**CHILD SUPPORT QUESTIONNAIRE**

Before we can start your child support action, we need certain information about you, the other parent, and your household and household members. Please complete this form to the best of your ability. **Unanswered questions may delay your child support action**. Please call us if there is something you do not understand or need help with. We will gladly go through the form with you.

IF THERE IS A **PENDING CHILD SUPPORT ACTION** OR A **PRIOR CHILD SUPPORT ACTION**, PLEASE PROVIDE US WITH A COPY OF THE LAST COURT ORDER OR THE DOCUMENTS YOU HAVE RECEIVED IN THE MAIL RELATED TO THAT CASE.

\**YOU CAN OBTAIN A COPY OF THE LAST COURT ORDER FOR THE COUNTY COURT ADMINISTRATION WHERE THE CASE IS VENUED.*

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOUR BACKGROUND INFORMATION (Client)**

1. NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last Maiden

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street and/or P.O. Box

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City County State Zip

**MAY WE WRITE TO YOU AT THE ABOVE ADDRESS?** YES/NO.

If no, please give us an alternate address to send mail to you.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUR TELEPHONE NUMBERS: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MAY WE CALL YOU AT THE ABOVE NUMBER(S)?** YES/NO

Name and telephone number of an adult where a message can be left:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Telephone No.:

Do you want to keep the other parent from finding out your address & phone # YES/NO

2. Your age \_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. How long have you lived in Minnesota? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reasons Why the Existing Order Should Be Changed**

1. I request a change in the existing order because of (*check all that apply):*

⁭ A 20% change in the gross income of the obligor (*person paying support/maintenance)*

⁭ A change in the number of joint children for whom the obligor is legally responsible and actually supporting.

⁭ Receipt of public assistance by a parent or caregiver of a child who is supported by an existing child support order

⁭ Additional work-related or education-related child care expenses or the oblige or

a substantial increase or decrease in existing work-related or education-related

child care expenses

⁭ A change in the availability of health care coverage and/or dental insurance

coverage or a substantial increase or decrease in the cost of existing health care

coverage.

⁭ The joint child has become disabled.

⁭ The other parent and I agree to modify the child support under the income shares

guidelines.

2. I make the following other comments in support of my request for a change to the existing support/maintenance order:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. ***(Skip this question if motion is for spousal maintenance only)***

I am the parent of the following joint child(ren) involved in this case (*list only joint child(ren) involved in this case).*

**Joint Child’s Name Social Security No.: Date of Birth**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Visitation order amount of time for each.

⁭ Me\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⁭ Other Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information From Existing Child Support Order (*Answer only those questions that apply)***

5. The existing support/maintenance order was issued by the court in \_\_\_\_\_\_\_\_\_\_\_\_\_\_ County and is dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. In that Order, I am the (*Check one)* ⁭ Obligor *(making payments) ⁭* Obligee (*receiving payments)*

6. At the time the existing order was issued, I was (*check all that apply):*

*⁭* Unemployed

⁭ Employed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (company or occupation) and Earned $ \_\_\_\_\_\_\_\_\_\_ per ⁭ hour ⁭ week ⁭ month with a monthly gross income of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

⁭ Other monthly gross income totaling $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(List all sources, such as unemployment compensation, worker’s compensation, social security, county benefits, or other sources).

**If unemployed how did the Court calculate your income in the past? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

7. At the time of the existing order was issued, to the best of my knowledge, the other parent was (check one):

*⁭* Unemployed

⁭ Employed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (company or occupation) and Earned $ \_\_\_\_\_\_\_\_\_\_ per ⁭ hour ⁭ week ⁭ month with a monthly gross income of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and had other monthly gross income totaling $ \_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (list all sources, such as unemployment compensation, worker’s compensation, social security, county benefits or other sources).

8. At the time the existing order was issued, the joint child(ren) received monthly social security or veteran’s benefits in the amount of $ \_\_\_\_\_\_\_\_\_\_\_\_ based on ⁭ my disability ⁭ other parents disability and is paid to ⁭ me ⁭ other parent.

**Current Information About Me**

9. I am currently (check all that apply):

⁭ Married ⁭ Separated ⁭ Divorced ⁭ Living with a companion ⁭ Single

10. I am currently (check one) ⁭ Employed ⁭ Unemployed (if employed, answer the following:

a. Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Work telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. Occupation/Type of work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e. Length of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

f. Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

g. Gross Pay: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ This ⁭ does ⁭ does not include overtime pay.

h. Paid: ⁭ Weekly ⁭ Every other week ⁭ Twice a month ⁭ Monthly

i. Previously employed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

for \_\_\_\_\_\_\_\_\_\_\_\_\_\_ years prior to the above employment.

(Please attach copies of three (3) months of pay stubs from your employer)

11. I have the following additional source of income:

Commissions $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pension Payments $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annuity Payments $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unemployment Benefits$\_\_\_\_\_\_\_\_\_\_\_\_\_

Military/Naval Retirement$\_\_\_\_\_\_\_\_\_\_\_\_\_ Worker’s Compensation$\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spousal Maintenance Received$\_\_\_\_\_\_\_\_\_ Disability Payments $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Self-Employment $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. I receive *(check only if it applies)* ⁭ MFIP ⁭ Medical Assistance ⁭ Minnesota Care

⁭ General Assistance ⁭ SSI ⁭ Child Care Assistance

13. The joint child(ren) currently receives monthly social security or veteran’s benefits in the Amount of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ based on ⁭ my disability ⁭ the other parent’s disability and is paid to ⁭ me ⁭ other parent.

