

OTHER PARTY QUESTIONNAIRE

Please complete the questionnaire regarding the other individual involved in this support case. The information you provide may help us to update our files and complete the review of your child support order. Please sign and return this form along with the request form for the administrative review and adjustment. If you do not have any information on the other party, you may answer, "I do not know." Any information may be helpful and could help expedite the review process in situations where financial information is otherwise unobtainable.

Personal Data

Other Party's Name: _____ Date of Birth: _____

Social Security number _____ Phone Number: _____

Address: _____

To your knowledge, does this individual have any other children? _____

If yes, how many? _____ Names _____

Income and Resource Information

Is the other parent now employed? _____

Employer's name and address: _____

Employer's Telephone

#: _____ Wages: \$ _____

Does the other parent receive income from any other source?(i.e. social security, veterans benefits, workman's compensation,unemployment compensation, etc. If yes, please explain: _____

Your Signature: _____ Date: _____