

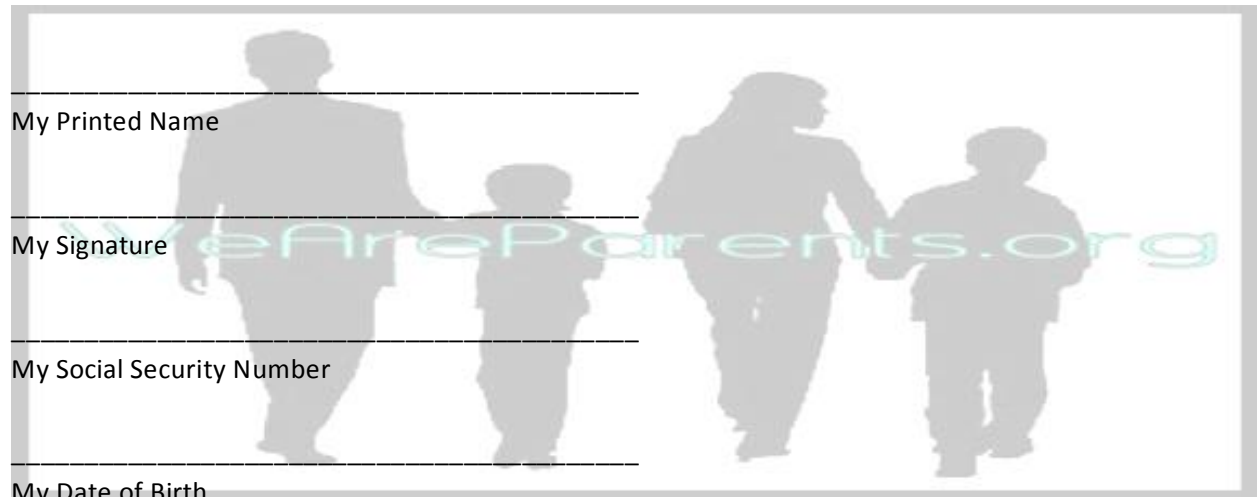


If more than one parent exists, please list additional parent(s) on the second page of an additional application along with the associated number of the child

<b>HAVE YOU OR THE OTHER PARTY EVER RECEIVED AFDC, TCA, WELFARE OR ANY OTHER TYPE OF MONETARY ASSISTANCE FROM THE GOVERNMENT?</b>	<b>IF SO, WHEN?</b>
<b>NAME OF OTHER PARENT</b>	<b>DATE OF BIRTH</b>
<b>GENDER</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<b>CURRENT ADDRESS</b> (NUMBER AND STREET)
<b>CITY/STATE/ZIP CODE</b>	<b>PHONE NUMBER</b>
<b>ALIAS OR NICKNAME</b>	<b>SOCIAL SECURITY NUMBER</b> (IF KNOWN)
<b>E-MAIL ADDRESS</b>	<b>OTHER PHONE NUMBER</b>
<b>PLACE OF EMPLOYMENT</b>	<b>EMPLOYER ADDRESS</b>
<b>EMPLOYER PHONE NUMBER</b>	<b>EMPLOYER E-MAIL OR WEB ADDRESS</b>
<b>RELATIONSHIP WITH OTHER PARENT</b> <input type="checkbox"/> CORDIAL <input type="checkbox"/> STABLE <input type="checkbox"/> GOOD <input type="checkbox"/> NOT GOOD <input type="checkbox"/> BAD <input type="checkbox"/> PROBLEMATIC <input type="checkbox"/> OTHER (PLEASE EXPLAIN)	
<b>HAVE YOU EVER RECEIVED OR PAID CHILD SUPPORT?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>DO YOU RECEIVE OR PAY CHILD SUPPORT REGULARLY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>LAST PAYMENT PAID OR RECEIVED?</b>	<b>HOW DO YOU RECEIVE OR PAY CHILD SUPPORT?</b> <input type="checkbox"/> DIRECTLY <input type="checkbox"/> VIA CHILD SUPPORT OFFICE
<b>IS EITHER PARENT INCARCERATED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>IF SO, WHERE?</b>
<b>LENGTH OF INCARCERATION</b>	<b>DATE OF EXPECTED RELEASE</b>
<b>TYPE OF ASSISTANCE NEEDED</b> <input type="checkbox"/> NCP ADVOCATE CASE REVIEW <input type="checkbox"/> ENFORCEMENT/COLLECTIONS <input type="checkbox"/> PARENTING/MEDIATION <input type="checkbox"/> INCARCERATED NCP PRO SE MODIFICATION <input type="checkbox"/> PATERNITY ASSISTANCE <input type="checkbox"/> OTHER	
<b>WHAT IS THE BEST METHOD OF CONTACT?</b> <input type="checkbox"/> PHONE <input type="checkbox"/> E-MAIL <input type="checkbox"/> TEXT <input type="checkbox"/> MAIL <input type="checkbox"/> OTHER	
<b>PREFERRED PHONE NUMBER OR EMAIL ADDRESS</b>	<b>EMERGENCY CONTACT NAME AND NUMBER</b>
<b>HOW DID YOU HEAR ABOUT WEAREPARENTS.ORG?</b> <input type="checkbox"/> INTERNET <input type="checkbox"/> COURTHOUSE <input type="checkbox"/> ATTORNEY <input type="checkbox"/> MEDIA <input type="checkbox"/> WORD OF MOUTH <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> OTHER	
PLEASE LIST PERSON WHO REFERRED YOU OR DESCRIPTION OF HOW YOU HEARD OF US ABOVE	
PLEASE INCLUDE ANY ADDITIONAL INFORMATION THAT MAY BE USEFUL BELOW	

**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_ have requested that the private child support agency WeAreParents.org, LLC assist me with my child support case. Please allow this document to serve as my written authorization to release any information regarding my child support case to WeAreParents.org, LLC. I also give WeAreParents.org, LLC authorization to request enforcement, documents, audits, license suspension recalls, or any other request pertaining to my child support case. I understand that although WeAreParents.org, LLC consults with legal advisors and attorneys, the assessment given and work completed on my case is not legal advice or opinion, however it is the feedback and evaluation of an experienced child support professional based on child support policy, procedures, guidelines and local child support jurisdiction exposure.



My Printed Name \_\_\_\_\_

My Signature \_\_\_\_\_

My Social Security Number \_\_\_\_\_

My Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
My Current Address on File