

**SUPPORT - INTAKE INFORMATION**

INITIATING SUPPORT FOR FIRST TIME? \_\_\_\_\_

MODIFICATION OF CURRENT SUPPORT ORDER? \_\_\_\_\_

COLLECTION OF ARREARAGE? \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

FULL NAME \_\_\_\_\_

AVERAGE GROSS WEEKLY WAGE \_\_\_\_\_

OTHER INCOME \_\_\_\_\_

DAY CARE EXPENSES \_\_\_\_\_

HEALTH INSURANCE PREMIUM FOR CHILDREN ONLY \_\_\_\_\_

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**IF THERE IS A PRIOR COURT ORDER FOR SUPPORT:**

HOW MUCH SUPPORT ORDERED? \_\_\_\_\_

DATE ORDERED \_\_\_\_\_ COURT/CAUSE NO. \_\_\_\_\_

DATE SUPPORT PAID LAST \_\_\_\_\_

AMOUNT OF ARREARAGE \_\_\_\_\_

WHO IS ORDERED TO PAY HEALTH INSURANCE \_\_\_\_\_

\* \* \* \* \*

OTHER PARENT'S FULL NAME \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ SOCIAL SEC. NO. \_\_\_\_\_ DOB \_\_\_\_\_

EMPLOYER \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

AVERAGE GROSS WEEKLY WAGE \_\_\_\_\_

SUPPORT PAID/ORDERED FOR OTHER CHILDREN? \_\_\_\_\_

WHEN WE SERVE PAPERS ON OTHER PARENT:

WHERE (e.g. work, home, relative's home) \_\_\_\_\_

ADDRESS \_\_\_\_\_

\* \* \* \* \*

OTHER ISSUES

VISITATION \_\_\_\_\_

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MEDICAL EXPENSES \_\_\_\_\_

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COLLEGE EXPENSES \_\_\_\_\_

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OTHER \_\_\_\_\_

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