

**CUSTODIAL PARTY (CP) APPLICANT  
CASE INFORMATION WORKSHEET**

(Please use pen and print or write legibly.)

**To be completed by County Office:**

DHR File No.	Case ID
CP ID	NCP ID
CP Name	NCP Name

**CUSTODIAL PARTY (CP) APPLICANT DATA**

Full Name (first, middle, and last)				Alias or Maiden Name (first, middle, and last)			
Social Security Number		Driver License No. (Include State)		Sex	Date of Birth (month, day, year)		Place of Birth (City, State)
Current Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Deserted <input type="checkbox"/> Never married <input type="checkbox"/> Unknown							
Race	Height	Weight	Hair Color	Eye Color	Glasses/Contacts <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Identifiers (tattoos, scars, physical impairments)	
<b>ADDRESSES</b>	Street Address						
	City			State	Zip	Home Phone Number	
	Cell Number			Email Address			
	Mailing Address is: <input type="checkbox"/> Same as above <input type="checkbox"/> Different (Complete mailing address)			Mailing Address			
	City				State	Zip	
<b>EMPLOYER</b>	Employer Name			Address			
	City			State	Zip	Phone Number (area code + number)	
	Medical Insurance:	Is dependent coverage available through your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," do you provide coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," at what cost to you?	
<b>Address of someone who will always know how to contact you:</b>							
Name		Relationship			Phone Number (area code + number)		
Address				City		State	Zip
Have you ever received a TANF check? <input type="checkbox"/> Yes <input type="checkbox"/> No			If "Yes" give month and year of last check		County/State where TANF was received		
Have any of the children you are applying for ever received SSI benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," list the name(s) of the child(ren).							
Have you or your children ever received Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No				If "Yes" give month and year of last benefits		County/State where Medicaid was received	
Are you receiving help with or being represented in the matter of child support by an attorney or other agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," give name and address of attorney or agency.							
Address		City		State	Zip	Phone Number (area code + number)	

**CHILD DATA**

CHILD'S FULL NAME (FIRST, MIDDLE, LAST)	SEX	BIRTHDATE (MO, DAY, YR)	PLACE OF BIRTH (CITY, STATE)	SSN	RELATION TO YOU	LEGAL FATHER
						YES / NO
						YES / NO
						YES / NO
						YES / NO
						YES / NO
						YES / NO
						YES / NO
						YES / NO

If all of the children listed above do not live with you, please provide the addresses of those children in the comment section on page four.

**NON-CUSTODIAL PARENT (NCP) DATA**

Full Name (first, middle, last, suffix ex.: Jr., Sr., III)					Alias or Maiden Name (first, middle, last)					
Social Security Number			Sex	Date of Birth (Month, day, year)		Age	Place of Birth (City and State)			
Current Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Deserted <input type="checkbox"/> Never married <input type="checkbox"/> Unknown										
Race	Height	Weight	Hair Color	Eye Color	Glasses/Contacts <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Identifiers (tattoos, scars, physical impairments)				
<b>Please provide photograph if available.</b>										
A D D R E S S	Address <input type="checkbox"/> Current <input type="checkbox"/> Last known ____ years ago				Mailing Address					
	Home Phone Number				City	State	Zip			
	Cell Number				Email Address					
	Home Address (Please provide directions if address is unknown or unclear)									
City				State			Zip			
E M P L O Y E R	<input type="checkbox"/> Current <input type="checkbox"/> Last known ____ years ago		Name of Employer							
	Phone Number (area code + number)			Address						
	Usual Type of Work			City	State	Zip				
	MEDICAL INSURANCE:	Is dependent coverage available through employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			If "Yes," does NCP provide coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," at what cost to employee?			
	Insurance Company Name			Group Number		Policy Number				
NCP's Father's Name				Address			Phone Number (area code + number)			
City				State			Zip			
NCP's Mother's Name				Address			Phone Number (area code + number)			
City				State			Zip			
NCP's Current Spouse's Name				Address			Phone Number (area code + number)			
Spouse's SSN		City			State			Zip		
The NCP <input type="checkbox"/> is currently or <input type="checkbox"/> has in the past received government benefits.					Type of Benefits <input type="checkbox"/> SSI, SSA <input type="checkbox"/> Food Stamps <input type="checkbox"/> Retirement <input type="checkbox"/> VA <input type="checkbox"/> Unemployment <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> TANF					
The NCP <input type="checkbox"/> is currently or <input type="checkbox"/> has been in the military.		Most Recent Duty Station:			Branch: <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard					
Rank and Paygrade: <input type="checkbox"/> Officer <input type="checkbox"/> Enlisted			Status: <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard <input type="checkbox"/> Discharged							
The NCP <input type="checkbox"/> is currently or <input type="checkbox"/> has been a student. Give name and location of last school attended.						Grade Level Completed:		Date Last Attended:		
The NCP <input type="checkbox"/> is deceased.		Date of Death:		Place of Death (City, State):						

**NON-CUSTODIAL PARENT (NCP) DATA (continued)**

The NCP <input type="checkbox"/> has a current driver's license or <input type="checkbox"/> has a suspended driver's license.			D.L. Number	State	Class
Other Licenses (ex: business, professional, boating, etc.)					
Prior Arrest? <input type="checkbox"/> Yes <input type="checkbox"/> No		Location of Arrest (City, State)		Date of Arrest	
The NCP <input type="checkbox"/> is currently or <input type="checkbox"/> has been in a jail, prison, or institution.		Name of Institution		Date of Sentence	
Address				Date of Expected Release	
City		State	Zip	Date of Release	
Probation/Parole Officer Name		Phone Number/Location			
Automobile Year, Make, and Model			Color/Description	Tag Number	
Other Possible Assets (ex.: house, boat, land, savings accounts). Please furnish detailed information when available.					

**COMPLETE THIS SECTION IF CHILD'S PARENTS WERE NOT MARRIED**

Has alleged father ever signed papers stating that he is the father of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please provide a copy.		
Is the alleged father listed on the child's birth certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, who is listed?		
Was the mother married when the child was conceived? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please provide name of person to whom she was married.		
Was the child conceived in Alabama? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," please provide city and state of conception.		
Has the alleged father ever lived with the child in Alabama? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has alleged father ever paid child support, medical expenses or bought things for the child(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Explain:
Has a paternity suit been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Location (City, State)
Has paternity been established by court order? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Location (City, State)

**COURT DATA**

Married (Date, Location)			
Separated/Divorced (Date, Location of Court)			
Has NCP ever been ordered by a court to pay support for the children in this case? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If "No," has a petition been filed and a hearing pending? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If "Yes," Name of Court		Address of Court	
Court Order Number	Amount \$	Frequency	Is NCP currently paying as ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No
To whom is the NCP ordered to pay support?	Date of Last Payment	Is NCP paying by military allotment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount
Is NCP ordered to provide medical insurance or pay medical expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If "Yes," explain.	
Is NCP ordered to pay child support for any other children? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If "Yes," give children's names and ages.	

