

County of Alameda, District Attorney, Family Support Division

PLEASE PRINT

OFFICE:

2901 Peralta Oaks Court
Oakland 94605

APPLICATION FOR SERVICES

1. YOUR PRESENT NAME _____ LAST FIRST MIDDLE			2. YOUR PHONE: HOME: _____ OTHER _____ WORK: _____																																						
3. YOUR ADDRESS (Print) _____ NUMBER STREET CITY STATE ZIP			4. MARITAL STATUS (Check) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced																																						
5. YOUR SS #: _____ RACE: _____ YOUR MAIDEN NAME: _____			6. DATE BORN _____ YOUR AGE: _____																																						
7. NAME AND ADDRESS OF YOUR EMPLOYER NAME: _____ ADDRESS: _____																																									
8. DATE AND PLACE OF YOUR MARRIAGE TO ABSENT PARENT. (IF NEVER MARRIED, PRINT "NONE") DATE: _____ COUNTY & STATE: _____																																									
9. DATE AND PLACE OF YOUR DIVORCE FROM THIS ABSENT PARENT. (IF NONE, PRINT "NONE") DATE _____ COUNTY _____ STATE _____																																									
10. IS THERE A COURT ORDER FOR CHILD SUPPORT? YES: _____ NO: _____ PENDING: (ORDER MUST BE ENCLOSED) _____ COURT ORDER #: _____ AMOUNT ORDERED: \$ _____ HOW OFTEN: _____ DATE OF ORDER: _____ COUNTY: _____ STATE: _____																																									
11. FULL NAMES OF ALL YOUR CHILDREN BY ABSENT PARENT (Print) IF CHILD NOT YET BORN, PRINT "UNBORN" AND DATE EXPECTED. <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>NAME</th><th>BIRTH DATE</th><th>BIRTH PLACE</th><th>SSN</th><th colspan="2">LIVING WITH YOU</th></tr></thead><tbody><tr><td>1. _____</td><td>_____</td><td>_____</td><td>_____</td><td>YES <input type="checkbox"/></td><td>NO <input type="checkbox"/></td></tr><tr><td>2. _____</td><td>_____</td><td>_____</td><td>_____</td><td>YES <input type="checkbox"/></td><td>NO <input type="checkbox"/></td></tr><tr><td>3. _____</td><td>_____</td><td>_____</td><td>_____</td><td>YES <input type="checkbox"/></td><td>NO <input type="checkbox"/></td></tr><tr><td>4. _____</td><td>_____</td><td>_____</td><td>_____</td><td>YES <input type="checkbox"/></td><td>NO <input type="checkbox"/></td></tr><tr><td>5. _____</td><td>_____</td><td>_____</td><td>_____</td><td>YES <input type="checkbox"/></td><td>NO <input type="checkbox"/></td></tr></tbody></table>						NAME	BIRTH DATE	BIRTH PLACE	SSN	LIVING WITH YOU		1. _____	_____	_____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	2. _____	_____	_____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	3. _____	_____	_____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	4. _____	_____	_____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	5. _____	_____	_____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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3. _____	_____	_____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>																																				
4. _____	_____	_____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>																																				
5. _____	_____	_____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>																																				
12. ARE YOU NOW LIVING WITH THE ABSENT PARENT? YES <input type="checkbox"/> NO <input type="checkbox"/> (IF NOT, GIVE DATE AND ADDRESS YOU LAST LIVED TOGETHER) DATE _____ ADDRESS _____ CITY _____ STATE _____																																									
13. IF PATERNITY OR A CHILD SUPPORT ORDER NEEDS TO BE ESTABLISHED, PLEASE ANSWER 1-3; IF YOUR ORDER IS NOT FROM CALIFORNIA PLEASE ANSWER 1 AND 2. 1. HAS ABSENT PARENT EVER LIVED IN CALIFORNIA? _____ WHEN: _____ WHERE: _____ 2. HAS ABSENT PARENT EVER WORKED IN CALIFORNIA? _____ WHEN: _____ WHERE: _____ 3. IN WHICH STATE DID YOU GET PREGNANT (EACH CHILD)? _____																																									
14. LIST DATES AND PLACES OF ALL YOUR MARRIAGES, DISSOLUTIONS OR ANNULMENTS <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>DATE OF MARRIAGE</th><th>CITY & STATE</th><th>NAME OF HUSBAND/WIFE</th><th>DATE OF DISSOLUTION</th><th>WHERE OBTAINED?</th></tr></thead><tbody><tr><td>1. _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>2. _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>3. _____</td><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>						DATE OF MARRIAGE	CITY & STATE	NAME OF HUSBAND/WIFE	DATE OF DISSOLUTION	WHERE OBTAINED?	1. _____	_____	_____	_____	_____	2. _____	_____	_____	_____	_____	3. _____	_____	_____	_____	_____																
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1. _____	_____	_____	_____	_____																																					
2. _____	_____	_____	_____	_____																																					
3. _____	_____	_____	_____	_____																																					
15. HAVE YOU EVER HAD A CASE WITH ANOTHER COUNTY'S FAMILY SUPPORT DIVISION? (IF YES, PLEASE GIVE DATE, CITY, STATE) DATE FROM: _____ TO: _____ CITY: _____ STATE: _____																																									
FACTS ABOUT THIS PARENT OF YOUR CHILD OR CHILDREN																																									
16. ABSENT PARENT'S NAME (Print) _____ LAST FIRST MIDDLE			17. ABSENT PARENT'S PHONE: HOME: _____ BUSINESS: _____ RELATIVE: _____																																						
18. ABSENT PARENT'S ADDRESS (Print) IF UNKNOWN GIVE LAST KNOWN AND DATE: _____ NUMBER STREET CITY STATE ZIP			19. ABSENT PARENT'S DATE OF BIRTH: _____ ABSENT PARENT'S PLACE OF BIRTH: _____																																						
20. ABSENT PARENT'S SOCIAL SECURITY NUMBER: _____			21. ABSENT PARENT'S DRIVERS LICENSE NUMBER: _____																																						
22. NAME AND ADDRESS OF ABSENT PARENT'S PRESENT EMPLOYER (F NOT WORKING PRINT "UNEMPLOYED") _____ NAME ADDRESS CITY STATE ZIP																																									

