

**GENERAL TESTIMONY**

Petitioner: Name (first, middle, last)  
Social Security Number

IV-D Case: [ ] TANF  
[ ] IV-E Foster Care  
[ ] Medicaid Only  
[ ] Former Assistance  
[ ] Never Assistance

Respondent: Name (first, middle, last)  
Social Security Number

Non-IV-D Case: [ ]

File Stamp

Responding IV-D Case Number \_\_\_\_\_

Responding Tribunal Number \_\_\_\_\_

Initiating IV-D Case Number \_\_\_\_\_

Initiating Tribunal Number \_\_\_\_\_

Petitioner is: [ ] Obligee [ ] Caretaker Other than Parent  
[ ] Obligor [ ] Foster Care

Respondent is: [ ] Obligee [ ] Caretaker Other than Parent  
[ ] Obligor [ ] Foster Care

\_\_\_\_\_ being duly sworn, under penalties of perjury, testifies as follows:  
Name (first, middle, last)

**I. Personal Information About Child(ren)'s Mother**

[ ] See Section X

A.1. Mother is: [ ] Obligee [ ] Obligor		2. [ ] Nondisclosure Finding Attached	
3. Full Name (first, middle, last) Nickname, alias, maiden name, former married name, etc.			
4. Home Address [ ] Confirmed _____ (date)	5. Social Security Number		6. Date of Birth
	7. Home Phone ( )		8. Work Phone ( )
9. Employer Name & Address [ ] Confirmed _____ (date)	10(a). Occupation, Trade or Profession		
	10(b). Highest Level Of Education Attained		
11. Estimated Gross Monthly Earnings \$		12. Other Monthly Income (& source) \$	
13. Real or Personal Property (type & location)			

**B. Physical Description of Child(ren)'s Mother (Attach photo if available.)**

1. Race	2. Height	3. Weight	4. Hair Color	5. Eye Color
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**C. Present Marital Status of Child(ren)'s Mother**

1. [ ] Married	2. [ ] Single	3. [ ] Living with Non-Marital Partner
4. [ ] Divorced	5. [ ] Legally Separated	6. [ ] Separated 7. [ ] Unknown

**D. Information about Current Spouse or Partner of Child(ren)'s Mother**

1. Name of Current Spouse or Partner (first, middle, last)	2. Is Current Spouse/Partner Employed? [ ] Yes [ ] No [ ] Unknown
3. Name and Address of Spouse's/Partner's Employer	4. Spouse's/Partner's Estimated Gross Monthly Earnings \$

**E. Is the child(ren)'s mother responsible for dependents other than those listed in Section V (pages 4 & 5)?**

[ ] Yes [ ] No [ ] Unknown (If yes, provide information below.)

1.	a. Full Name (first, middle, last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:
2.	a. Full Name (first, middle, last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:
3.	a. Full Name (first, middle, last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:

**II. Personal Information About Child(ren)'s Father**

[ ] See Section X

A.1. Father is: [ ] Obligee [ ] Obligor	2. [ ] Nondisclosure Finding Attached	
3. Full Name (first, middle, last) Nickname, Alias		
4. Home Address [ ] Confirmed _____(date)	5. Social Security Number	6. Date of Birth
	7. Home Phone ( )	8. Work Phone ( )
9. Employer Name & Address [ ] Confirmed _____(date)	10(a). Occupation, Trade or Profession	
	10(b). Highest Level Of Education Attained	
11. Estimated Gross Monthly Earnings \$	12. Other Monthly Income (& source) \$	
13. Real or Personal Property (type & location)		

**B. Physical Description of Child(ren)'s Father (Attach photo if available.)**

1. Race	2. Height	3. Weight	4. Hair Color	5. Eye Color
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**C. Present Marital Status of Child(ren)'s Father**

