GENERAL TESTIMONY

(Instructions should be provided to the petitioner as part of the form.)

THIS FORM CONTAINS SENSITIVE INFORMATION – DO NOT FILE THIS FORM IN A PUBLIC ACCESS FILE

The information on this form may be filed with the petition or pleading and may be disclosed to the parties in the case unless accompanied by a nondisclosure finding/affidavit.

If you are not the intended recipient, you are hereby notified that any use, disclosure, distribution, or copying of this form or its contents is strictly prohibited.

Pers	Personal Information Form for UIFSA § 311 must be attached.					
Peti	tioner: Legal Name (first, middle, last, suffix)	IV-D Case	:[] TANF			
			[] IV-E Foster Car	e		
[] Obligee [] Obligor		[] Medicaid Only			
Tr	ibal Affiliation (if applicable)		[] Former Assistar	nce		
			[] Never Assistance	ce		
Res	pondent: Legal Name (first, middle, last, suffix)	Non-IV-D Case	:[]			
[]	Obligee [] Obligor R	Responding IV-D Case	Identifier:			
Tr	ibal Affiliation (if applicable)	Responding Tribun	al Number:			
NOT	'E:	Initiating IV-D Case	Identifier:			
[]N	Iondisclosure Finding/Affidavit attached					
[]1	his form sent through EDE					
Ι, _		, declare under pei	nalty of periury:			
-, _	Legal Name (first, middle, last, suffix)	,	y py.			
l. P	ersonal Information About Obligee: (ОЫ	igee caretaker complete	section I.E only)	See section IX		
A.	Obligee parent information					
1.	Legal name (first, middle, last, suffix):					
2.	Gender: [] Male [] Female [] Other					
3.	a. Occupation, trade, or profession:					
	b. Highest level of education attained:					
4.	Current tax filing status: [] Single [] Head of	f household [] Married	I filing jointly [] Marri	ed filing separately		
	[] Qualifying widow/widower with dependent	children [] Unknown				
B. F	Physical description of the obligee parent: (Attack	n a recent photo if availabl	e.)			
1.	Race: 2. Height:	3. Weight:	4. H	lair color:		
5.	Eye color:					
C. I	s the obligee parent financially responsible for d	lependent children othe	r than those of this act	ion (listed in section IV)?		
	[] Yes [] No [] Unknown (If yes, pro	ovide information below if I	known.)			
1.	a. Legal name (first, middle, last, suffix):		b. Y	ear of birth:		
	c. Relationship:		d. Living with:			
_			1	(1)		
2.	a. Legal name (first, middle, last, suffix):			ear of birth:		
	c. Relationship:		d. Living with:			

General Testimony OMB 0970 – 0085 Expiration Date: 12/31/2019 Page 1 of 10

I. F	Personal Information About Obligee (Continued):			
3.	a. Legal name (first, middle, last, suffix):			b. Year of birth:
	c. Relationship:		d. Living with:	
D.	Does the obligee parent have an order to pay support for any	child listed	d in C above? [] Yes [] No [] Unknown
	(If yes, fill out information below, if known, and attach a copy of the or	der and pay	yment record/proo	f of payment, if available.)
1.	a.Child(ren) name(s):			
	b. Amount:	c. Freque	ency:	
	d. State and county/tribe/country:	6	e.Tribunal numb	er:
2.	a. Child(ren) name(s):			
	b.Amount:	c. Freque	ency:	
	d. State and county/tribe/country:	6	e.Tribunal numb	er:
2	a. Child(ren) name(s):			
3.	b.Amount:	. F		
	***************************************	c. Freque		
_	d. State and county/tribe/country:		e.Tribunal numb	
E.	Obligee Caretaker information: (Provide any relevant non-party	parent info	ormation, including	financial information, in section IX.)
	1. Caretaker legal name (first, middle, last, suffix):			
	2. Caretaker relationship to child is:		[] Has legal	custody/guardianship of child
	3. Date child(ren) began residing with caretaker:			
II.	Personal Information About Obligor:			[] See section IX
Α. (Obligor information:			
1.	Legal name (first, middle, last, suffix):			
2.	Gender: [] Male [] Female [] Other			
3.	a. Occupation, trade or profession:			
	b. Highest level of education attained:			
4.	Current tax filing status: [] Single [] Head of household [] Married	filing jointly []	Married filing separately
	[] Qualifying widow/widower with dependent children [] U	nknown		
B. I	Physical description of the obligor: (Attach a recent photo if available	ole.)		
1.	Race: 2. Height: 3.	Weight:		4. Hair color:
5.	Eye color:			
C. 1	s the obligor financially responsible for dependent children oth	er than th	ose of this action	n (listed in section IV)?
	[] Yes [] No [] Unknown (If yes, provide inform	ation belov	w if known.)	
1.	a. Legal name (first, middle, last, suffix):			b. Year of birth:
	c. Relationship:	C	d. Living with:	
2.	a. Legal name (first, middle, last, suffix):			b. Year of birth:
	c. Relationship:		d. Living with:	

