CP also known as: Support Recipient or Obligee
NCP also known as: Support Payor or Obligor

GENERAL TESTIMONY

(Instructions should be provided to the petitioner as part of the form.)

THIS FORM CONTAINS SENSITIVE INFORMATION – DO NOT FILE THIS FORM IN A PUBLIC ACCESS FILE

The information on this form may be filed with the petition or pleading and may be disclosed to the parties in the case unless accompanied by a nondisclosure finding/affidavit.

If you are not the intended recipient, you are hereby notified that any use, disclosure, distribution, or copying of this form or its contents is strictly prohibited.

Personal Information Form for UIFSA § 311 must be attached.

CANNOT BE LEFT BLANK, IF NOT APPLICABLE PUT N/A IF UNKNOWN PUT UNK

MUST BE COMPLETED TO THE BEST OF CLIENTS ABILITY

File Stamp

CASE WORKER WILL FILL THIS OUT

Petitioner: Legal Name (first, middle, last, suffix)

[ ] **Obligee** [ ] **Obligor**

Tribal Affiliation (if applicable)

IV-D Case: [ ] TANF
[ ] IV-E Foster Care
[ ] Medicaid Only
[ ] Former Assistance
[ ] Never Assistance

Respondent: Legal Name (first, middle, last, suffix)

Non-IV-D Case: [ ]

[ ] **Obligee** [ ] **Obligor**

Tribal Affiliation (if applicable)

Responding IV-D Case Identifier: _____

Responding Tribunal Number: _____

NOTE:

Initiating IV-D Case Identifier: _____

Initiating Tribunal Number: _____

[ ] Nondisclosure Finding/Affidavit attached

[ ] This form sent through EDE

I, CP/APPLICANT/CARETAKER NAME , declare under penalty of perjury:

Legal Name (first, middle, last, suffix)

I. Personal Information About Obligee: (Obligee caretaker complete section I.E only) [ ] See section IX

A. Obligee parent information CP INFORMATION. IF CARETAKER CASE LEAVE THIS PORTION BLANK.

1.	Legal name (first, middle, last, suffix):
2.	Gender: [ ] Male [ ] Female [ ] Other
3.	a. Occupation, trade, or profession: CP'S EMPLOYMENT, IF SUPPORT RECIPIENT IS UNEMPLOYED WRITE UNEMPLOYED
	b. Highest level of education attained:
4.	Current tax filing status: [ ] Single [ ] Head of household [ ] Married filing jointly [ ] Married filing separately [ ] Qualifying widow/widower with dependent children [ ] Unknown

B. Physical description of the obligee parent: (Attach a recent photo if available.)

1.	Race:	2.	Height:	3.	Weight:	4.	Hair color:
5.	Eye color:						

C. Is the obligee parent financially responsible for dependent children other than those of this action (listed in section IV)?

[ ] Yes [ ] No [ ] Unknown (If yes, provide information below if known.) ANY OTHER CHILDREN NOT IN THIS ACTION

1.	a. Legal name (first, middle, last, suffix):		b. Year of birth:
	c. Relationship: MOTHER / FATHER	d. Living with:	
2.	a. Legal name (first, middle, last, suffix):		b. Year of birth:
	c. Relationship:	d. Living with:	

GENERAL TESTIMONY, PAGE 2

I. Personal Information About Obligee (Continued):

3. a. Legal name (first, middle, last, suffix): | b. Year of birth:
   c. Relationship: | d. Living with:

D. Does the obligee parent have an order to pay support for any child listed in C above? [ ] Yes [ ] No [ ] Unknown
ORDER TO PAY FOR CHICS ABOVE
(If yes, fill out information below, if known, and attach a copy of the order and payment record/proof of payment, if available.)

1. a. Child(ren) name(s):
   b. Amount: | c. Frequency:
   d. State and county/tribe/country: | e. Tribunal number:

2. a. Child(ren) name(s):
   b. Amount: | c. Frequency:
   d. State and county/tribe/country: | e. Tribunal number:

3. a. Child(ren) name(s):
   b. Amount: | c. Frequency:
   d. State and county/tribe/country: | e. Tribunal number:

E. Obligee Caretaker information: (Provide any relevant non-party parent information, including financial information, in section IX.)

