

CHILD SUPPORT CASE INFORMATION

APPLICATION FOR TITLE IV-D SERVICES

APPLICANT: Martin Burns

SECTION I - APPLICANT CHILD SUPPORT INFORMATION

APPLICANT INFORMATION - Please complete this information about yourself

Your relationship to the child(ren):

- Mother Father Aunt Uncle Paternal Grandparent
 Maternal Grandparent Guardian
 Other _____

Does the child(ren) live with you? Yes No

If no, who does the child(ren) live with? _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Are you currently receiving Public Assistance? Yes No

Did you ever receive Public Assistance? Yes No

Did you ever receive Medicaid? Yes No

APPLICANT INFORMATION REGARDING CURRENT AND/OR PAST CHILD SUPPORT ARRANGEMENTS

Please provide all available details regarding your current and/or past support arrangements.

Have you ever made a private agreement with the other parent for child support? Yes No

If yes, Amount: \$ _____ every week two weeks month, beginning on _____

Are there any court actions pending in any state to establish or enforce support for your child(ren)?

Yes No

If yes, court (county, state): _____ . date filed: _____

Do you have an existing court order for child support? Yes No

\$ _____ every week two weeks month starting on _____

What court entered this order (County, State)? _____

The current support order requires payments to be made (check one)

- directly to me
 to a child support enforcement agency
(County, State) _____
 by income withholding directly to me
 by income withholding to a child support enforcement agency
(County, State) _____

SECTION II - APPLICANT INFORMATION

APPLICANT PERSONAL INFORMATION - Please complete this information about yourself

Last Name: Burns
First Name: Martin
Middle Name: _____ Suffix: _____
Date of Birth: _____ Social Security Number or TAX Identification Number: _____

Maiden Name and/or Other Names used: _____
U.S. Citizen Yes No If No, What Country? _____
Alien Registration No. _____

Race: White Black American Indian, Eskimo Or Aleutian
 Asian or Pacific Islander Hispanic Other
Ethnicity: Hispanic Non-Hispanic
Sex: Male Female

Primary spoken language _____
Do you need an interpreter? Yes No If yes, specify language _____

Home Phone: _____ Cell Phone: _____
Drivers License number: _____ Issuing State: _____
Email Address: _____
Home Address: _____
City: _____ State: FL Zip Code: _____
County _____
Mailing Address if different from home: _____
City: _____ State: _____ Zip Code: _____
County _____

Your current Marital Status:
 Married Divorced Separated Widowed Never Married Single Civil Union

Are you married to the parent of the child(ren)? Yes No
If yes, Date: _____ City, State of Marriage: _____

Are you divorced from the parent of the child(ren)? Yes No
If yes, Date: _____ City, State of Divorce: _____

APPLICANT EMPLOYMENT INFORMATION

Employer/Company Name _____ Self-employed
Employer Address: _____
City: _____ State: _____ Zip Code: _____
May we contact you at work? Yes No
Work Phone: _____ Fax Number: _____
Work Email ID: _____

Active Military Status: Yes No Military Branch: _____

APPLICANT ATTORNEY INFORMATION *(if you have an attorney for this case)*

Your Attorney's Name: Daniel Caine
Attorney's Address: 831 Beacon St. Ste 2900
City: Newton State: NY Zip Code: 02459
Phone: _____ Fax: _____
Email: dan.caine@familylawssoftware.com

SECTION III - PARENT INFORMATION

PARENT PERSONAL INFORMATION:

Please complete this information about the parent you are filing this application against.

Last Name: Burns
First Name: Gladys
Middle Name: _____ Suffix: _____
Social Security Number or TAX Identification Number: _____
Date of Birth: _____ Place of Birth: _____
City: _____ State: _____ Country: _____

Sex: Male Female
Maiden Name and/or Other Names used: _____
U.S. Citizen: Yes No If No, What Country? _____
Alien Registration No. _____
Race: White Black American Indian, Eskimo Or Aleutian
 Asian or Pacific Islander Hispanic Other
Ethnicity: Hispanic Non-Hispanic

PARENT IDENTIFYING INFORMATION:

Please complete this information about the parent you are filing this application against.