General Testimony Page 2 of 10

	•		
II.	Personal Information About Obligor (Continued):		
3.	a. Legal name (first, middle, last, suffix):	b. Year of birth:	
	c. Relationship:	d. Living with:	
D. I	Does the obligor have an order to pay support for any child listed	in C above? []	Yes [] No [] Unknown
	(If yes, fill out information below, if known, and attach a copy of the order	r and payment reco	ord/proof of payment, if available.)
1.	a. Child(ren) name(s):		
	b. Amount: \$	c.Freq	uency:
	d. State and county/tribe/country:	e.Tribu	ınal number:
2.	a. Child(ren) name(s):		
	b. Amount: \$	c. Freq	neucv:
	d. State and county/tribe/country:		ınal number:
	are and county, and ordering.	0	
3.	a. Child(ren) name(s):		
	b. Amount: \$	c.Freq	uency:
	d. State and county/tribe/country:	e.Tribu	ınal number
Ш	Legal Relationship of Parents of Children Listed in Se	ection IV:	[] See section IX
Α.	Never married to each other		[] God decilen in
В.	[] Married on in		
	(Date)	(State and	county/tribe/country)
C.	[] Married by common law for the period	in	
_	(Dates)		(State and county/tribe/country)
D.	[] Legally separated on in	(State and cou	inty/tribe/country)
E.	[] Divorce pending in		my/mbc/country)
	(State and county/tribe/country		
F.	[] Divorced on in		
_	` ,	State and county/tribe/	(country)
G.	[] Other		I 1 Con postion IV
	Dependent Child(ren) in This Action:		[] See section IX 2. Parentage established?
A.	Legal name (first, middle, last, suffix):		[] Yes [] No
	Child care expense per month 4. Support order esta	ahlished?	5. Living with petitioner?
	\$ [] Yes [] N		[] Yes [] No
	6. Does the child receive benefits from Social Security, VA, e		<u>.</u>
			per month
	(Benefit type(s))		
	Based on claim of	Relationship	o to child:
	(Name)	:	,
	7. Tribal Affiliation [] Yes [] No (If yes, basis of tribal affiliat	ion:	

