

GENERAL TESTIMONY

Petitioner **IV-D Case:** TANF
 IV-E Foster Care
 Medicaid Only
 Former Assistance
 Never Assistance

Respondent **Non-IV-D Case:**

File Stamp

Responding IV-D Case No. _____ Initiating IV -D Case No. _____
 Responding Tribunal No. _____ Initiating Tribunal No. _____

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: <input type="checkbox"/> Obligee <input type="checkbox"/> Obligor		2. <input type="checkbox"/> Nondisclosure Finding Attached	
3. Full Name (First, Mid, 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. Home Phone ()		8. Work Phone ()
9. Employer Name & Address <input type="checkbox"/> 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. <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 Mother

1. Name of Current Spouse or Partner (First, Mid, 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, Mid, 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, Mid, 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, Mid, 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, Mid, 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, Mid, 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, Mid, 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, Mid, 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, Mid, 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, Mid, 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, Mid, 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, Mid, 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, Mid, 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, Mid, 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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GENERAL TESTIMONY, PAGE 6a

Initiating IV-D Case No. _____

Obligor's Payment History Adjudicated Arrears \$ _____ as of _____ Date of Order _____

Year: _____

Year: _____

	Amount Due	Amount Paid	Balance
Jan			
Feb			
Mar			
Apr			
May			
Jun			
Jul			
Aug			
Sep			
Oct			
Nov			
Dec			
Total			

	Amount Due	Amount Paid	Balance

Year: _____

Year: _____

	Amount Due	Amount Paid	Balance
Jan			
Feb			
Mar			
Apr			
May			
Jun			
Jul			
Aug			
Sep			
Oct			
Nov			
Dec			
Total			

	Amount Due	Amount Paid	Balance

Total of Adjudicated and Accrued Arrears \$ _____ as of _____

_____ Date Name/Title, Agency or Tribunal Signature

Sworn to and Signed before me this Date, County, State Notary Public Official and Title Commission Expires

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:	<u>Petitioner</u>	<u>Current Spouse/Partner</u>	<u>Obligor's Dependent(s)</u>
a) Public Assistance			
i) SSI	\$ _____	\$ _____	\$ _____
ii) Family Assistance	\$ _____	\$ _____	\$ _____
iii) Other	\$ _____	\$ _____	\$ _____
b) Base pay salary, wages	\$ _____	\$ _____	\$ _____
c) Overtime, commissions, tips, bonuses, parttime	\$ _____	\$ _____	\$ _____
d) Unemployment compensation	\$ _____	\$ _____	\$ _____
e) Worker's compensation	\$ _____	\$ _____	\$ _____
f) Social Security Disability	\$ _____	\$ _____	\$ _____
g) Social Security Retirement	\$ _____	\$ _____	\$ _____
h) Dividends and interest	\$ _____	\$ _____	\$ _____
i) Trust/Annuity Income	\$ _____	\$ _____	\$ _____
j) Pensions,retirement	\$ _____	\$ _____	\$ _____
k) Child support	\$ _____	\$ _____	\$ _____
l) Spousal support/alimony	\$ _____	\$ _____	\$ _____
m) All other sources	\$ _____	\$ _____	\$ _____

Explain "other sources": _____

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

4. Deductions From Gross			
a) Federal Income Tax	\$ _____	\$ _____	\$ _____
b) State Income Tax	\$ _____	\$ _____	\$ _____
c) Local Tax	\$ _____	\$ _____	\$ _____
d) 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 paystubs 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	\$ _____	\$ _____
Total Monthly Expenses (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 No.

_____ \$

Institution or Plan Name and Account No.

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).

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 paystubs 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
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Date	Agency Representative (Name/Title)	Signature
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Sworn to and Signed Before me This Date County/State	Notary Public, Tribunal/Agency Official and Title	Commission Expires
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