**CUSTODIAL PARTY (CP)**
**CASE INFORMATION WORKSHEET**
(Please use pen and print or write legibly.)

| To be completed by County Office: | |
|---|---|
| DHR File No. | Case ID |
| CP ID | NCP ID |
| CP Name | NCP Name |

## APPLICANT DATA  (Person providing care for children)

| Full name (first, middle, and last) | Maiden/Alias |
|---|---|

| Social Security Number | Sex | Race | Date of birth (month, day, year) |
|---|---|---|---|

Current marital status:  ☐ Married   ☐ Divorced   ☐ Separated   ☐ Deserted   ☐ Never married   ☐ Unknown

**A D D R E S S**

Street address (street or rural route number and box)

| City | State | Zip | Phone number (area code + number) |
|---|---|---|---|

| Mailing address is: ☐ Same as above  ☐ Different (Complete mailing address) | Mailing Address |
|---|---|

| City | State | Zip |
|---|---|---|

**E M P L O Y E R**

| Employer Name | Address |
|---|---|

| City | State | Zip | Phone number (area code + number) |
|---|---|---|---|

| Medical Insurance: | Is dependent coverage available through your employer? ☐ Yes ☐ No | If "Yes," do you provide coverage? ☐ Yes ☐ No | If "Yes," at what cost to you? |
|---|---|---|---|

**Address of someone who will always know how to contact you:**

| Name | Relationship | Phone number (area code + number) |
|---|---|---|

| Address | City | State | Zip |
|---|---|---|---|

| Have you ever received an AFDC check? ☐ Yes ☐ No | If "Yes" give month and year of last check | County/State where AFDC was received |
|---|---|---|

Have any of the children you are applying for ever received SSI benefits? ☐ Yes ☐ No  If "Yes," list the name(s) of the child(ren).

| Have you or your children ever received Medicaid? ☐ Yes ☐ No | If "Yes" give month and year of last benefits | County/State where Medicaid was received |
|---|---|---|

Are you receiving help with or being represented in the matter of child support by an attorney or other agency? ☐ Yes ☐ No
If "Yes," give name and address of attorney or agency.

| Address | City | State | Zip | Phone number (area code + number) |
|---|---|---|---|---|

## CHILD DATA

| CHILD'S FULL NAME (FIRST, MIDDLE, LAST) | SEX | BIRTHDATE (MO., DAY, YR.) | PLACE OF BIRTH (CITY, STATE) | SOCIAL SECURITY NUMBER | RELATIONSHIP TO YOU | LEGAL FATHER |
|---|---|---|---|---|---|---|
| | | | | | | YES / NO |
| | | | | | | YES / NO |
| | | | | | | YES / NO |
| | | | | | | YES / NO |
| | | | | | | YES / NO |
| | | | | | | YES / NO |
| | | | | | | YES / NO |
| | | | | | | YES / NO |

If all of the children listed above do not live with you, please provide the addresses of those children in the comment section on page four.

| NON-CUSTODIAL PARENT (NCP) DATA |
|---|

| Full name (first, middle, last, suffix ex.: Jr., Sr., III) | Alias or maiden name (first, middle, last) |
|---|---|
|  |  |

| Social Security Number | Sex | Date of birth | Age | Place of birth (city and state) |
|---|---|---|---|---|
|  |  |  |  |  |

Current marital status: ☐ Married  ☐ Divorced  ☐ Separated  ☐ Deserted  ☐ Never married  ☐ Unknown

| Race | Height | Weight | Hair Color | Eye Color | Glasses/Contacts ☐ Yes ☐ No | Other identifiers (tatoos, scars, physical impairments) |
|---|---|---|---|---|---|---|
|  |  |  |  |  |  |  |

**Please provide photograph if available.**

**ADDRESS**

| Address ☐ Current ☐ Last known ____ years ago | Mailing Address | | |
|---|---|---|---|
| Phone number (area code + number) | City | State | Zip |
| Home address (Please provide directions if address is unknown or unclear) | | | |
| City | State | | Zip |