General Testimony Page 3 of 10

1. Le	egal name (first, middle, last, suffix):		2. Parentage established?							
			[] Yes [] No							
3. Ch	nild care expense per month	4. Support order established?	5. Living with petitioner?							
	· ·	[]Yes []No	[] Yes [] No							
6. Do	Does the child receive benefits from Social Security, VA, etc.? [] Yes [] No (If yes, complete the information below.)									
	(Benefit type(s))									
Base	ed on claim of	Relationship to	child:							
	(Name)									
7. Tri	ibal Affiliation [] Yes [] No (If yes, ba	sis of tribal affiliation:)							
1. Le	egal name (first, middle, last, suffix):		2. Parentage established?							
			[] Yes [] No							
3. Ch	nild care expense per month	4. Support order established?	5. Living with petitioner?							
\$_		[]Yes []No	[]Yes []No							
	oes the child receive benefits from Soc	1								
0			per month							
	(Benefit type(s))	·								
Base	ed on claim of	Relationship to	child:							
	(Name)									
7. Tri	ibal Affiliation [] Yes [] No (If yes, ba	sis of tribal affiliation:)							
		sis of tribal affiliation:								
alth	Care Coverage:		[] See section IX							
ealth lealth	Care Coverage: Care Coverage for Child(ren): For e	each child listed in section IV, complet	[] See section IX							
alth	Care Coverage: Care Coverage for Child(ren): For e	each child listed in section IV, complet	[] See section IX e the information below.							
ealth lealth	Care Coverage: Care Coverage for Child(ren): For each coverage for Child(each child listed in section IV, completerage? [] Yes [] No [] Unknown (I	[] See section IX e the information below.							
ealth lealth	Care Coverage: Care Coverage for Child(ren): For each child's name: Does this child have health care coverage is provided by the coverage is provided by the care cov	each child listed in section IV, completerage? [] Yes [] No [] Unknown (I	[] See section IX e the information below.							
ealth lealth	Care Coverage: Care Coverage for Child(ren): For each coverage for Child(ren): For each care Coverage is provided by the care covera	each child listed in section IV, completerage? [] Yes [] No [] Unknown (I	[] See section IX e the information below.							
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ealth lealth	Care Coverage: Care Coverage for Child(ren): For expectation of Child's name: Does this child have health care coverage is provided by the Care Coverage is provided	each child listed in section IV, completerage? [] Yes [] No [] Unknown (Incheck all that apply): kip to 1.e.) [] TRICARE (Skip to 1.e.)	[] See section IX e the information below.							
ealth lealth	Care Coverage: Care Coverage for Child(ren): For expectation of Child's name: Does this child have health care coverage is provided by the care coverage is provided	each child listed in section IV, completed and child listed in section IV, completed and child listed in section IV, completed and child listed and child liste	[] See section IX e the information below.							
ealth lealth	Care Coverage: Care Coverage for Child(ren): For expectation of Child's name: Does this child have health care coverage is provided by the Care coverage is provided	erage? [] Yes [] No [] Unknown (Inches all that apply): kip to 1.e.) [] TRICARE (Skip to 1.e.) policy (Continue to 1.c below.) policy (Continue to 1.c below.)	[] See section IX e the information below.							
ealth lealth	Care Coverage: Care Coverage for Child(ren): For expectation of Child's name: Does this child have health care coverage is provided by the Care coverage is provided	erage? [] Yes [] No [] Unknown (I (check all that apply): kip to 1.e.) [] TRICARE (Skip to 1.e.) er (Continue to 1.c below.) policy (Continue to 1.c below.) policy (Continue to 1.c below.) er (Continue to 1.c below.)	[] See section IX te the information below. If no or unknown, skip to 1.e.)							
ealth lealth . a. b.	Care Coverage: Care Coverage for Child(ren): For expectation of Child's name: Does this child have health care coverage is provided by the care coverage is provided	erage? [] Yes [] No [] Unknown (Incheck all that apply): kip to 1.e.) [] TRICARE (Skip to 1.e.) policy (Continue to 1.c below.) Relationship to child:	[] See section IX te the information below. If no or unknown, skip to 1.e.) (Complete 1.c below.)							
ealth lealth	Care Coverage: Care Coverage for Child(ren): For expectation of Child's name: Does this child have health care coverage is provided by the care coverage provider name: Care Coverage: Care Coverage: Care Coverage: Care Coverage: Care Coverage is provided by the care coverage provider name: Care Coverage is provided by the care coverage provider name:	erage? [] Yes [] No [] Unknown (Incheck all that apply): kip to 1.e.) [] TRICARE (Skip to 1.e.) policy (Continue to 1.c below.) Relationship to child:	[] See section IX te the information below. If no or unknown, skip to 1.e.) (Complete 1.c below.)							
ealth lealth . a. b.	Care Coverage: Care Coverage for Child(ren): For expectation of Child's name: Does this child have health care coverage is provided by the Health care coverage (Skip to 1.e.) The Health Care coverage is provided by the Health care coverage provider name: Coverage for Child(ren): For expectation is provided by the Health care coverage provided by the Health care cove	erage? [] Yes [] No [] Unknown (Incheck all that apply): kip to 1.e.) [] TRICARE (Skip to 1.e.) policy (Continue to 1.c below.) er (Continue to 1.c below.) policy (Continue to 1.c below.) policy (Continue to 1.c below.) Experimental experiments and the policy (Continue to 1.c below.) Experimental experiments and the policy (Continue to 1.c below.) Experimental experiments and the policy (Continue to 1.c below.) Relationship to child:	[] See section IX te the information below. If no or unknown, skip to 1.e.) (Complete 1.c below.)							
ealth lealth . a. b.	Care Coverage: Care Coverage for Child(ren): For each care Coverage for Child(ren): For each care Coverage for Child's name: Does this child have health care coverage is provided by the care coverage provider name: Care Coverage is provided by the care coverage provided by the care coverage provider name: Care Coverage is provided by the care coverage provider name: Care Coverage is provided by the care coverage provider name: Care Coverage is provided by the care coverage provider name: Care Coverage is provided by the care coverage provider name: Care Coverage is provided by the care coverage provider name: Care Coverage is provided by the care coverage provider name: Care Coverage is provided by the care coverage provider name: Care Coverage is provided by the care coverage provided by the care coverage provider name: Care Coverage is provided by the care coverage provided by the care coverage provider name: Care Coverage is provided by the care coverage provided by the care c	erage? [] Yes [] No [] Unknown (Incheck all that apply): kip to 1.e.) [] TRICARE (Skip to 1.e.) policy (Continue to 1.c below.) profer (Continue to 1.c below.) poyer (Continue to 1.c below.) poyer (Continue to 1.c below.) poyer (Continue to 1.c below.) Group number:	[] See section IX te the information below. If no or unknown, skip to 1.e.) (Complete 1.c below.)							
ealth lealth . a. b. c.	Care Coverage: Care Coverage for Child(ren): For expectation of Child's name: Does this child have health care coverage is provided by the Health care coverage (Skip to 1.e.) The Health Care through an individual of the Health care through an individual of the Health care coverage provider name: Address: Policy ID number: Is this a child only policy? [] Yes []	erage? [] Yes [] No [] Unknown (Incheck all that apply): kip to 1.e.) [] TRICARE (Skip to 1.e.) policy (Continue to 1.c below.) prof (Continue to 1.c below.) policy (Continue to 1.c below.) policy (Continue to 1.c below.) policy (Continue to 1.c below.) Group number: No (If yes, what is the monthly premium for	[] See section IX te the information below. If no or unknown, skip to 1.e.) (Complete 1.c below.) or this child only? \$)							
ealth lealth . a. b.	Care Coverage: Care Coverage for Child(ren): For each care Coverage for Child(ren): For each care Coverage for Child's name: Does this child have health care coverage is provided by the care coverage and individual position of the care coverage provider name: Care Coverage is provided by the care coverage is provided by the care coverage is provided by the care coverage provider name: Care Coverage is provided by the care coverage is provided by the care coverage provider name: Care Coverage for Child(ren): For each care coverage is provided by the care coverage is provided by the care coverage provider name: Care Coverage is provided by the care coverage is provided by the care coverage provider name: Care Coverage for Child(ren): For each care coverage is provided by the care coverage is provided by the care coverage provided by the care coverage provider name: Care Coverage for Child(ren): For each care coverage is provided by the care coverage provided by the care coverage provider name: Care Coverage for Child(ren): For each care coverage is provided by the care coverage provided by the care coverag	erage? [] Yes [] No [] Unknown (Incheck all that apply): kip to 1.e.) [] TRICARE (Skip to 1.e.) policy (Continue to 1.c below.) profer (Continue to 1.c below.) poyer (Continue to 1.c below.) poyer (Continue to 1.c below.) poyer (Continue to 1.c below.) Group (Continue to 1.c below.) The continue to 1.c below.)	[] See section IX te the information below. If no or unknown, skip to 1.e.) (Complete 1.c below.) or this child only? \$) ? [] Obligee [] Obligor [] Other							
ealth lealth . a. b. c.	Care Coverage: Care Coverage for Child(ren): For each care Coverage for Child(ren): For each care Coverage for Child's name: Does this child have health care coverage is provided by the care coverage and individual position of the care coverage provider name: Care Coverage is provided by the care coverage is provided by the care coverage is provided by the care coverage provider name: Care Coverage is provided by the care coverage is provided by the care coverage provider name: Care Coverage for Child(ren): For each care coverage is provided by the care coverage is provided by the care coverage provider name: Care Coverage is provided by the care coverage is provided by the care coverage provider name: Care Coverage for Child(ren): For each care coverage is provided by the care coverage is provided by the care coverage provided by the care coverage provider name: Care Coverage for Child(ren): For each care coverage is provided by the care coverage provided by the care coverage provider name: Care Coverage for Child(ren): For each care coverage is provided by the care coverage provided by the care coverag	erage? [] Yes [] No [] Unknown (Incheck all that apply): kip to 1.e.) [] TRICARE (Skip to 1.e.) policy (Continue to 1.c below.) er (Continue to 1.c below.) policy (Continue to 1.c below.) Group number: No (If yes, what is the monthly premium for the child for federal tax purposes Relationship	[] See section IX te the information below. If no or unknown, skip to 1.e.) (Complete 1.c below.) or this child only? \$)							

