title. In the appropriate spaces, enter the assessed value and the amount of any mortgage. Subtract the amount of the mortgage from the assessed value and enter the difference on the line on the right hand side of the page.

Item 2: List any IRA, Keogh, pension, profit sharing, or other retirement plan. Include the institution or plan name and account number, and the amount of funds.

Item 3: Enter the dollar amount under any tax deferred annuity plan.

Item 4: Enter the present cash value of any life insurance policy.

Item 5: List any savings account, checking account, money market account, certificate of deposit (CD). Include the institution name and account number and the amount of funds in the account. If additional space is needed, provide information in Section X.

Item 6: Describe any automobiles or other vehicles owned by the individual petitioner by entering the make, model, and year. In the appropriate spaces, enter the estimated value of the vehicle and the dollar amount of any loan balance due on the vehicle. Subtract the loan balance from the estimated value and enter the difference on the line on the right hand side of the page.

Item 7: Describe any other assets owned by the individual petitioner, such as personal property or securities. Enter the dollar value of the asset in the right hand column. If additional space is needed, provide information in Section X.

Total Assets: Add all the dollar amounts in the right hand column (for items through in part C) and enter the total on the line by **Total Assets.**

SECTION X, OTHER PERTINENT INFORMATION:
Use this section to provide additional information or explanations. If it is related to a previous section, identify the section, part, and item number as appropriate.

SECTION XI, VERIFICATION:
Attach the appropriate number of copies of any existing support order, and check the box indicating that the copies are attached. You will generally need to attach a certified copy of any support order. Note, however, that some responding States may be able to take certain administrative enforcement actions without having a certified copy of the order, although a regular copy is still necessary. Some States may also need copies of custody or change in custody orders, if relevant.

Check the other boxes to indicate any other items that are attached, including: a copy of the certified child support payment records; copies of the three most recent pay stubs from the current employer; copies of bills for prenatal, postnatal, or general health care of mother and child; assignment or subrogation of support rights; "Affidavit in Support of Establishing Paternity"; copy of child(ren)'s birth certificates; an acknowledgment of parentage; documentation of legal custody/guardianship of child(ren); documentation that child(ren) are in foster care; and any other attachments (such as copies of bills for parentage testing or the common law statute of the initiating State).

"Affidavit in Support of Establishing Paternity" is a standard interstate form completed by the moving party [usually child(ren)'s mother or alleged father] who is seeking to establish the alleged father's paternity of the child(ren). The form provides evidence regarding the father's paternity. ***In interstate cases, a separate form must be completed for each child whose paternity is at issue.***

Acknowledgment of Parentage is an affidavit or form signed by the alleged father (and usually the mother as well) voluntarily acknowledging the alleged father's paternity of the child(ren). These forms are used by hospital-based programs, State child support agencies, and other entities.

If the individual petitioner is indigent and unable to pay the costs of these proceedings, check the "Other" checkbox and provide an explanation on the line provided. Note that checking this box does not guarantee that the individual petitioner will be exempt from all costs and fees.

The person(s) providing the testimony -- the individual petitioner and/or agency representative -- should sign and date the testimony at the bottom of page 0. Some States **require** the individual petitioner's signature; check with the *Interstate Roster and Referral Guide* or the responding State to determine the responding State's requirements. The form contains space for a notary to authenticate the signatures.

The Paperwork Reduction Act of 1995

This information collection is conducted in accordance with 42 U.S.C. 651 et seq. and 45 CFR 303.7 of the child support enforcement program. Standard forms are designed to provide uniformity and standardization for interstate case processing. Public reporting burden for this collection of information is estimated to average under half an hour per response. The responses to this collection are mandatory in accordance with the above statute and regulation. This information is subject to State and Federal confidentiality requirements; however, the information will be filed with the tribunal and/or agency in the responding State and may, depending on State law, be disclosed to other parties. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.