**EMPLOYER**

| ☐ Current ☐ Last known ____ (years) | Name of Employer | | |
|---|---|---|---|
| Phone number (area code + number) | Address | | |
| Usual type of work | City | State | Zip |
| MEDICAL INSURANCE: | Is dependent coverage available through employer? ☐ Yes ☐ No | If "Yes," does NCP provide coverage? ☐ Yes ☐ No | If "Yes," at what cost to employee? |
| Insurance Company Name | Group Number | | Policy Number |

| NCP's Father's name | Address | Phone number (area code + number) |
|---|---|---|
|  |  |  |

| City | State | Zip |
|---|---|---|
|  |  |  |

| NCP's Mother's name | Address | Phone number (area code + number) |
|---|---|---|
|  |  |  |

| City | State | Zip |
|---|---|---|
|  |  |  |

| NCP's Current Spouse's name | Address | Phone number (area code+ number) |
|---|---|---|
|  |  |  |

| Spouse's SSN | City | State | Zip |
|---|---|---|---|
|  |  |  |  |

| The NCP ☐ is currently or ☐ has in the past received government benefits. | Type of benefits ☐ SSI, SSA ☐ Food Stamps ☐ Retirement ☐ VA ☐ Unemployment ☐ Workers' Compensation |
|---|---|

| The NCP ☐ is currently or ☐ has been in the military. | Most recent duty station: | Branch: ☐ Army  ☐ Navy  ☐ Marines ☐ Air Force  ☐ Coast Guard |
|---|---|---|

| Rank and Paygrade: ☐ Officer  ☐ Enlisted | Status: ☐ Active  ☐ Retired  ☐ Reserve  ☐ National Guard  ☐ Discharged |
|---|---|

| The NCP ☐ is currently or ☐ has been a student. Give name and location of last school attended. | Grade Level Completed: | Date last attended: |
|---|---|---|

| The NCP ☐ is deceased. | Date of death: | Place of death (City, State): |
|---|---|---|

| NON-CUSTODIAL PARENT (NCP) DATA (continued) | | | |
|---|---|---|---|
| The NCP ☐ has a current driver's license or ☐ has a suspended driver's license. | D.L. Number | State | Class |
| Other licenses (ex: business, professional, boating, etc.) | | | |
| Prior arrest? ☐ Yes ☐ No | Location of arrest (city, state) | | Date of Arrest |
| The NCP ☐ is currently or ☐ has been in a jail, prison, or institution. | Name of institution | | Date of sentence |
| Address | | | Date of expected release |
| City | State | Zip | Date of release |
| Probation/Parole Officer Name | Phone Number/Location | | |
| Automobile Year, Make, and Model | | Color/Description | Tag Number |
| Other possible assets (ex.: house, boat, land, savings accounts). Please furnish detailed information when available. | | | |

| COMPLETE THIS SECTION IF CHILD'S PARENTS WERE NOT MARRIED | |
|---|---|
| Has alleged father ever signed papers stating that he is the father of the child? ☐ Yes ☐ No If "Yes," please provide a copy. | |
| Is the alleged father listed on the child's birth certificate? ☐ Yes ☐ No If no, who is listed? | |
| Was the mother married when the child was conceived? ☐ Yes ☐ No If "Yes," please provide name of person to whom she was married. | |
| Was the child conceived in Alabama? ☐ Yes ☐ No If "No," please provide city and state of conception. | |
| Has alleged father ever paid child support, medical expenses or bought things for the child(ren)? ☐ Yes ☐ No | Explain: |
| Has a paternity suit been filed? ☐ Yes ☐ No | Date | Location (City, State) |
| Has paternity been established by court order? ☐ Yes ☐ No | Date | Location (City, State) |

| COURT DATA | | | |
|---|---|---|---|
| Married (Date, Location) | | | |
| Separated/Divorced (Date, Location of Court) | | | |
| Has NCP ever been ordered by a court to pay support for the children in this case? ☐ Yes ☐ No ☐ Unknown | | If "No," has a petition been filed and a hearing pending? ☐ Yes ☐ No ☐ Unknown | |
| If "Yes," Name of Court | | Address of Court | |
| Court Order Number | Amount $ | Frequency | Is NCP currently paying as ordered? ☐ Yes ☐ No |
| To whom is the NCP ordered to pay support? | Date of last payment | Is NCP paying by military allotment? ☐ Yes ☐ No | Amount |
| Is NCP ordered to provide medical insurance or pay medical expenses? ☐ Yes ☐ No ☐ Unknown | If "Yes," explain. | | |
| Is NCP ordered to pay child support for any other children? ☐ Yes ☐ No | If "Yes," give children's names and ages. | | |

| APPLICANT COMMENTS |
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I declare under penalties of perjury that the information given by me in this form is true, correct, and complete to the best of my knowledge.  I realize that I may be prosecuted for fraud for any intentional false statement or misrepresentation.  I agree to inform the local office of the Department of Human Resources promptly of any new or changed information which may be related to the establishment of a support order or the collection of support.

I have received the Civil Rights Pamphlet.  Yes ☐   No ☐

_____          _____
Date

_____          _____
Date

| CASEWORKER COMMENTS |
|---|
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