General Testimony Page 4 of 10

V. Health Care Coverage (Continued):

2.	a.	Child's name:
		Does this child have health care coverage? [] Yes [] No [] Unknown (If no or unknown, skip to 2.e.)
		If yes, is all the information the same as Child 1? [] Yes (Skip to 2.e.) [] No (Continue with 2.b.)
	b.	Health care coverage is provided by (check all that apply):
		[] Medicaid (Skip to 2.e.) [] CHIP (Skip to 2.e.) [] TRICARE (Skip to 2.e.)
		[] Indian Health Service (Skip to 2.e)
		[] Petitioner through an individual policy (Continue to 2.c below.)
		[] Petitioner through his/her employer (Continue to 2.c below.)
		[] Respondent through an individual policy (Continue to 2.c below.)
		[] Respondent through his/her employer (Continue to 2.c below.)
		[] Other person:
		Relationship to child: (Complete 2.c below.)
	c.	Health care coverage provider name:
		Address:
		Policy ID number:
	d.	Is this a child only policy? [] Yes [] No (If yes, what is the monthly premium for this child only? \$)
	e.	Who claims a dependency exemption for the child for federal tax purposes? [] Obliger [] Other
		If other, identify the person: Relationship to child: (Attach a copy of any order addressing the dependency exemption.)
	f.	Does the individual entitled to claim the dependency exemption change from year to year?
		[] Yes [] No (If yes, explain in section IX.)
3.	a.	Child's name:
		Does this child have health care coverage? [] Yes [] No [] Unknown (If no or unknown, skip to 3.e.)
		If yes, is all the information the same as Child 1? [] Yes (Skip to 3.e.) [] No (Continue with 3.b.)
	b.	Health care coverage is provided by (check all that apply):
		[] Medicaid (Skip to 3.e.) [] CHIP (Skip to 3.e.) [] TRICARE (Skip to 3.e.)
		[] Indian Health Service (Skip to 3.e)
		[] Petitioner through an individual policy (Continue to 3.c below.)
		[] Petitioner through his/her employer (Continue to 3.c below.)
		[] Respondent through an individual policy (Continue to 3.c below.)
		[] Respondent through his/her employer (Continue to 3.c below.)
		[] Other person: Relationship to child: (Complete 3.c. below.)
	c.	Health care coverage provider name:
		Address:
		Policy ID number:
	d.	Is this a child only policy? [] Yes [] No (If yes, what is the monthly premium for this child only? \$)
	e.	Who claims a dependency exemption for the child for federal tax purposes? [] Obligor [] Other
		If other, identify the person: Relationship to child:
		(Attach a copy of any order addressing the dependency exemption.)
	f.	Does the individual entitled to claim the dependency exemption change from year to year?
		[] Yes [] No (If yes, explain in section IX.)