1. <input type="checkbox"/> Married	2. <input type="checkbox"/> Single	3. <input type="checkbox"/> Living with Non-Marital Partner
4. <input type="checkbox"/> Divorced	5. <input type="checkbox"/> Legally Separated	6. <input type="checkbox"/> Separated
7. <input type="checkbox"/> Unknown		

**D. Information about Current Spouse or Partner of Child(ren)'s Father**

1. Name of Current Spouse or Partner (first, middle, last)	2. Is Current Spouse/Partner Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
3. Name and Address of Spouse's/Partner's Employer	4. Spouse's/Partner's Estimated Gross Monthly Earnings \$

**E. Is the child(ren)'s father responsible for dependents other than those listed in Section V (pages 4 & 5)?**

Yes  No  Unknown (If yes, provide information below.)

1.	a. Full Name (first, middle, last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:
2.	a. Full Name (first, middle, last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:
3.	a. Full Name (first, middle, last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:

**III. Personal Information About Caretaker Other than Parent**

See Section X

1. Caretaker's Relation to Child is: <input type="checkbox"/> Has legal custody/guardianship of child	2. <input type="checkbox"/> Nondisclosure Finding Attached		
3. Full Name (first, middle, last) Nickname, alias, maiden name, former married name, etc.			
4. Home Address <input type="checkbox"/> Confirmed _____(date)	5. Social Security Number	6. Date of Birth	7. Sex
	8. Home Phone ( )	9. Work Phone ( )	
10. Employer Name & Address <input type="checkbox"/> Confirmed _____(date)	11(a). Occupation, Trade or Profession		
	11(b). Highest Level Of Education Attained		
12. Estimated Gross Monthly Earnings \$	13. Other Monthly Income (& source) \$		
14. Date Child(ren) Began Residing With Caretaker			

**IV. Legal Relationship of Parents**

[ ] See Section X

1. [ ] Never married to each other    2. [ ] Married on \_\_\_\_\_ in \_\_\_\_\_  
Date County/State
3. [ ] Married by common law for the period \_\_\_\_\_ in \_\_\_\_\_  
Dates County/State
4. [ ] Separated on \_\_\_\_\_    5. [ ] Divorced on \_\_\_\_\_ in \_\_\_\_\_  
Date Date County/State
6. [ ] Legally separated on \_\_\_\_\_ in \_\_\_\_\_  
Date County/State
7. [ ] Divorce pending in \_\_\_\_\_    8. [ ] Support Order Entered on \_\_\_\_\_  
County/State Date
9. [ ] No support order    10. [ ] Other \_\_\_\_\_
11. Tribunal & Location (Divorce, Legal Separation, Support Order): \_\_\_\_\_

**V. Dependent Child(ren) in this Action**

[ ] See Section X

A. List obligor's (named on page 1 of this form) child(ren) only.

[ ] Nondisclosure Finding Attached

1. a. Full Legal Name (first, middle, last)		f. Paternity Established? [ ] Yes (check how) [ ] No [ ] By order [ ] By voluntary acknowledgment [ ] By adoption [ ] By conclusive marital presumption [ ] Other:
b. Address		
c. Social Security Number		g. Support Order Established? [ ] Yes [ ] No
d. Sex	e. Date of Birth	h. Living with Petitioner? [ ] Yes [ ] No

2. a. Full Legal Name (first, middle, last)		f. Paternity Established? [ ] Yes (check how) [ ] No [ ] By order [ ] By voluntary acknowledgment [ ] By adoption [ ] By conclusive marital presumption [ ] Other:
b. Address		
c. Social Security Number		g. Support Order Established? [ ] Yes [ ] No
d. Sex	e. Date of Birth	h. Living with Petitioner? [ ] Yes [ ] No

3. a. Full Legal Name (first, middle, last)		f. Paternity Established? [ ] Yes (check how) [ ] No [ ] By order [ ] By voluntary acknowledgment [ ] By adoption [ ] By conclusive marital presumption [ ] Other:
b. Address		
c. Social Security Number		g. Support Order Established? [ ] Yes [ ] No
d. Sex	e. Date of Birth	h. Living with Petitioner? [ ] Yes [ ] No

