

Non-Custodial Parent Information Referral

TO: Child Support Enforcement Unit

FROM: Agency Name:

Address:

Telephone No.:

Contact Person

at Agency:

The following non-custodial parent has applied for TANF funded services with our agency. This information is provided for you to use as needed where the custodial parent is receiving child support services. If there is a case in another district/state, please forward this referral to the appropriate child support district/state.

Non-Custodial Parent Information *(All of the following information must be provided.)*

Name:

Social Security Number:

Address:

Employer's Name and Address:

Phone Number (work):

Phone Number (home):

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Children in Need of Child Support

(The non-custodial parent must complete as much information as possible.)

Number of children: _____

Please provide the following information for each child:

First Child:		Second Child:
1. Name:		1. Name:
2. Sex:		2. Sex:
3. Date of Birth: ____/____/____		3. Date of Birth: ____/____/____
4. Social Security Number: ____ - ____ - ____		4. Social Security Number: ____ - ____ - ____
5. Custodial parent or guardian's name and address:		5. Custodial parent or guardian's name and address:
6. Do you have a child support order for the child? <input type="checkbox"/> yes <input type="checkbox"/> no (go to question 7 below)		6. Do you have a child support order for the child? <input type="checkbox"/> yes <input type="checkbox"/> no (go to question 7 below)
7. If there is no support order for the child named, is there a court date and in what court? Date: _____ Court (county/state) _____ _____		7. If there is no support order for the child named, is there a court date and in what court? Date: _____ Court (county/state) _____ _____

Information for other children should be put on a separate page.

I agree to cooperate with all activities regarding child support for my children. I authorize representatives