14. I am court ordered to pay monthly spousal maintenance.

(check one) ⁭ YES ⁭ NO If yes, how much? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. I support the following non-joint child(ren):

**Child’s Name Date of Birth Relationship Child Support Living in**

**Monthly Amount my home**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES/NO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES/NO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES/NO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES/NO

(If ordered to pay child support for any child listed above, provided copies of court order)

16. My monthly expenses at the preset time are as follows (if married, include total of household expenses):

**Monthly Payment at Present Time**

a. ⁭ House payment or ⁭ rent $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Real Estate Taxes, if not included in (a) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Association dues or lot rent (for property) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. Insurance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Homeowners, if not included in (a) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Car $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Life $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e. Utilities: (Average monthly amount) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gas $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Electricity $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Water and garbage $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cable TV $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

f. Food $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

g. Clothing $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

h. Laundry/dry cleaning $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

i. Personal allowances and incidentals $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

j. Magazines and newspapers $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

k. Uninsured/unreimbursed medical expenses $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

l. Uninsured/unreimbursed dental expenses $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

m. Child Care Expenses $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

n. Transportation $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Car Payment $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gasoline $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Repairs $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

o. Recreation/Entertainment $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

p. Child(ren) needs (sports/school/hobbies) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

q. Allowances $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

r. Other (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

s. Charge accounts and loans (list) BALANCE OWED

Name of Account

1.­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL MONTHLY EXPENSES:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

17. The following people help me pay my currently monthly expenses listed in question 15:

⁭ Spouse ⁭ Companion ⁭ Roommate(s) ⁭ Relatives ⁭ No One

18. The value of the property I currently own by myself or with someone else is:

Home $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Household goods $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purchase price on my home $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Balance owed on my home $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other real estate $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checking/Savings $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Automobiles $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (year, make and model) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recreational vehicles $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (year and make) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Property $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stocks/bonds/etc. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parents Health Care Coverage Information**

***Only answer if you are asking for a change in health care coverage and/or dental coverage for the joint child(ren)***

19. **About me:** *(check all that apply)*

⁭ I am court ordered to carry health care coverage for the joint child(ren)

⁭ I now have private health care coverage available for the joint child(ren)

⁭ I do not have or no longer have private health care coverage available for the joint child(ren)

⁭ I cannot afford to pay my proportionate share of health care coverage for the joint child(ren)

⁭ My proportionate share of health care coverage for the joint child(ren) should be changed.

⁭ I am court ordered to maintain health care coverage for other non-joint children and coverage is in place for other non-joint children.

⁭ I have private health care coverage and/or dental insurance coverage in place for the following people: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost of monthly health care coverage for self: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost of monthly health care coverage for dependents: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost of monthly dental insurance for self (if separate coverage from health care coverage): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20. Currently, there is:

⁭ no court order that directs either parent to carry private health care coverage for the joint child(ren).

⁭ a court order that directs ⁭ me ⁭ the other parent to carry private health care coverage for the joint child(ren)

⁭ Medical Assistance ⁭ Minnesota Care currently in place for the joint child(ren).

**Child Care Obligation**

***Only answer if you are asking for a change in child care support for the joint child(ren)***

21. ⁭ I am court ordered to pay a proportionate share of child care support and the amount of child support has changed.

⁭ There is no court ordered child care obligation and I have child care expenses.

22. If there is an existing court order for monthly child care expenses, list the court ordered Amount: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

23. The **current** total monthly costs of child care are $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OTHER PARENT BACKGROUND INFORMATION**

24. NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last Maiden

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street and/or P.O. Box

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City County State Zip

25. Other parent’s age \_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_ Social Security # \_\_\_\_\_\_\_\_\_\_

26. How long have he/her lived in Minnesota? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Information About Other Parent**

27. To the best of my knowledge, the other parent is currently:

(check one) ⁭ Employed ⁭ Unemployed (if employed, answer the following):

a. Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Work telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. Occupation/Type of work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e. Length of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

f. Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

g. Gross Pay: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ This ⁭ does ⁭ does not include overtime pay.

h. Paid: ⁭ Weekly ⁭ Every other week ⁭ Twice a month ⁭ Monthly

i. Previously employed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

for \_\_\_\_\_\_\_\_\_\_\_\_\_\_ years prior to the above employment.

(Please attach copies of three (3) months of pay stubs from your employer)

28. To the best of my knowledge, the other parent has the following additional sources of income:

Commissions $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pension Payments $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annuity Payments $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unemployment Benefits$\_\_\_\_\_\_\_\_\_\_\_\_\_

Military/Naval Retirement$\_\_\_\_\_\_\_\_\_\_\_\_\_ Worker’s Compensation$\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spousal Maintenance Received$\_\_\_\_\_\_\_\_\_ Disability Payments $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Self-Employment $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

29. To the best of my knowledge the other parent receives (check only if it applies) ⁭ MFIP ⁭ Medical Assistance ⁭ Minnesota Care ⁭ General Assistance ⁭ SSI ⁭ Child Care Assistance

30. To the best of my knowledge, the other parent is ordered to pay spousal maintenance.

(check one) ⁭ YES ⁭ NO If yes, how much? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

31. To the best of my knowledge, the other parent supports the following non-joint child(ren)

**Child’s Name Date of Birth Relationship Child Support Living in**

**Monthly Amount my home**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES/NO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES/NO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES/NO

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YES/NO

PLEASE RETURN COMPLETED QUESTIONNAIRE TO:

**Band Member Legal Aid**

**43408 Oodena Drive**

**Onamia, MN 56359**

**(320) 532-7798**