1. Caretaker legal name (first, middle, last, suffix):
2. Caretaker relationship to child is: _____ [ ] Has legal custody/guardianship of child
3. Date child(ren) began residing with caretaker:

II. Personal Information About Obligor:
NCP INFO
[ ] See section IX

A. Obligor information:

1. Legal name (first, middle, last, suffix):
2. Gender: [ ] Male [ ] Female [ ] Other
3. a. Occupation, trade or profession:
NCP'S EMPLOYMENT, IF KNOWN, PLEASE INCLUDE PREVIOUS EMPLOYER,
   b. Highest level of education attained:
IF UNKNOWN PUT UNK
4. Current tax filing status: [ ] Single [ ] Head of household [ ] Married filing jointly [ ] Married filing separately [ ] Qualifying widow/widower with dependent children [ ] Unknown

B. Physical description of the obligor: (Attach a recent photo if available.)

1. Race: | 2. Height: | 3. Weight: | 4. Hair color:
5. Eye color:

C. Is the obligor financially responsible for dependent children other than those of this action (listed in section IV)?
[ ] Yes [ ] No [ ] Unknown (If yes, provide information below if known.)

1. a. Legal name (first, middle, last, suffix): | b. Year of birth:
   c. Relationship: | d. Living with:

2. a. Legal name (first, middle, last, suffix): | b. Year of birth:
   c. Relationship: | d. Living with:

II. Personal Information About Obligor (Continued):

3.	a. Legal name (first, middle, last, suffix):	b. Year of birth:
	c. Relationship:	d. Living with:

D. Does the obligor have an order to pay support for any child listed in C above? [ ] Yes [ ] No [ ] Unknown MARK UNKNOWN IF UNSURE

(If yes, fill out information below, if known, and attach a copy of the order and payment record/proof of payment, if available.)

1.	a. Child(ren) name(s):	
	b. Amount: $	c. Frequency:
	d. State and county/tribe/country:	e. Tribunal number:

2.	a. Child(ren) name(s):	
	b. Amount: $	c. Frequency:
	d. State and county/tribe/country:	e. Tribunal number:

3.	a. Child(ren) name(s):	
	b. Amount: $	c. Frequency:
	d. State and county/tribe/country:	e. Tribunal number

III. Legal Relationship of Parents of Children Listed in Section IV:

[ ] See section IX

A. [ ] Never married to each other

B. [ ] Married on _____ (Date) in _____ (State and county/tribe/country)

C. [ ] Married by common law for the period _____ (Dates) in _____ (State and county/tribe/country)

D. [ ] Legally separated on _____ (Date) in _____ (State and county/tribe/country)

E. [ ] Divorce pending in _____ (State and county/tribe/country)

F. [ ] Divorced on _____ (Date) in _____ (State and county/tribe/country)

IF CLIENT FILLED "C" OUT, VERIFY THAT THE OTHER STATE RECOGNIZES COMMON LAW.

G. [ ] Other _____

IV. Dependent Child(ren) in This Action:

CHILDREN IN THIS CASE

[ ] See section IX

A.

1. Legal name (first, middle, last, suffix):	2. Parentage established? [ ] Yes [ ] No PARENTAGE MEANS PATERNITY	
3. Child care expense per month – Total: $ _____ State Subsidized: $ _____ Out of Pocket: $_____	4. Support order established? [ ] Yes [ ] No	5. Living with petitioner? [ ] Yes [ ] No
6. Does the child receive benefits from Social Security, VA, etc.? [ ] Yes [ ] No (If yes, complete the information below.) _____ $_____ per month (Benefit type(s)) Based on claim of _____ (Name) Relationship to child: _____		
7. Tribal Affiliation [ ] Yes [ ] No (If yes, basis of tribal affiliation: _____)		

IV. Dependent Child(ren) in This Action (Continued):

B.

1. Legal name (first, middle, last, suffix):		2. Parentage established? [ ] Yes [ ] No
3. Child care expense per month – Total: $ _____ State Subsidized: $ _____ Out of Pocket: $_____	4. Support order established? [ ] Yes [ ] No	5. Living with petitioner? [ ] Yes [ ] No
6. Does the child receive benefits from Social Security, VA, etc.? [ ] Yes [ ] No (If yes, complete the information below.) _____ $_____ per month (Benefit type(s)) Based on claim of _____ Relationship to child: _____ (Name)		
7. Tribal Affiliation [ ] Yes [ ] No (If yes, basis of tribal affiliation: _____)		

C.

