

**Failure to provide information may lead to benefits being reduced or case closure. Please fill out each box to the best of your ability. Even partial information can be extremely helpful.**

UPI- \_\_\_\_\_

**COMPLETE THE FOLLOWING ABOUT THE NONCUSTODIAL PARENT (NCP) (Parent who is absent from the children):**

<b>Name (Last, First, Middle):</b>		<b>Other Names Used:</b>		
<b>Date of last contact with NCP:</b> Month _____ Year _____		<input type="checkbox"/> Phone? <input type="checkbox"/> In Person? <input type="checkbox"/> Internet?		
<b>Residence/Mailing Address (City, State &amp; ZIP Code):</b>				<b>Is this address:</b> <input type="checkbox"/> Current Address <input type="checkbox"/> Last Known Address <input type="checkbox"/> Relative's Address
If unknown, cross streets last living at: _____ Roommate/Relative: _____				
<b>Has the Parent been in Jail/Prison?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Currently incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No ID#: _____ If yes, where? _____ When? _____ Charges? _____				
<b>Deceased:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Where: _____ Please attach death certificate.		<b>Deported:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Where: _____ When: _____		
<b>Home Phone:</b> ( ) _____		<b>Cell Phone:</b> ( ) _____		<b>Work Phone:</b> ( ) _____
<b>Facebook/Twitter/Etc. Username/s:</b>			<b>E-Mail Address:</b>	
<b>Social Security #:</b>		<b>Birth Date (if unknown, best guess/age):</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Height:</b> _____ft _____in	<b>Weight:</b> _____lbs	<b>Hair Color:</b>	<b>Eye Color:</b>	<b>Race:</b>
<b>Describe any scars, birthmarks or tattoos:</b>				
<b>Is this parent currently:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Living with boyfriend/girlfriend <b>Spouse/Significant Other's Name:</b> _____				
<b>Vehicles (car/boat/trailer/RV/etc.)? Make:</b> _____ <b>Model:</b> _____ <b>Year:</b> _____ <b>License #:</b> _____ <b>State:</b> _____				
<b>Existing Child Support Order?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, from what City, State? <b>Attach a copy</b>				
<b>Last support payment date:</b> _____ <input type="checkbox"/> Direct to you? <input type="checkbox"/> From another Child Support office? City: _____ State: _____				

**EMPLOYMENT/INCOME INFORMATION:**

<b>Employer Name &amp; Address (City, State):</b>		<b>Type of work:</b>
Is this the NCP's: <input type="checkbox"/> Current Employer? <input type="checkbox"/> Former Employer? As of: _____		
<b>Self Employed:</b> If yes, business name or type of work: _____ Address: _____		
<b>Military Service:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what branch? _____ Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Other Income:</b> <input type="checkbox"/> Unemployment <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement <input type="checkbox"/> Disability		

**COMMENT BOX:**

<b>Please provide any additional information/comments here:</b>
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**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_