

CONTEMPT ACTION REVIEW WORKSHEET

ATLAS: _____ NCP Name: _____ Date: _____

Case Mgr. / OPID: _____ Date CP last contacted: _____ Date NCP last contacted: _____

1. Is this an arrears only case? Yes No DELN Balance _____
2. Amount of Current Support Order, if applicable: _____ POA _____
3. Date last payment received: _____ Amount: _____ Source: _____
4. Date of last hearing, if applicable: _____
5. Has an Affidavit of Non-Compliance been filed? Yes No
6. Select Yes (Y), No (N) for all that apply to NCP. Select Unknown (UNK) if situation is not known.

Y N UNK * Must advise attorney how evidence was obtained (OnBase (documents scanned) or by CP/NCP interview)

- | | | | | | |
|--------------------------|--------------------------|--------------------------|---|---------------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Currently receiving SSD or SSI benefits | <input type="checkbox"/> | Pending Social Security Application |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Receiving SNAP (Food Stamps) | <input type="checkbox"/> | Receiving AHCCCS |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Receiving TANF | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Open bankruptcy | Date/folder | CAP1/CAP2 scanned _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tribal member living on the reservation | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Recently released from prison (in the last 6-8 months) | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pending criminal charges or active arrest warrant (other than child support) | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Currently on probation | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Obligor has children subject to the order in his/her household | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Obligor has sole custody of children not subject to the order in his/her household | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | *Industrial injury: _____ | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | *Medical conditions _____ | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | *Recent hospitalization: _____ | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | *Mental illness/Severely Mentally Ill (S.M.I.) Diagnosis: _____ | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | *Veteran/Discharge from military (PTSD or other issues): _____ | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | *Chronic substance abuse: _____ | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Currently unemployed | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Last payments received were from UIB (Unemployment) | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reported income on GUIDE (BG01) | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reported employer on SDLI/NDLI | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | *Residence | <input type="checkbox"/> | Homeless |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | Rent |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | Own |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | Other |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Driver's license or driver's license is currently suspended (See Driver's License S/R SOP) | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Date/folder MVR/MVD documents scanned: _____ | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lacks transportation (vehicle/access to public transportation) | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Language barrier | <input type="checkbox"/> | Non-English Speaker |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Education Level | <input type="checkbox"/> | GED/HSD |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | Some College |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | Degree |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | Vocational |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | Other _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Multiple child support orders that collectively exceed ability to pay | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Evidence of NCP's Ability to Pay Documented (eg: Assets, Employment and Wage, Local Job Market, Financial Affidavit, AJC, Social Media, Admin Subpoena) | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Credit Bureau Report | Date Scanned/Folder Name: _____ | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Date of AG Referral (Verbal, E2528): _____ | Date Scanned: _____ | |

Approved for Contempt Referral Yes (E2526) No (E2529) Date _____