General Testimony Page 5 of 10

V. H	ealth Care Coverage (Continued):						
B.	Health Care Coverage for Petitioner: Does the petitioner have health care coverage? [] Yes [] No (If no, skip to B.4.)						
1.	Petitioner's health care coverage is provided by: [] Medicaid (Skip to B.4.) [] TRICARE (Skip to C.)						
	[] Indian Health Service (Skip to C.)						
	[] Self through his/her employer (Continue to B.2 below.)						
	[] Self through an individual policy (Continue to B.2 below.)						
	[] Other person: (Complete B.2 below.)						
2.	Health care coverage provider name:						
	Address:						
	Policy ID number: Group number:						
	Monthly premium \$ Portion for the child(ren) listed in section IV: \$						
3.	Other than children of this action listed in section IV, are other adults and/or child(ren) included in this plan? [] Yes [] No						
	(If yes, provide information below.)						
	Total number of adults: Total number of children:						
4.	If the petitioner does not have health care coverage or the coverage is through Medicaid, is employer-sponsored coverage						
	available for:						
	a. Self []Yes []No						
	b. Child(ren) listed in section IV [] Yes [] No (If no, skip to C.)						
5.	Based on the residence of the child(ren), is the petitioner's employer-sponsored coverage accessible to the child(ren) in						
	section IV? [] Yes [] No [] Unknown (If no, skip to C.)						
6.	How much would the premiums be for an insurance plan offered by the petitioner's employer?						
	a. For self: \$ per (weekly, bi-weekly, semi-monthly, monthly, quarterly, yearly)						
	b. To add child(ren) in section IV: \$ per (weekly, bi-weekly, semi-monthly, monthly, quarterly, yearly)						
C.	Health Care Coverage for Respondent: Does the respondent have health care coverage? [] Yes [] No (If no, skip to C.4.)						
	[] Unknown (If unknown, skip to D.)						
1.	Respondent's health care coverage is provided by: [] Medicaid (Skip to C.4.) [] TRICARE (Skip to D.)						
	[] Indian Health Service (Skip to D.) [] Unknown (Skip to D.)						
	[] Self through his/her employer (Continue to C.2 below.)						
	[] Self through an individual policy (Continue to C.2 below.)						
	[] Other person: Relationship to respondent: (Complete C.2 below.)						
2.	Health care coverage provider name:						
	Address:						
	Policy ID number: Group number:						
	Monthly premium \$ Portion for the child(ren) in section IV: \$						
3.	Other than children listed in section IV, are other adults and/or child(ren) included in this plan? [] Yes [] No						
	(If yes, provide information below.)						
	Total number of adults: Total number of children:						
4.	If the respondent does not have health care coverage or the coverage is through Medicaid, is employer-sponsored coverage						
	available for:						
	a. Self [] Yes [] No [] Unknown (If no or unknown, skip to question D.)						
_	b. Children listed in section IV [] Yes [] No [] Unknown (If no or unknown, skip to question D.)						
5.	Based on the residence of the child(ren), is the respondent's employer-sponsored coverage accessible to the child(ren)						
	in section IV? [] Yes [] No [] Unknown (If no, skip to question D.)						