4. a. Full Legal Name (first, middle, last)		f. Paternity Established? <input type="checkbox"/> Yes (check how) <input type="checkbox"/> No <input type="checkbox"/> By order <input type="checkbox"/> By voluntary acknowledgment <input type="checkbox"/> By adoption <input type="checkbox"/> By conclusive marital presumption <input type="checkbox"/> Other: _____
b. Address		
c. Social Security Number		g. Support Order Established? <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Sex	e. Date of Birth	h. Living with Petitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No

B. The child(ren) began residing in \_\_\_\_\_ on \_\_\_\_\_.

State Month/Year

**VI. Medical Insurance**

See Section X

- 1. Is obligor required by a child support order to provide medical insurance for the child(ren)?  Yes  No
- 2. Is obligor required by a child support order to provide medical insurance for the obligee?  Yes  No
- 3. Medical coverage for dependent child(ren) listed in Section V and/or the obligee is provided by:

	For dependent child(ren)	For obligee	
Obligee	<input type="checkbox"/>	<input type="checkbox"/>	Obligee's Insurance Company:
Obligor	<input type="checkbox"/>	<input type="checkbox"/>	Policy Number:
State Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	Obligor's Insurance Company:
Obligee's Employer	<input type="checkbox"/>	<input type="checkbox"/>	Policy Number:
Obligor's Employer	<input type="checkbox"/>	<input type="checkbox"/>	Other Insurance Company:
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	Policy Number:
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	
No Coverage	<input type="checkbox"/>	<input type="checkbox"/>	

4. The monthly cost paid by the obligee for medical insurance for the obligor's child(ren) only is: \$ \_\_\_\_\_  
 (If medical insurance is provided by the obligee or obligee's employer, skip to number 6).

5. Obligee can purchase needed medical insurance at a monthly cost of: \$ \_\_\_\_\_

6. Were the children ever covered by medical insurance provided by the obligor/obligee, or his/her current employer?  
 Yes  No  Unknown

7. Do any of the obligor's children have special needs or extraordinary medical expenses not covered by insurance?  
 Yes  No

(If "Yes", please indicate the child involved and the type of special needs/extraordinary medical expenses and the related costs. Attach proof.)

8. Is the obligee asking to be reimbursed for medical coverage by obligor?  Yes  No  Unknown

**VII. Support Order and Payment Information**

See Section X

1. Does a support order exist? (If "No", skip to page 7.)

Yes  No

2. Did child(ren) reside with the obligor at anytime during the period for which support is sought, except during periods of visitation specified by a tribunal's order?  Yes  No

If "Yes", Identify Period of Residency:  
From: \_\_\_\_\_ Thru: \_\_\_\_\_

3. If a modification is being requested, indicate the basis for the request below:

- The earnings of the obligor have substantially increased or decreased.
- The earnings of the obligee have substantially increased or decreased.
- The needs of a party or of the child(ren) have substantially increased or decreased.
- Other, Explain \_\_\_\_\_

4. Describe all current support orders (include all pertinent orders and modifications). NOTE: if more than three (3) orders exist, attach complete description as below for each.

Date of Order	Current Amount \$	Per Month/Week/etc.	Toward Arrears \$	Per Month/Week/etc.
Unpaid Interest \$ _____ as of _____ (date)		Total Arrears \$ _____ as of _____ (date)		
Tribunal's Name & Address				

  

Date of Order	Current Amount \$	Per Month/Week/etc.	Toward Arrears \$	Per Month/Week/etc.
Unpaid Interest \$ _____ as of _____ (date)		Total Arrears \$ _____ as of _____ (date)		
Tribunal's Name & Address				

  