Hair Color: Balding Black Blond Brown Gray/White
 Red None/Bald Unknown Other
Eye Color: Black Brown Blue Green Gray Hazel Other
Height: _____ Weight: _____ Facial Hair: _____
Distinguishing Features (Scars, Marks, Tattoos, Glasses): _____

PARENT CONTACT INFORMATION:

Please complete this information about the parent you are filing this application against.

Primary spoken language: _____
Does the parent need an interpreter? Yes No
If yes, specify language _____

Home Phone: _____ Cell Phone: _____
Drivers License number: _____ Issuing State: _____
Email Address: _____

Last Known Home Address: _____
City: _____ State: FL Zip Code: _____
County: _____

Lives with: Parent Relative Friend Alone Spouse
 Other Name: _____

Last Known Mailing Address if different from home address: _____
City: _____ State: _____ Zip Code: _____

Is the parent currently incarcerated or institutionalized Yes No
If yes, provide details: _____
Name of the prison/jail/institution: _____
City, State: _____ , _____

PARENT'S EMPLOYER INFORMATION

Please provide information, if known, about the parent you are filing this application against.

Employer/Company Name: _____ Self-employed

Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Salary \$ _____ every week 2 weeks month year

Type of work performed _____

Belong to Union? Yes No

If Yes, Union Name _____ Local # _____

Additional Employment: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Salary \$ _____ every week 2 weeks month year

Type of work performed _____

Military Service Yes No

Branch: Army Navy Air Force Marines Coast Guard

Status? Active Reserve Retired _____ (mm/yyyy)

Discharged _____ (mm/yyyy)

Duty Station: (Base/Post/Ship and City/State) _____

PARENT'S HEALTH CARE INFORMATION

Please provide information, if known, about the parent you are filing this application against.

Health insurance provider: Employer 1 Employer 2

Child(ren) named in this application covered? Yes No

Policy Number: _____ Date coverage began: _____

PARENT'S FINANCIAL INFORMATION

Please provide information, if known, about the parent you are filing this application against.

Does the parent receive any of the following types of income?

- Unemployment Compensation
- Legal Settlement Income
- Pension _____
- Worker's Compensation
- Commissions
- Supplemental Security Income
- Other disability
- Public Assistance (Welfare)
- Other Income Source _____
- Veteran's Administration Pension
- Railroad Retirement Pension
- Investment Income
- Trust Income
- Dividend Income
- Royalties
- Annuities
- Social Security Retirement
- Social Security Disability
- Rental Income
- Lottery Winnings

Parent Bank Account Number _____ Checking Savings

Bank Name and Address _____

PARENT'S ATTORNEY INFORMATION

Please provide information, if known, about the parent you are filing this application against.

Parent Attorney's Name: _____
Attorney's Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____ Email: _____

SECTION IV - CHILD(REN) INFORMATION

INFORMATION ABOUT THE CHILD(REN). Please provide information for each child for whom you are seeking to establish paternity and/or establish a Child Support/Medical Support Order.

CHILD: # 1

Last Name: _____
First Name: Andrea
Middle Name: _____ Suffix: _____
Paternity established? Yes No
Date of Birth: 3/2/2004 City/State of Birth: _____
SSN#: _____
Race: White Black American Indian, Eskimo Or Aleutian
 Asian or Pacific Islander Hispanic Other
Ethnicity: Hispanic Non-Hispanic
Sex: Male Female

CHILD: # 2

Last Name: _____
First Name: Burton
Middle Name: _____ Suffix: _____
Paternity established? Yes No
Date of Birth: 6/8/2012 City/State of Birth: _____
SSN#: _____
Race: White Black American Indian, Eskimo Or Aleutian
 Asian or Pacific Islander Hispanic Other
Ethnicity: Hispanic Non-Hispanic
Sex: Male Female

