



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 FAMILY SUPPORT DIVISION
REFERRAL/INFORMATION FOR CHILD SUPPORT SERVICES/AC

Order for Genetic Test Included

All items on this form must be completed. If information is unknown, this must be indicated. This form provides the Family Support Division (FSD) with essential facts to locate a noncustodial parent and/or enforce a support obligation.

After completing this form return it to: **Family Support Division, PO Box 6790, Jefferson City, MO 65102-6790.**

IV-D CASE NUMBER	CD CASEWORKER NAME	COUNTY	TELEPHONE NUMBER
------------------	--------------------	--------	------------------

I hereby certify that I am an employee of the Children's Division (CD) and as such, am duly authorized to apply for parent information and support services for the child(ren) named below who is/are in the legal custody of CD. I understand that any information shared with FSD will be used only to locate the noncustodial parent named below and to establish or collect a support obligation.

SIGNATURE DATE

NONCUSTODIAL PARENT INFORMATION

NAME (LAST)	(FIRST)	(MIDDLE)	ALIAS
-------------	---------	----------	-------

ADDRESS (CURRENT OR LAST KNOWN)	(CITY)	(STATE)	(ZIP CODE)
---------------------------------	--------	---------	------------

DATE ADDRESS KNOWN	TELEPHONE NUMBER ()	BIRTH DATE	BIRTH PLACE
--------------------	-------------------------	------------	-------------

RACE	SEX	HEIGHT	WEIGHT	HAIR	EYES	SOCIAL SECURITY NUMBER
------	-----	--------	--------	------	------	------------------------

IS THE NONCUSTODIAL PARENT NOW EMPLOYED? YES NO UNKNOWN

IF YES ▶	NAME OF EMPLOYER	ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP CODE) AND TELEPHONE NUMBER
----------	------------------	---

NONCUSTODIAL PARENT'S PAST EMPLOYMENT INFORMATION. **DATES WORKED** FROM ▶ TO ▶

IF KNOWN ▶	NAME OF PAST EMPLOYER	ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP CODE)
------------	-----------------------	--

CHILDREN OF THE NONCUSTODIAL PARENT IN ALTERNATIVE CARE

CHILD'S DCN	NAME	COUNTY/STATE OF BIRTH	DATE OF BIRTH	CHILD'S DCN	NAME	COUNTY/STATE OF BIRTH	DATE OF BIRTH

HAS A GOOD CAUSE DETERMINATION BEEN MADE THAT FSD SHOULD **NOT** PURSUE CHILD SUPPORT SERVICES? YES NO

IF YES, REASON ▶ _____

SIGNATURE OF AUTHORIZING SUPERVISOR ▶ _____ (TITLE)

IF GOOD CAUSE WAS DETERMINED, DO NOT COMPLETE REMAINDER OF REFERRAL

MARITAL STATUS AND COURT INFORMATION

ARE THE PARENTS OF THIS/THESE CHILD(REN) MARRIED? DIVORCED? NEVER MARRIED?

IF THE PARENTS ARE/WERE MARRIED, GIVE DATE AND PLACE ▶ DATE PLACE

HAS DIVORCE BEEN FILED? YES NO UNKNOWN

IF YES ▶ WHERE?

IF THE PARENTS ARE DIVORCED, GIVE DATE AND PLACE ▶ DATE PLACE

DID THE NONCUSTODIAL PARENT EVER LIVE WITH CHILD(REN) IN MISSOURI? YES NO UNKNOWN

IF YES ▶ WHERE? WHEN?

WAS THE MOTHER OF THE CHILD(REN) MARRIED TO A MAN OTHER THAN THIS NONCUSTODIAL PARENT WHEN SHE BECAME PREGNANT OR WHEN THE CHILD WAS BORN? YES NO UNKNOWN