1. Legal name (first, middle, last, suffix):		2. Parentage established? [ ] Yes [ ] No
3. Child care expense per month – Total: $ _____ State Subsidized: $ _____ Out of Pocket: $_____	4. Support order established? [ ] Yes [ ] No	5. Living with petitioner? [ ] Yes [ ] No
6. Does the child receive benefits from Social Security, VA, etc.? [ ] Yes [ ] No (If yes, complete the information below.) _____ $_____ per month (Benefit type(s)) Based on claim of _____ Relationship to child: _____ (Name)		
7. Tribal Affiliation [ ] Yes [ ] No (If yes, basis of tribal affiliation: _____)		

V. Health Care Coverage: ONLY FOR CHILDREN IN THIS CASE / ACTION [ ] See section IX

A. **Health Care Coverage for Child(ren):** For each child listed in section IV, complete the information below.

1. a. Child's name: _____
Does this child have health care coverage? [ ] Yes [ ] No [ ] Unknown (If no or unknown, skip to 1.e.)

b. Health care coverage is provided by (check all that apply):
[ ] Medicaid (Skip to 1.e.) [ ] CHIP (Skip to 1.e.) [ ] TRICARE (Skip to 1.e.)
[ ] Indian Health Service (Skip to 1.e.)
[ ] Petitioner through an individual policy (Continue to 1.c below.)
[ ] Petitioner through his/her employer (Continue to 1.c below.)
[ ] Respondent through an individual policy (Continue to 1.c below.)
[ ] Respondent through his/her employer (Continue to 1.c below.)
[ ] Other person: _____ Relationship to child: _____ (Complete 1.c below.)

c. Health care coverage provider name: _____
Address:
Policy ID number: _____ Group number: _____

d. Is this a child only policy? [ ] Yes [ ] No (If yes, what is the monthly premium for this child only? $_____)

e. Who claims a dependency exemption for the child for federal tax purposes? [ ] Obligee [ ] Obligor [ ] Other
If other, identify the person: _____ Relationship to child: _____
(Attach a copy of any order addressing the dependency exemption.)

f. Does the individual entitled to claim the dependency exemption change from year to year?
[ ] Yes [ ] No (If yes, explain.)_____

V. Health Care Coverage (Continued):

2. a. Child's name: _____

Does this child have health care coverage? [ ] Yes [ ] No [ ] Unknown (If no or unknown, skip to 2.e.)

If yes, is all the information the same as Child 1? [ ] Yes (Skip to 2.e.) [ ] No (Continue with 2.b.)

b. Health care coverage is provided by (check all that apply):

[ ] Medicaid (Skip to 2.e.) [ ] CHIP (Skip to 2.e.) [ ] TRICARE (Skip to 2.e.)

[ ] Indian Health Service (Skip to 2.e)

[ ] Petitioner through an individual policy (Continue to 2.c below.)

[ ] Petitioner through his/her employer (Continue to 2.c below.)

[ ] Respondent through an individual policy (Continue to 2.c below.)

[ ] Respondent through his/her employer (Continue to 2.c below.)

[ ] Other person: _____ Relationship to child: _____ (Complete 2.c below.)

c. Health care coverage provider name:

_____

Address:

Policy ID number: _____ Group number: _____

d. Is this a child only policy? [ ] Yes [ ] No (If yes, what is the monthly premium for this child only? $_____)

e. Who claims a dependency exemption for the child for federal tax purposes? [ ] Obligee [ ] Obligor [ ] Other

If other, identify the person: _____ Relationship to child: _____

(Attach a copy of any order addressing the dependency exemption.)

f. Does the individual entitled to claim the dependency exemption change from year to year?

[ ] Yes [ ] No (If yes, explain in section IX.)

3. a. Child's name: _____

Does this child have health care coverage? [ ] Yes [ ] No [ ] Unknown (If no or unknown, skip to 3.e.)

