

GENERAL TESTIMONY

Petitioner IV-D Non Public Assistance
 IV-D Non PA Medicaid
 Full Services
 Medical Services Only

Respondent IV-D Public Assistance
 IV-E Foster Care (IV-D Case)
 Non IV-D

File Stamp

Responding IV-D Case No. _____

Initiating IV-D Case No. _____

Responding Docket No. _____

Initiating Docket 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; include nickname, alias)			
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 (Optional: 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 New Spouse or Non-Marital 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 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: <input type="checkbox"/> Obligee <input type="checkbox"/> Obligor	2. <input type="checkbox"/> Nondisclosure Finding Attached	
3. Full Name (First, Mid, Last; include nickname, alias)		
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 Father (Optional: 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 New Spouse or Non-Marital 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:	2. <input type="checkbox"/> Nondisclosure Finding Attached		
3. Full Name (First, Mid, Last; include nickname, alias)			
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 Name (First, Mid, Last)		f. Paternity Established? [] Yes [] No
	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 Name (First, Mid, Last)		f. Paternity Established? [] Yes [] No
	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 Name (First, Mid, Last)		f. Paternity Established? <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Address		
c. Social Security Number		h. Living with Petitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Sex	e. Date of Birth	

4.	a. Full Name (First, Mid, Last)	f. Paternity Established? [] Yes [] No
	b. Address	g. Support Order Established? [] Yes [] No
	c. Social Security Number	h. Living with Petitioner? [] Yes [] No
	d. Sex	e. Date of Birth

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	[]	[]
Obligor	[]	[]
State Medicaid	[]	[]
Obligee's Employer	[]	[]
Obligor's Employer	[]	[]
Other _____	[]	[]
Unknown	[]	[]
No Coverage	[]	[]

Obligee's Insurance Company:

Policy Number:

Obligor's Insurance Company:

Policy Number:

Other Insurance Company:

Policy Number:

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.)

VIII. Obligee's Public Assistance Status [] See Section X

[If no public assistance was paid, skip to Section IX.]

1. Period during which public assistance was paid:

From: _____ / _____ To: _____ / _____ by: _____
First month year Last month year State

2. Total amount of public assistance 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 Dependent(s)</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: _____		
20) Support Payments, actual amount paid	\$ _____	\$ _____
21) Other; Explain: _____	\$ _____	\$ _____
Total Monthly Expenses (lines 1 through 21)	\$ _____	\$ _____

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:

Blank lines for describing other assets with dollar signs on the right.

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.
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Other: _____