Date of Order	Current Amount \$	Per Month/Week/etc.	Toward Arrears \$	Per Month/Week/etc.
Unpaid Interest \$ _____ as of _____ (date)		Total Arrears \$ _____ as of _____ (date)		
Tribunal's Name & Address				

5. Unpaid Medical Cost Reimbursement (attach documentation) \$ \_\_\_\_\_ as of \_\_\_\_\_ Date

6. Other Unpaid Costs and Fees \$ \_\_\_\_\_ as of \_\_\_\_\_ Date

Explain: \_\_\_\_\_

7. Direct Payments to Oblige:  Affidavit from Oblige Attached  No Direct Payments Received

8. Obligor's support payment history:

- Certified copy of tribunal/agency payment history is attached. (Skip to page 7).
- Payment history provided on page 6a.
- N.A.; responding State does not require. (Skip to page 7).

From (Year) to (Year):	Agency Which Prepared Audit/Payment History:
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VIII. TANF / Foster Care/Medical Assistance Status

[ ] See Section X

[If no TANF/Foster Care/Medical Assistance benefits were paid, skip to Section IX.]

1. Period during which TANF/Foster Care was paid:

From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ by: \_\_\_\_\_
First month year Last month year State

2. Total amount of TANF/Foster Care paid: \$ \_\_\_\_\_ as of \_\_\_\_\_ Date

3. Medical assistance related to prenatal, postnatal, or general expenses was paid in the amount of \$ \_\_\_\_\_ by: \_\_\_\_\_ Agency or Person

IX. Financial Information

[ ] See Section X

Information required varies based on responding State's guidelines. Updates may be required.

A. Monthly Income from All Sources:

1. Is the petitioner employed? [ ] Yes; occupation: \_\_\_\_\_ [ ] No; income source: \_\_\_\_\_

2. Gross Monthly Income Amounts: Petitioner Current Spouse/Partner Obligor's Dependent(s)

Table with 4 columns: Description, Petitioner, Current Spouse/Partner, Obligor's Dependent(s). Rows include Public Assistance (SSI, Family, Other), Base pay salary, wages, Overtime, commissions, tips, bonuses, part time, Unemployment compensation, Worker's compensation, Social Security Disability, Social Security Retirement, Dividends and interest, Trust/Annuity Income, Pensions, retirement, Child support, Spousal support/alimony, All other sources.

Explain "other sources": \_\_\_\_\_

3. Total Gross Monthly (lines "2a" through "2m") \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Table with 4 columns: Description, Petitioner, Current Spouse/Partner, Obligor's Dependent(s). Rows include Deductions From Gross: Federal Income Tax, State Income Tax, Local Tax, F.I.C.A.



	<u>Petitioner</u>	<u>Current Spouse/Partner</u>	<u>Obligor's Dependent(s)</u>
5. Adjusted Net Monthly (lines "3" minus lines "4a through 4d")	\$ _____	\$ _____	\$ _____
6. Other Deductions			
a) Savings	\$ _____	\$ _____	\$ _____
b) Loan Repayment	\$ _____	\$ _____	\$ _____
c) Mandatory Retirement	\$ _____	\$ _____	\$ _____
d) Non-mandatory Retirement	\$ _____	\$ _____	\$ _____
e) Medical Insurance	\$ _____	\$ _____	\$ _____
f) Union Dues	\$ _____	\$ _____	\$ _____
g) Other (specify)	\$ _____	\$ _____	\$ _____
7. Net Monthly Income (line 5 minus lines "6a through 6g")	\$ _____	\$ _____	\$ _____
8. Gross Income Prior Year	\$ _____	\$ _____	\$ _____

Attach three most recent pay stubs from each current employer for all parties shown.