CHILD: # 3

Last Name: _____
First Name: Charles
Middle Name: _____ Suffix: _____
Paternity established? Yes No
Date of Birth: 1/1/2008 City/State of Birth: _____
SSN#: _____
Race: White Black American Indian, Eskimo Or Aleutian
 Asian or Pacific Islander Hispanic Other
Ethnicity: Hispanic Non-Hispanic
Sex: Male Female

SECTION V - APPLICANT FINANCIAL INFORMATION:

Provide us with information about your income and financial situation. Complete this section only if you are requesting the establishment of a support order for the child(ren) listed on this application. The other parent will be asked to complete a similar form. The court uses the financial information on these forms to set the amount of child support. Additionally, it may be used to determine if the support award should be increased or decreased in the future.

IMPORTANT: You must provide a copy of your most recent federal tax form or your three most recent pay stubs to verify your income. Self-employed persons and business owners must also provide a copy of the most recent federal tax forms for their business. If you are requesting a credit or deduction, you must provide proof of your expenses or obligations.

Information about your Financial Status.

Gross Weekly Income. Report your weekly gross income. Divide monthly income by 4.3 and bi-weekly income by 2.6. You will be required to provide proof of your income when requesting support establishment services.

1. Salary, wages, commissions, bonuses and other payments for services performed	\$	<u>2,500</u>
2. Income from operating a business minus ordinary and necessary expenses	\$	<u>0</u>
3. Social security disability	\$	<u> </u>
4. Social Security retirement	\$	<u>0</u>
5. Veteran's Administration pension	\$	<u> </u>
6. Worker's compensation	\$	<u>0</u>
7. Other pensions, disability or retirement income	\$	<u>0</u>
8. Unemployment compensation	\$	<u>0</u>
9. Interest, dividends, annuities or other investment income	\$	<u>10</u>
10. Income from the sale, trade or conversion of capital assets	\$	<u> </u>
11. Income from an estate of a decedent (a will)	\$	<u> </u>
12. Alimony or separate maintenance from a previous marriage	\$	<u>0</u>
13. Income from trusts	\$	<u> </u>
14. Other income (specify) _____	\$	<u>0</u>
15. Other income (specify) _____	\$	<u> </u>
Total Gross Income (add lines 1 through 15)	\$	<u>2,510</u>

Weekly Exemptions. Report the following deductions from your weekly income.

1. Number of tax exemptions claimed.	_____
2. Mandatory union dues	\$ <u>0</u>
3. Mandatory retirement contributions	\$ <u>0</u>

4. Health insurance premium (must include child(ren) named in the complaint) \$ _____

5. List each alimony or child support order paid by you, if applicable.

State and Case Number: _____ \$ _____

State and Case Number: _____ \$ _____

Other Dependent Deduction: Complete this section if (1) you are legally responsible for supporting a child or children other than those named in the support complaint or application, (2) the child or children are living with you and (3) you are requesting credit for the amount spent on raising the other child or children when the support award is calculated. You are legally responsible for all children that are yours by birth or adoption. Answer the questions about the other parent of the child or children (for example, your current spouse who is the biological father of at least one of your children).

1. Number of other legal dependents (you must provide proof of the legal relationship). _____

2. Number of tax exemptions that parent of the other child(ren) claims. _____

3. Weekly gross income of the parent of the other child(ren) \$ _____

4. Mandatory union dues of the parent of the other child(ren) \$ _____

5. Mandatory retirement contributions of the parent of the other child(ren) \$ _____

6. Health insurance premiums paid by the parent of the other child(ren) \$ _____

7. Alimony or child support orders paid by the parent of the other child(ren) \$ _____

Credit for Child Care Expenses: Complete this section only if (1) you pay for work related child care for a child or children for whom you and the other parent share a legal responsibility to support and (2) you are requesting a credit for these expenses when your support amount is calculated.

Annual child care cost (if paid weekly multiply by 52; if monthly multiply by 12) \$ _____

Child care provider name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Income Received by the Child(ren) from the other parent: Complete this section if your child(ren) receive regular payments in the name of the other parent (e.g., social security supplements or veteran's benefits apportionment's).

