CHILD SUPPORT INFORMATION FORM

Fill in all the blanks. The Attorney will use this information to complete your child support forms at your Pre-Filing Meeting.

Number of children age 12 or older: _____
Month and year of the youngest child's birthday: _____

The number of hours per week the children will spend with Mother, according to the parenting time you're asking for: _____
The number of hours per week the children will spend with Father: _____

The monthly amount of court-ordered arrears the noncustodial parent pays for spousal maintenance or for child support for children of other relationships: $_____

The other parent and I have been living apart since this date: _____.
Do you want the other parent to pay you past child support for the months you've been living apart? [ ] Yes [ ] No
[ ] Mother [ ] Father has voluntarily paid the other parent $_____ to support the children since we started living apart.

	Mother	**Father**
Each parent's monthly gross income:	$_____	$_____
The monthly amount of court-ordered child support each parent pays for children of other relationships:	$_____	$_____
The monthly amount of court-ordered spousal maintenance (alimony) each parent currently pays:	$_____	$_____
The monthly amount of court-ordered spousal maintenance (alimony) each parent currently receives:	$_____	$_____
The monthly amount each parent pays for health insurance *for the children* (Do not include the amount you pay for yourself. If unsure, ask your employer for the correct amount.):	$_____	$_____
The monthly amount each parent pays for work-related childcare:	$_____	$_____
The monthly amount each parent pays for a child's extraordinary educational needs based on the parents' agreement or a court order:	$_____	$_____
The monthly amount each parent pays for the special needs of a gifted or handicapped child:	$_____	$_____

About the Parent Who Should Pay Child Support:

Social Security Number: _____

Current Employer Name: _____
Payroll Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____

Previous Employer (if known): _____
Payroll Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____