-OVER-

23. IF ABSENT PARENT IS UNEMPLOYED OR PRESENT EMPLOYER IS UNKNOWN, GIVE NAME AND ADDRESS OF LAST EMPLOYMENT.									
NAME		ADDRESS		CITY		STATE		ZIP	
24. LIST ANY OTHER TRADES OR SKILLS ABSENT PARENT HAS									
25. IS ABSENT PARENT A MEMBER OF A LABOR UNION? YES <input type="checkbox"/> NO <input type="checkbox"/>									
NAME AND NUMBER OF UNION		ADDRESS		CITY		STATE		ZIP	
26. ABSENT PARENT'S USUAL OCCUPATION OR TRADE:				27. GROSS WAGES: _____					
_____ _____				<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly HOW PAID: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly					
28. TO THE BEST OF YOUR KNOWLEDGE, IS ABSENT PARENT A STEADY WORKER?				29. IS ABSENT PARENT KNOWN BY ANY NAME OTHER THAN THE ONE GIVEN?					
YES <input type="checkbox"/> NO <input type="checkbox"/> IF NOT EXPLAIN (LAZY, DRINKER, SEASONAL WORKER, POOR HEALTH, ETC.)				YES <input type="checkbox"/> NO <input type="checkbox"/> PLEASE FURNISH:					
30. RACE: _____ COMPLEXION: _____ HAIR: _____ HEIGHT: _____ EYES: _____ WEIGHT: _____				31. IDENTIFYING FEATURE (MARKS, SCARS, TATTOOS, ETC.):		32. ABSENT PARENT'S PRESENT MARITAL STATUS (Check):			
						SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> LIVING W/ANOTHER <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/>			
34. LIST ANY OTHER SOURCES OF INCOME ABSENT PARENT HAS: (VA BENEFITS, SOCIAL SECURITY, DISABILITY, INTEREST, DIVIDENDS, ETC.)									
34. ABSENT PARENT'S MOTHER'S NAME (MAIDEN) AND FATHER'S NAME AND ADDRESS:									
MOTHER'S LAST (MAIDEN)		FIRST	NUMBER	STREET		CITY		STATE	ZIP
FATHER'S LAST		FIRST	NUMBER	STREET		CITY		STATE	ZIP
35. LIST ANY RELATIVES OR FRIENDS OF ABSENT PARENT:									
NAME		RELATIONSHIP		ADDRESS		CITY		STATE	ZIP
1. _____									
2. _____									
3. _____									
36.. HAS ABSENT PARENT EVER BEEN ARRESTED? YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES,									
DATE		AGENCY		CITY		STATE		OFFENSE (REASON)	
37. ASSETS--DOES ABSENT PARENT OWN:									
REAL PROPERTY		YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, _____		ADDRESS		CITY		STATE ZIP
AUTOMOBILE		YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, _____		MAKE		YEAR		LICENSE NUMBER
OTHER PROPERTY		YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, _____						
38.. LIST ALL MINOR CHILDREN OF ABSENT PARENT LIVING WITH AND SUPPORTED BY ABSENT PARENT?:									
NAME				DATE OF BIRTH					
1. _____									
2. _____									
3. _____									
4. _____									
39. I REQUEST THE SERVICES OF THE DISTRICT ATTORNEY TO ASSIST ME IN THE FOLLOWING EFFORTS: (MARK ALL THAT APPLY)									
<input type="checkbox"/> ESTABLISH PATERNITY					<input type="checkbox"/> MODIFY AN EXISTING CHILD SUPPORT ORDER				
<input type="checkbox"/> OBTAIN A CHILD SUPPORT ORDER					<input type="checkbox"/> OBTAIN AN ORDER FOR MEDICAL INSURANCE				
<input type="checkbox"/> ENFORCE AN EXISTING CHILD AND/OR SPOUSAL SUPPORT ORDER					<input type="checkbox"/> ENFORCE A MEDICAL INSURANCE ORDER				
<input type="checkbox"/> COLLECT ARREARS ONLY ON AN EXISTING ORDER									
<p>I am applying for such child support services under the Child Support Enforcement Program of Title IV-D of the Social Security Act. I declare under penalty of perjury (Penal Code, Section 118) that this questionnaire has been examined by me and to the best of my knowledge and belief it is true and correct.</p>									
DATE					SIGNATURE OF APPLICANT				