General Testimony Page 6 of 10

٧.	Hea	alth C	Care Coverage (Contine	ued):								
	6.	How	much would the premiums	be for an insu	ırance	plan offe	red by tl	ne respondent	t's em	ployer?		
		a.	For self: \$	per		(we	eekly, bi-\	weekly, semi-m	onthly,	monthly, o	uarterly, y	early)
		b.	To add child(ren) in section	on IV: \$		_ per		_ (weekly, bi-we	eekly,	semi-montl	hly, month	ly, quarterly, yearly)
D.		Do ar	ny of the children listed in s	ection IV have	e spec	ial needs	or extra	ordinary medi	cal ex	penses n	ot covere	d by
		insura	ance? []Yes[]No[] Unknown (If yes,	provide add	ditional in	formation about	t the c	hild(ren) inv	volved, the	type of
		needs	/medical expenses, and the re	elated costs in s	ection	IX.)						
E.		Is the	petitioner asking to be rein	mbursed for m	edical	expense	s paid?	[]Yes []N	lo (If y	es, provide	information	on below.)
		Ва	alance: \$	as of _		(da	te) (P	rovide date, type	e of ex	pense, and	d cost in se	ection IX.)
_								0.1.1.4				
F.			e petitioner asking to be con									
		_	/pe of expense:						-			
		(Provi	de additional information abou	it the child(ren)	involve	d, the need	d for ongo	oing expenses,	and th	e expenses	s in sectior	n IX.)
VI	. Ac	lditic	onal Information for Ch	ild Support	Calcı	ulation:					[] Se	ee section IX
Α.			shment (If no child support o	• •			a section	.):				
			s a custody/parenting time				-		ormatio	on below a	nd attach a	a copy of the order.)
		200.	s a subtody/parenting time	0.00. 0.00.								er:
	2	If an	order does not exist, is the	ere a written ci		•						
			e past 12 months or since		_	•		_	_			
	0.		gee obligor _	•	11011010	1 10 01101101), 11 0 W 11	iarry overringin	to riac	, tilo orilla	(ion) olas	,oa wiiii
	1		ild support sought for a pe		ior to t	ho data a	f the pet	ition for suppo	ort (Llu	oiform Su	opert Bet	ition\2
	٦.		res [] No (If yes, comple	-			· ·		-	-	pport r et	ition):
			res [] No (ii yes, comple	ste the following	ig que	Stions and	u 3601101	i viii ioi tile p	enou	or time.)		
		a.	Support is sought from th	e following da	te:		_					
		b.	During the period of time	for which retre	oactive	e support	is being	sought, did th	ne chil	d(ren) res	ide with t	the
			obligor, other than the tim	ne specified ur	nder a	n existing	custody	/parenting tim	ne ord	er?		
			[]Yes []No (If yes, de	scribe.)								
			[] [] - (),	,								
		C.	During the period of time	for which retro	oactive	e support	is beina	sought, did th	ne obl	gor make	direct pa	vments
			to the obligee? [] Yes [_	_		9		.,
		d.	Was public assistance pa					•				
		u.	[] Yes [] No (If yes, ch						onofi	t and tha	ctato)	
			[] res [] No (II yes, ci	еск ше аррго	priate	DOX and p	provide	ine penda or t	Jenen	t and the s	state.)	
			[]TANF	F	_ / _		– То		- / —		— Ву: —	
				First month		year		Last month		year		State
			[] Medicaid		_ / -		— То		- / —		— Ву: —	O
				First month		year		Last month		year		State
			[] Foster Care		_ / -		– То		- / —		— Ву: —	
			l	First month		year		Last month		year		State