1. Source of benefit(s); _____

2. Weekly amount of benefits (requires proof) \$ _____

Health Insurance Benefits. Provide the following information about your health insurance benefits.

Health Insurance Provider: _____

Policy Carrier: _____

Includes child(ren) Yes No Date coverage began: _____

CERTIFICATION

I certify that the foregoing statements made by me are true to the best of my knowledge. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

Date: _____ Signature: _____

SECTION VI - PARENT LOCATION INFORMATION

BACKGROUND INFORMATION ON THE PARENT.

Please provide information, if known, about the parent you are filing this application against.

Does the parent have a criminal record? Yes No

If yes, City, State: _____ , _____ Date: _____

Education: School/College Name _____

City, State: _____

Date of Attendance: _____

Does the parent belong to any professional/trade associations? Yes No

If yes, Name: _____

City, State: _____

Does the parent have any professional/trade licenses? Yes No

If yes, License Number: _____ Type: _____ Issuing State: _____

PARENT'S FRIENDS AND RELATIVES

Please provide information, if known, about the parent you are filing this application against.

Maiden Name of the parent's mother _____ Living Deceased

Address: _____

City: _____ State: _____ Zip Code: _____

Name of the parent's father _____ Living Deceased

Address: _____

City: _____ State: _____ Zip Code: _____

Spouse/Other - Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Does the parent have any other children besides yours? Yes No

(Child Name, Court Order State, Other Parent Name on the order)

PARENT FINANCIAL ASSETS INFORMATION. Please provide information, if known.

Does the parent own any homes or real estate? Yes No If yes, please provide the address below.

Does the parent own a motor/recreational vehicle? Yes No

If Yes, please identify below, (Make, Model, Color, State where Registered, License No)

Does the parent own a boat? Yes No

If Yes, please identify below. (Make, Registration No., Moored at)

PARENT PAST EMPLOYMENT INFORMATION

List the other parent's past employer(s), if known, about the parent you are filing this application against.

Employer Name: _____
Start Date: _____ End Date: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Employer Name: _____
Start Date: _____ End Date: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Employer Name: _____
Start Date: _____ End Date: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Employer Name: _____
Start Date: _____ End Date: _____
Address: _____
City: _____ State: _____ Zip Code: _____

CHILD SUPPORT SERVICES APPLICATION

FULL SERVICES - Check if requesting full IV-D Child Support Services

FULL IV-D CHILD SUPPORT SERVICES (\$6 Fee)

(This agency will furnish the appropriate services for location; paternity, support and/or medical support establishment; and enforcement actions to which you are entitled.)

OTHER SERVICES - Please check if not requesting full services

Monitoring Services Only (\$25 Annual Fee)

(The selection of this service means that certain enforcement options will not be available.)

AUTHORIZATION

This portion of the application gives us permission to work on your case on behalf of your child(ren). You also agree to cooperate with us and follow the rules of the program. Again, if you do not understand this section, please ask the Child Support Agency's staff to explain it to you.

By signing this application, I agree to the following:

- (1) The Child Support Agency may pursue and use all sources of information legally available to support its investigation of my case and perform the services that I have requested;
- (2) I will cooperate with the Child Support Agency in its efforts to provide the requested services and comply with the obligee's responsibilities listed in Part B of this application;
- (3) **I will not accept court ordered support payments directly** from the obligor or, if any are received, I will immediately forward them to the New Jersey Family Support Payment Center (NJFSPC);
- (4) I am not entitled to interest on any child support payment for the time it is held in the NJFSPC bank account pending distribution;
- (5) In accordance with N.J.S.A. 2A:17-56.60, the Child Support Agency may use my Social Security Number as an internal identifier for all child support and paternity purposes. I understand that my Social Security Number, my address and personal information about myself will remain confidential unless I authorize its release; and

The Child Support Agency may terminate my case if I fail to cooperate or conform to the responsibilities documented in this application.

Date

Applicant's Signature

Martin Burns

Applicant's Name (please print)