If yes, is all the information the same as Child 1? [ ] Yes (Skip to 3.e.) [ ] No (Continue with 3.b.)

b. Health care coverage is provided by (check all that apply):

[ ] Medicaid (Skip to 3.e.) [ ] CHIP (Skip to 3.e.) [ ] TRICARE (Skip to 3.e.)

[ ] Indian Health Service (Skip to 3.e)

[ ] Petitioner through an individual policy (Continue to 3.c below.)

[ ] Petitioner through his/her employer (Continue to 3.c below.)

[ ] Respondent through an individual policy (Continue to 3.c below.)

[ ] Respondent through his/her employer (Continue to 3.c below.)

[ ] Other person: _____ Relationship to child: _____ (Complete 3.c. below.)

c. Health care coverage provider name: _____

Address:

Policy ID number: _____ Group number: _____

d. Is this a child only policy? [ ] Yes [ ] No (If yes, what is the monthly premium for this child only? $_____)

e. Who claims a dependency exemption for the child for federal tax purposes? [ ] Obligee [ ] Obligor [ ] Other

If other, identify the person: _____ Relationship to child: _____

(Attach a copy of any order addressing the dependency exemption.)

f. Does the individual entitled to claim the dependency exemption change from year to year?

[ ] Yes [ ] No (If yes, explain in section IX.)

V. Health Care Coverage (Continued):

B. **Health Care Coverage for Petitioner**: Does the petitioner have health care coverage? [ ] Yes [ ] No (If no, skip to B.4.)

1. Petitioner's health care coverage is provided by: [ ] Medicaid (Skip to B.4.) [ ] TRICARE (Skip to C.)
   [ ] Indian Health Service (Skip to C.)
   [ ] Self through his/her employer (Continue to B.2 below.)
   [ ] Self through an individual policy (Continue to B.2 below.)
   [ ] Other person: _____ Relationship to petitioner: _____ (Complete B.2 below.)
2. Health care coverage provider name: _____
   Address:
   Policy ID number: _____ Group number: _____
   Monthly premium $_____ Portion for the child(ren) listed in section IV: $_____
3. Other than children of this action listed in section IV, are other adults and/or child(ren) included in this plan? [ ] Yes [ ] No
   (If yes, provide information below.)
   Total number of adults: _____ Total number of children: _____
4. If the petitioner does not have health care coverage or the coverage is through Medicaid, is employer-sponsored coverage available for:
   a. Self [ ] Yes [ ] No
   b. Child(ren) listed in section IV [ ] Yes [ ] No (If no, skip to C.)
5. Based on the residence of the child(ren), is the petitioner's employer-sponsored coverage accessible to the child(ren) in section IV? [ ] Yes [ ] No [ ] Unknown (If no, skip to C.)
6. How much would the premiums be for an insurance plan offered by the petitioner's employer?
   a. For self: $_____ per _____ (weekly, bi-weekly, semi-monthly, monthly, quarterly, yearly)
   b. To add child(ren) in section IV: $_____ per _____ (weekly, bi-weekly, semi-monthly, monthly, quarterly, yearly)

C. **Health Care Coverage for Respondent:** Does the respondent have health care coverage? [ ] Yes [ ] No (If no, skip to C.4.)
[ ] Unknown (If unknown, skip to D.)

1. Respondent's health care coverage is provided by: [ ] Medicaid (Skip to C.4.) [ ] TRICARE (Skip to D.)
   [ ] Indian Health Service (Skip to D.) [ ] Unknown (Skip to D.)
   [ ] Self through his/her employer (Continue to C.2 below.)
   [ ] Self through an individual policy (Continue to C.2 below.)
   [ ] Other person: _____ Relationship to respondent: _____ (Complete C.2 below.)
2. Health care coverage provider name: _____
   Address:
   Policy ID number: Group number:
   Monthly premium $ Portion for the child(ren) in section IV: $_____
3. Other than children listed in section IV, are other adults and/or child(ren) included in this plan? [ ] Yes [ ] No
   (If yes, provide information below.)
   Total number of adults: _____ Total number of children: _____
4. If the respondent does not have health care coverage or the coverage is through Medicaid, is employer-sponsored coverage available for:
   a. Self [ ] Yes [ ] No [ ] Unknown (If no or unknown, skip to question D.)
   b. Children listed in section IV [ ] Yes [ ] No [ ] Unknown (If no or unknown, skip to question D.)
5. Based on the residence of the child(ren), is the respondent's employer-sponsored coverage accessible to the child(ren) in section IV? [ ] Yes [ ] No [ ] Unknown (If no, skip to question D.)