IF YES, GIVE NAME ▶

IS THE NONCUSTODIAL PARENT NOW MARRIED TO SOMEONE ELSE? YES NO UNKNOWN

IF YES, GIVE SPOUSE'S NAME ▶

HAVE CHILD SUPPORT PAYMENTS BEEN ORDERED BY A JUVENILE COURT? YES NO UNKNOWN

IF YES, COMPLETE COURT INFORMATION HERE AND ATTACH A COPY OF THE COURT ORDER, IF AVAILABLE ▶

COURT NAME (COUNTY/CITY)	DATE OF ORDER
ORDER NUMBER	AMOUNT \$
FREQUENCY	

DOES THIS NONCUSTODIAL PARENT PAY CHILD SUPPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REGULARLY <input type="checkbox"/> SOMETIMES <input type="checkbox"/> UNKNOWN			
IF YES, AMOUNT ▶	AMOUNT	FREQUENCY (MONTHLY, WEEKLY)	TO WHOM?
COMPLETE THE FOLLOWING IF THE PARENTS WERE NOT MARRIED WHEN THE CHILD(REN) WAS/WERE BORN (DISREGARD IF REFERRAL IS FOR MOTHER OF THE CHILDREN)			
WAS PATERNITY LEGALLY ESTABLISHED BY A COURT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES, ATTACH A COPY OF COURT ORDER AND COMPLETE COURT INFORMATION. ▶	COURT NAME (COUNTY/CITY)	DATE OF ORDER	ORDER NUMBER
IF PATERNITY WAS NOT LEGALLY ESTABLISHED, HAS THE ALLEGED FATHER EVER CLAIMED THE CHILDREN AS HIS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES, TO WHOM? ▶	NAME(S)		
	ADDRESS(ES)		
IS IT POSSIBLE THAT ANOTHER MAN, OTHER THAN THIS ALLEGED FATHER, MIGHT BE THE FATHER OF THE CHILD(REN)? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES, WHO? ▶	NAME		
	ADDRESS		
FINANCIAL AND SOCIAL INFORMATION			
IS THE NONCUSTODIAL PARENT PRESENTLY ATTENDING SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES ▶	NAME OF SCHOOL	ADDRESS	
DOES THE NONCUSTODIAL PARENT BELONG TO A UNION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES ▶	UNION NAME	LOCAL NUMBER/ADDRESS	
DOES THE NONCUSTODIAL PARENT OWN ANY REAL ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES ▶	LOCATION (CITY)	COUNTY	STATE
DOES THE NONCUSTODIAL PARENT OWN ANY PERSONAL PROPERTY? (VEHICLES, FARM EQUIPMENT/LIVESTOCK, VALUABLE COLLECTIONS (COINS, GUNS), ETC.) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES ▶	LIST SPECIAL ITEM(S) OF PERSONAL PROPERTY OWNED		
DOES THE NONCUSTODIAL PARENT HAVE ANY OTHER INCOME OR RECEIVE ANY BENEFIT OR PENSION? (UNEMPLOYMENT, ETC.)? IF YES ▶ <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
	SOURCE	AMOUNT	HOW OFTEN?
DOES THE NONCUSTODIAL PARENT HAVE A BANK ACCOUNT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES ▶	NAME OF BANK	ADDRESS	ACCOUNT NUMBER
DOES THE NONCUSTODIAL PARENT HAVE MEDICAL AND/OR LIFE INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES ▶	INSURANCE COMPANY AND ADDRESS		POLICY NUMBER
	<input type="checkbox"/> MEDICAL		
	<input type="checkbox"/> LIFE		
IS/ARE THE CHILD(REN) INCLUDED UNDER THE MEDICAL COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IS THE NONCUSTODIAL PARENT IN THE MILITARY SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES ▶	BRANCH OF SERVICE	LAST-KNOWN STATION (LOCATION)	
IS THE NONCUSTODIAL PARENT IN JAIL OR PRISON NOW ? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES ▶	JAIL OR PRISON LOCATION	DATE IMPRISONED	EXPECTED RELEASE DATE
IS THE NONCUSTODIAL PARENT ON PAROLE NOW ? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
IF YES ▶	NAME OF PAROLE OFFICER	ADDRESS	
WHAT ARE THE NAMES AND ADDRESSES OF THE NONCUSTODIAL PARENT'S FATHER AND MOTHER? <input type="checkbox"/> UNKNOWN			
	FATHER'S NAME	ADDRESS	
	MOTHER'S NAME	MAIDEN NAME	ADDRESS
PLEASE PROVIDE ANY OTHER INFORMATION ABOUT THIS PARENT.			