General Testimony Page 7 of 10

VI. Additional Information for Child Support Calculation (Continued):

В.	IVI	logifica	tion (ii a ciliid support order exists triat tir	e petitioner seeks	to modify, complete the follo	owing section.):	
	1.	Indica	te the basis for the modification petition	n (check all that a	pply):		
		a. Th	ne earnings of the obligor have:				
		[] substantially increased				
		[] substantially decreased				
		b. T	he earnings of the obligee have:				
		[] substantially increased				
		[] substantially decreased				
		c. T	he needs of the child(ren) have:				
		[] substantially increased				
		[] substantially decreased				
		d. [] The current support order was most	recently establis	shed or modified at least	3 years ago or such lesser time as	
			permitted by the laws of the respon	ding jurisdiction			
		e. [] Other; explain:				_
	2.	Does	a custody/parenting time order exist?	[]Yes	[] No (If yes, attach a	copy of the order.)	
		Issui	ng tribunal number			Date of order	_
	3.	If a cu	stody/parenting time order does not e	xist, is there a w	ritten custody/parenting	ime agreement? []Yes []No	
		(If yes,	attach a copy of the agreement.)				
	4.	In the	past 12 months or since separation (v	hichever is shorte	r), how many overnights	has the child(ren) stayed with the	
		oblige	e obligor	?			
VII	. S	Suppor	rt Order and Payment:			[] See section IX	
A.	ls	there a					
	1		an order for divorce or legal separatior	involving the ch	illdren in this action?		
B.] Yes	an order for divorce or legal separation [] No (If yes, provide a copy of the order.	-	nildren in this action?		
	_	-	· · · · · · · · · · · · · · · · · · ·)		nistory.)	
	Do	oes a c	[] No (If yes, provide a copy of the order.	No (If yes, attach	obligor's support payment		
	Do Do	oes a c	[] No (If yes, provide a copy of the order. urrent support order exist? [] Yes []) No (If yes, attach ay amounts to ar	obligor's support payment		
	Do Do dir	oes a co	[] No (If yes, provide a copy of the order. urrent support order exist? [] Yes [] support order require the obligor to page) No (If yes, attach ay amounts to ar	obligor's support payment		
C.	Do Do dir	oes a coole oes the rectly to	[] No (If yes, provide a copy of the order urrent support order exist? [] Yes [] support order require the obligor to paths obligee, child care provider, or health of) No (If yes, attach ay amounts to ar are provider)?	obligor's support payment nyone other than to the S		
C.	Do dir []	oes a cooes the rectly to Yes [as the co	[] No (If yes, provide a copy of the order. urrent support order exist? [] Yes [] support order require the obligor to pathe obligee, child care provider, or health of] No (If yes, complete D.)	No (If yes, attach ay amounts to an are provider)?	obligor's support payment nyone other than to the S		
C. D.	Do dir [] Ha	oes a croes the rectly to] Yes [as the croes] Yes	[] No (If yes, provide a copy of the order. urrent support order exist? [] Yes [] support order require the obligor to pathe obligee, child care provider, or health of] No (If yes, complete D.) obligor made any direct payments und	No (If yes, attached ay amounts to an eare provider)? er the order note onts.)	obligor's support payment nyone other than to the S ed in C?	state Disbursement Unit (SDU) (e.g.,	
C. D.	Do dir [] Ha []	oes a cross the rectly to Yes [as the cross a support	[] No (If yes, provide a copy of the order. urrent support order exist? [] Yes [] support order require the obligor to pathe obligee, child care provider, or health of] No (If yes, complete D.) obligor made any direct payments und [] No (If yes, attach an affidavit of payments)	No (If yes, attach ay amounts to an are provider)? er the order note nts.) r made any volu	obligor's support payment nyone other than to the S ed in C?	state Disbursement Unit (SDU) (e.g.,	
C. D. E.	Do dir [] Ha []	oes a cross the rectly to] Yes [as the cross a support of the cros	[] No (If yes, provide a copy of the order. urrent support order exist? [] Yes [] support order require the obligor to pathe obligee, child care provider, or health of] No (If yes, complete D.) obligor made any direct payments und [] No (If yes, attach an affidavit of payments order does not exist, has the obligor	No (If yes, attach ay amounts to an are provider)? er the order note nts.) r made any volu	obligor's support payment nyone other than to the S ed in C?	state Disbursement Unit (SDU) (e.g.,	
C. D. E.	Do dir Ha	oes a crooes the rectly to] Yes [as the croos a support of the rectly to] Yes a support of the rectly to partition rectly to one the re	[] No (If yes, provide a copy of the order urrent support order exist? [] Yes [] support order require the obligor to pathe obligee, child care provider, or health of] No (If yes, complete D.) obligor made any direct payments und [] No (If yes, attach an affidavit of payments order does not exist, has the obligor [] No (If yes, attach an affidavit of payments order does not exist, has the obligor [] No (If yes, attach an affidavit of payments)	No (If yes, attach ay amounts to an are provider)? er the order note nts.) or made any volunts.)	obligor's support payment nyone other than to the sed in C?	tate Disbursement Unit (SDU) (e.g.,	
C. D. E. VIII	Do dir Ha	oes a cooes the rectly to] Yes [as the co] Yes a support] Yes Finance countries of the	[] No (If yes, provide a copy of the order. urrent support order exist? [] Yes [] support order require the obligor to pathe obligee, child care provider, or health of] No (If yes, complete D.) obligor made any direct payments und [] No (If yes, attach an affidavit of payment order does not exist, has the obligor [] No (If yes, attach an affidavit of payment order does not exist, has the obligor [] No (If yes, attach an affidavit of payment order does not exist) as the obligor [] No (If yes, attach an affidavit of payment order does not exist) as the obligor [] No (If yes, attach an affidavit of payment order does not exist) as the obligor [] No (If yes, attach an affidavit of payment order does not exist) as the obligor [] No (If yes, attach an affidavit of payment order does not exist) as the obligor [] No (If yes, attach an affidavit of payment order does not exist) as the obligor [] No (If yes, attach an affidavit of payment order does not exist) as the obligor [] No (If yes, attach an affidavit of payment order does not exist) as the obligor [] No (If yes, attach an affidavit of payment order does not exist) as the obligor [] No (If yes, attach an affidavit of payment order does not exist) as the obligor [] No (If yes, attach an affidavit of payment order does not exist) as the obligor [] No (If yes, attach an affidavit of payment order does not exist) as the obligor [] No (If yes, attach an affidavit of payment order does not exist) as the obligor [] No (If yes, attach an affidavit of payment order does not exist) as the obligor [] No (If yes, attach an affidavit of payment order does not exist) as the obligor [] No (If yes, attach an affidavit of payment order does not exist) as the obligor [] No (If yes, attach an affidavit of payment order does not exist) as the obligor [] No (If yes, attach an affidavit of payment order does not exist) as the obligor [] No (If yes, attach an affidavit of payment order does not exist) as the obligor [] No (If yes, attach an affidavit of paymen	No (If yes, attach ay amounts to an are provider)? er the order note nts.) or made any volunts.)	obligor's support payment nyone other than to the sed in C?	tate Disbursement Unit (SDU) (e.g.,	
C. D. E. VIII Info leg . Mo	Do dir Ha	oes a cooes the rectly to] Yes [as the co] Yes a support of the rectly to a support of the rectly the rectly to a support of the rectly the rectly the rectly to a support of the rectly the rectly the rectly to a support of the rectly to a support of the rectly the rectly to a support of the rectly the rec	[] No (If yes, provide a copy of the order urrent support order exist? [] Yes [] support order require the obligor to pathe obligee, child care provider, or health of the obligee, child care provider, or health of the obligor made any direct payments und [] No (If yes, attach an affidavit of payments order does not exist, has the obligor in No (If yes, attach an affidavit of payments order does not exist, has the obligor in No (If yes, attach an affidavit of payments in Information: Equired varies based on responding juring of the child(ren).	No (If yes, attach ay amounts to an are provider)? er the order note nts.) or made any volunts.)	obligor's support payment nyone other than to the sed in C? Intary support payments ort guidelines. Petitione	tate Disbursement Unit (SDU) (e.g.,	