V. Health Care Coverage (Continued): NCP CONTINUED

6. How much would the premiums be for an insurance plan offered by the respondent's employer?
   a. For self: $_____ per _____ (weekly, bi-weekly, semi-monthly, monthly, quarterly, yearly)
   b. To add child(ren) in section IV: $_____ per _____ (weekly, bi-weekly, semi-monthly, monthly, quarterly, yearly)

D. Do any of the children listed in section IV have special needs or extraordinary medical expenses not covered by insurance? [ ] Yes [ ] No [ ] Unknown (If yes, provide additional information about the child(ren) involved, the type of needs/medical expenses, and the related costs in section IX.)

E. Is the petitioner asking to be reimbursed for medical expenses paid? [ ] Yes [ ] No (If yes, provide information below.)
Balance: $ _____ as of _____ (date) (Provide date, type of expense, and cost in section IX.)

F. Is the petitioner asking to be compensated for ongoing medical expenses? [ ] Yes [ ] No (If yes, provide information below.)
WILL NEED TO BRING PROOF
Type of expense: _____ Amount: $ _____ per _____ (frequency)
(Provide additional information about the child(ren) involved, the need for ongoing expenses, and the expenses in section IX.)

VI. Additional Information for Child Support Calculation:

[ ] See section IX

A. **Establishment** (If no child support order exists, complete the following section.):

1. Does a custody/parenting time order exist? [ ] Yes [ ] No (If yes, complete the information below and attach a copy of the order.)
   Issuing tribunal number: _____ Date of order: _____
2. If an order does not exist, is there a written custody/parenting time agreement? [ ] Yes [ ] No (If yes, attach a copy.)
3. In the past 12 months or since separation (whichever is shorter), how many overnights has the child(ren) stayed with CP obligee _____ obligor _____? NCP
4. Is child support sought for a period of time prior to the date of the petition for support (Uniform Support Petition)? BACK SUPPORT
   [ ] Yes [ ] No (If yes, complete the following questions and section VIII for the period of time.)

a.	Support is sought from the following date: VERIFY WITH CLIENT LAST DATE SUPPORT WAS GIVEN FOR CHILD FROM NCP	
b.	During the period of time for which retroactive support is being sought, did the child(ren) reside with the obligor, other than the time specified under an existing custody/parenting time order? [ ] Yes [ ] No (If yes, describe.) _____	
c.	During the period of time for which retroactive support is being sought, did the obligor make direct payments to the obligee? [ ] Yes [ ] No (If yes, attach an affidavit of payments.) IF YES, COMPLETE ADP (AFFIDAVIT OF DIRECT PAY)	
d.	Was public assistance paid for any of the children listed in section IV? [ ] Yes [ ] No (If yes, check the appropriate box and provide the period of benefit and the state.)	
	[ ] TANF	_____ / _____ (First month / year) To _____ / _____ (Last month / year) By: _____ (State)
	[ ] Medicaid	_____ / _____ (First month / year) To _____ / _____ (Last month / year) By: _____ (State)
	[ ] Foster Care	_____ / _____ (First month / year) To _____ / _____ (Last month / year) By: _____ (State)

IF YES, COMPLETE THOSE THAT APPLY

VI. Additional Information for Child Support Calculation (Continued):

B. **Modification** (If a child support order exists that the petitioner seeks to modify, complete the following section.):

1. Indicate the basis for the modification petition (check all that apply):
   a. The earnings of the obligor have:
      [ ] substantially increased
      [ ] substantially decreased
   b. The earnings of the obligee have:
      [ ] substantially increased
      [ ] substantially decreased
   c. The needs of the child(ren) have:
      [ ] substantially increased
      [ ] substantially decreased
   d. [ ] The current support order was most recently established or modified at least 3 years ago or such lesser time as permitted by the laws of the responding jurisdiction.
   e. [ ] Other; explain: _____
2. Does a custody/parenting time order exist? [ ] Yes [ ] No (If yes, attach a copy of the order.)
   Issuing tribunal number_____ Date of order _____
3. If a custody/parenting time order does not exist, is there a written custody/parenting time agreement? [ ] Yes [ ] No (If yes, attach a copy of the agreement.)
4. In the past 12 months or since separation (whichever is shorter), how many overnights has the child(ren) stayed with the obligee _____ obligor _____?