B. Monthly Expenses	<u>Petitioner</u>	<u>Obligor's Dependents</u>
1) Rent/Mortgage	\$ _____	\$ _____
2) Homeowners/Renters Insurance	\$ _____	\$ _____
3) Home Maintenance & Repair	\$ _____	\$ _____
4) Heat	\$ _____	\$ _____
5) Electricity/Gas	\$ _____	\$ _____
6) Telephone	\$ _____	\$ _____
7) Water/Sewer	\$ _____	\$ _____
8) Food	\$ _____	\$ _____
9) Laundry/Cleaning	\$ _____	\$ _____
10) Clothing	\$ _____	\$ _____
11) Life Insurance	\$ _____	\$ _____
12) Medical Insurance	\$ _____	\$ _____
13) Uninsured Extraordinary Medical (attach documentation)	\$ _____	\$ _____
14) Other Uninsured Health-Related Expenses	\$ _____	\$ _____
15) Auto Payment	\$ _____	\$ _____
16) Auto Insurance	\$ _____	\$ _____
17) Auto Expenses	\$ _____	\$ _____
18) Other Transportation	\$ _____	\$ _____
19) Child Care	\$ _____	\$ _____
Provider: _____		
Frequency _____ Per _____		
20) Support Payments, actual amount paid	\$ _____	\$ _____
21) Internet service	\$ _____	\$ _____
22) Other; Explain	\$ _____	\$ _____
<b>Total Monthly Expenses</b> (lines 1 through 22)	\$ _____	\$ _____

C. Assets:

1) Real Estate

\_\_\_\_\_ Address

\_\_\_\_\_ Owner(s)

\_\_\_\_\_ Title

\$ \_\_\_\_\_ Assessed Value minus \$ \_\_\_\_\_ Mortgage(s) = \$ \_\_\_\_\_

2) IRA, Keogh, Pension, Profit Sharing, Other Retirement Plans

\_\_\_\_\_ \$  
Institution or Plan Name and Account Number

\_\_\_\_\_ \$  
Institution or Plan Name and Account Number

3) Tax Deferred Annuity Plan(s)

\$ \_\_\_\_\_

4) Life Insurance: Present Cash Value

\$ \_\_\_\_\_

5) Savings & Checking Accounts, Money Market Accounts, & CDs

\_\_\_\_\_ \$  
Institution Name and Account Number

\_\_\_\_\_ \$  
Institution Name and Account Number

6) Automobiles/Vehicles

\_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Year \$ \_\_\_\_\_ Estimated Value minus \$ \_\_\_\_\_ Loan Balance = \$ \_\_\_\_\_

\_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Year \$ \_\_\_\_\_ Estimated Value minus \$ \_\_\_\_\_ Loan Balance = \$ \_\_\_\_\_

\_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Year \$ \_\_\_\_\_ Estimated Value minus \$ \_\_\_\_\_ Loan Balance = \$ \_\_\_\_\_

7) Other (e.g., Personal Property, Securities, etc). Describe: \_\_\_\_\_ \$ \_\_\_\_\_

Total Assets (lines 1 through 7) \$ \_\_\_\_\_

**X. Other Pertinent Information**

(Attach additional sheets if necessary).

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**XI. Verification**

Attached are the required number of copies of all support orders for the case.

Also attached and incorporated by reference are:

Copy of the certified child support payment records.

Copies of three most recent pay stubs from current employer.

Copies of bills for prenatal, postnatal and general health care of mother and child.

Assignment or subrogation of support rights.

"Affidavit in Support of Establishing Paternity" for each child whose paternity is at issue.

Copy of child(ren)'s birth certificate(s).

Acknowledgment of parentage.

Documentation of legal custody/guardianship of child(ren).

Documentation that children are in foster care.

Other: \_\_\_\_\_

All of the information and facts contained in this General Testimony are true and correct to my/our best knowledge and belief.

\_\_\_\_\_

Date Petitioner (Name/Title) Signature

\_\_\_\_\_

Date Agency Representative (Name/Title) Signature

Sworn to and Signed Before me  
This Date County/State

Notary Public, Tribunal/Agency  
Official and Title

Commission Expires