General Testimony Page 8 of 10

VIII. I	Financial Information (Continued):		
Month	ly income from all sources (Continued):		
2.	Gross monthly income amounts:	<u>Petitioner</u>	
	a) Public Assistance		
	i) Supplemental Security Income (SSI)	\$	
	ii) TANF	\$	
	iii) Other	\$	
	b) Base pay salary, wages	\$	
	c) Overtime, commission, tips, bonuses, part time	\$	
	d) Unemployment compensation	\$ \$	
	e) Worker's compensation	\$ \$	
	f) Social Security Disability (not SSI)	\$	
	g) Social Security Retirement	\$	
	h) Dividends and interest	\$	
	i) Trust/annuity income	\$	
	j) Pensions, retirement	\$	
	k) Child support	\$	
	Spousal support/alimony	\$	
	m) Income producing assets	\$	
	n) All other sources (specify)	\$	
3.	Deductions from gross pay:		
Э.	a) Federal income tax	\$	
	b) State income tax	\$	
	c) Local tax	\$	
	d) FICA	\$	
4.	Other deductions:		
	a) Mandatory retirement	\$	
	b) Nonmandatory retirement	\$	
	c) Medical insurance	\$	
	d) Union dues	\$	
	e) Other (specify)	\$	
5.	Gross income prior year:	\$	
J.	Gross modifie prior year.	Ψ	

IX. Other Pertinent Information:

[] Continued on attached sheet(s), incorporated by reference.

General Testimony Page 9 of 10

X.	Attached and Incorporated by Reference:						
[]	Required number of copies of all support orders for the case						
[]	Certified child support payment records						
[]	Arrears balance and/or accrued Interest (affidavit of arrears)						
[]	Payment history						
[]	Copies of three most recent pay stubs from current employer(s)						
[]	Copies of unreimbursed medical bills for the child(ren) in this action						
[]	Copy of most recent federal tax return						
[]	Declaration in Support of Establishing Parentage for each child whose parentage is at issue						
[]	Copy of child(ren)'s birth certificate(s)/record(s)						
[]	Acknowledgment of parentage						
[]	Documentation of legal custody/guardianship of child(ren)						
[]	Documentation of child care expenses						
[]	Documentation of ongoing medical expenses for the child(ren) in this action						
[]	Documentation in support of request for modification						
[]	Copy of order for divorce or legal separation involving the child(ren) in this action						
[]	Other:						
	[] Additional attached document(s), incorporated by reference.						
XI.	Declaration:						
Un	Under penalty of perjury, all information and facts stated in this General Testimony are true to the best of my knowledge and belief.						
	Date Petitioner (Name) Signature						
	Date Name/Title, Agency or Tribunal Representative Signature						

Encryption Requirements:

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to e-mails may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

General Testimony Page 10 of 10