VII. Support Order and Payment:

[ ] See section IX

A. Is there an order for divorce or legal separation involving the children in this action?
[ ] Yes [ ] No (If yes, provide a copy of the order.)

B. Does a current support order exist? [ ] Yes [ ] No (If yes, attach obligor's support payment history.)

C. Does the support order require the obligor to pay amounts to anyone other than to the State Disbursement Unit (SDU) (e.g., directly to the obligee, child care provider, or health care provider)?
[ ] Yes [ ] No (If yes, complete D.)

D. Has the obligor made any direct payments under the order noted in C?
[ ] Yes [ ] No (If yes, attach an affidavit of payments.)

E. If a support order does not exist, has the obligor made any voluntary support payments?
[ ] Yes [ ] No (If yes, attach an affidavit of payments.)

VIII. Financial Information:

[ ] See section IX

Information required varies based on responding jurisdiction's support guidelines. Petitioner includes an obligee caretaker with legal custody of the child(ren).

Monthly income from all sources:

1. Is the petitioner employed? [ ] Yes; occupation: _____ [ ] No; income source: _____

IF NO, ASK HOW DO THEY SUPPORT THEMSELVES. THEN HAVE THE CLIENT WRITE A STATEMENT BELOW.

VIII. Financial Information (Continued):

Monthly income from all sources (Continued):

		Petitioner
2.	Gross monthly income amounts:	
	a) Public Assistance	
	i) Supplemental Security Income (SSI)	$
	ii) TANF	$
	iii) Other	$
	b) Base pay salary, wages	$
	c) Overtime, commission, tips, bonuses, part time	$
	d) Unemployment compensation	$
	e) Worker's compensation	$
	f) Social Security Disability (not SSI)	$
	g) Social Security Retirement	$
	h) Dividends and interest	$
	i) Trust/annuity income	$
	j) Pensions, retirement	$
	k) Child support	$
	l) Spousal support/alimony	$
	m) Income producing assets	$
	n) All other sources (specify)	$
3.	Deductions from gross pay:	
	a) Federal income tax	$
	b) State income tax	$
	c) Local tax	$
	d) FICA	$
4.	Other deductions:	
	a) Mandatory retirement	$
	b) Nonmandatory retirement	$
	c) Medical insurance	$
	d) Union dues	$
	e) Other (specify)	$
5.	Gross income prior year:	$

IX. Other Pertinent Information:

ADD ADDITIONAL COMMENTS, IF NEEDED.

[ ] Continued on attached sheet(s), incorporated by reference.

X. Attached and Incorporated by Reference:

[ ] Required number of copies of all support orders for the case
[ ] Certified child support payment records
[ ] Arrears balance and/or accrued Interest (affidavit of arrears)
[ ] Payment history
[ ] Copies of three most recent pay stubs from current employer(s)
[ ] Copies of unreimbursed medical bills for the child(ren) in this action
[ ] Copy of most recent federal tax return
[ ] Declaration in Support of Establishing Parentage for each child whose parentage is at issue
[ ] Copy of child(ren)'s birth certificate(s)/record(s)
[ ] Acknowledgment of parentage
[ ] Documentation of legal custody/guardianship of child(ren)
[ ] Documentation of child care expenses
[ ] Documentation of ongoing medical expenses for the child(ren) in this action
[ ] Documentation in support of request for modification
[ ] Copy of order for divorce or legal separation involving the child(ren) in this action
[ ] Other: _____

[ ] Additional attached document(s), incorporated by reference.

XI. Declaration:

Under penalty of perjury, all information and facts stated in this General Testimony are true to the best of my knowledge, information, and belief.

Date	Petitioner (Name)	Signature

or

IF INTERVIEW WAS DONE AGENCY OR TRIBUNAL REPRESENTIVE MAY SIGN FOR CP / CARETAKER

Date	Name/Title, Agency or Tribunal Representative	Signature

Encryption Requirements:

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to e-mails may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).