

GENERAL INSTRUCTIONS - UIFSA PETITION

THE PETITION IS TO BE FILLED IN COMPLETELY BEFORE YOU ARE INTERVIEWED (Interviews are scheduled on Tuesday mornings between 8:30am and 10:30am.

1. A \$6.00 filing fee MUST be paid at the time of the interview.
2. Your appearance is not required at the hearing held in the responding state. The other court will use the information set forth in this petition at the hearing. Therefore, it is necessary for this petition to be filled in COMPLETELY AND ACCURATELY.
3. The New Jersey procedure for handling UIFSA matters is: All information concerning the status of your case will be handled through the New Jersey court. UNDER NO CIRCUMSTANCES ARE YOU TO CONTACT THE OTHER COURT.
4. The person filing the petition (requesting support) is the OBLIGEE. The person you are seeking support from is the OBLIGOR.
5. You MUST provide a home address for the OBLIGOR. If one is not available an employer address can be used. A locate service is available to custodial parents residing in New Jersey through the County Welfare Agency (call Mr. R Civitella, 856-225-8590 to request an appointment).
6. Please enclose a photograph of the OBLIGOR (if available) for identification purposes.
7. THE FOLLOWING ITEMS MUST BE PROVIDED WITH THE PETITION
 - a) Three current pay stubs or a year to date income for a period of more than 8 weeks.
 - b) Pay stubs of current spouse or live in partner to justify your household expenses, if they exceed your individual personal income.
 - c) ONE (1) CERTIFIED COPY OF ALL SUPPORT ORDERS AND CERTIFICATION OF ARREARS, IF THE OBLIGOR IS CURRENTLY OBLIGATED TO PAY SUPPORT THROUGH A COURT ORDER. If the order was entered in Camden County, the above info can be obtained from your caseworker at the probation dept.
 - d) If you are divorced from the OBLIGOR, we must have one (1) CERTIFIED COPY OF YOUR DIVORCE DECREE.
 - e) If you have child care expenses, we must have a letter from the provider with the amount paid each week.

8. If you are seeking child support and paternity has already been established, you MUST provide a copy of the court order. If paternity has not been established, you MUST complete the section marked "Paternity Affidavit", for each child whom paternity has not been established.

9. When the petition is complete and ALL NECESSARY DOCUMENTS are in your possession, please call to schedule an interview. APPLICATIONS WILL BE TAKEN BY APPOINTMENT ONLY. NO MAIL IN APPLICATIONS WILL BE ACCEPTED.

PLEASE NOTE: As proof of identification you must present a photo id (drivers license, county id, school id, etc) at the time of the interview.

Any pages to be notarized, will be notarized during the interview free of charge.

Thank you,

Rose Mary Olivo	856-379-2200 X 3678
Nancy Mc Alpin	856-379-2200 X 3681

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 - INITIAL REQUEST

Petitioner

- IV-D Non Public Assistance
- IV-D Non PA Medicaid
- Full Services
- Medical Services Only
- IV-D Public Assistance
- IV-E Foster Care (IV-D Case)
- Non-IV-D

Respondent

File Stamp

To: (Agency Name and Address)

LEAVE BLANK

Responding FIPS Code:
Responding IV-D Case No.
Responding Docket No.

State / County:

From: (Contact Person, Agency, Address, Phone, Fax, Internet)

CAMDEN COUNTY HALL OF JUSTICE
101 S. 5TH STREET, 2ND FLOOR
CAMDEN, NJ 08103
(856) 379-2200 (856) 379-2217

Initiating FIPS Code:
Initiating IV-D Case No.
Initiating Docket No.

State / County:
NEW JERSEY
CAMDEN

Send Payments To: (If different from above.)

NEW JERSEY SUPPORT PAYMENT CENTER
P.O. BOX 4880
TRENTON, NJ 08650

Payment FIPS Code
Bank Account
Routing Code
State With Continuing Exclusive Jurisdiction (CEJ)

State:

Initiating Jurisdiction:

UIFSA

URESA

I. Action.

The Responding Jurisdiction Should Provide All Appropriate Services Including:

- | | |
|--|--|
| 1. <input type="checkbox"/> Establish Paternity | 6. <input type="checkbox"/> Registration of Foreign Support Order |
| 2. <input type="checkbox"/> Establish Order for: | <input type="checkbox"/> A. Enforcement Only <input type="checkbox"/> B. Mod. / Enforce. <input type="checkbox"/> C. Modification Only |
| <input type="checkbox"/> A. Child Support <input type="checkbox"/> D. Medical Coverage | Requested By: |
| <input type="checkbox"/> B. Spousal Support <input type="checkbox"/> E. Other Costs (Sec. VII) | <input type="checkbox"/> Obligor <input type="checkbox"/> Obligee <input type="checkbox"/> State Agency |
| <input type="checkbox"/> C. Support for Prior Period | (Requires Sworn Statement of Arrears) |
| 3. <input type="checkbox"/> Enforcement of Responding Tribunal Order | 7. <input type="checkbox"/> Collection of Arrears |
| 4. <input type="checkbox"/> Modification of Responding Tribunal Order | 8. <input type="checkbox"/> Income Withholding |
| 5. <input type="checkbox"/> Change of Payee/Redirection of Payment | 9. <input type="checkbox"/> Administrative Review for Federal Tax Offset |
| Please Return the Acknowledgment Attached (3 of 3) | 10. <input type="checkbox"/> Other: |

II. Case Summary

(Background of this Matter: Court / Administrative Actions)

Date of Support Order	State & County Issuing Order	Tribunal Case No:
Support Amount/Frequency \$	Date of Last Payment	Amount of Arrears \$
		Period of Computation Date From Date To
<input type="checkbox"/> Presumed Controlling Order	<input type="checkbox"/> Determined Controlling Order	
Date of Support Order	State & County Issuing Order	Tribunal Case No:
Support Amount / Frequency \$	Date of Last Payment	Amount of Arrears \$
		Period of Computation Date From Date To
<input type="checkbox"/> Presumed Controlling Order	<input type="checkbox"/> Determined Controlling Order	
Date of Support Order	State & County Issuing Order	Tribunal Case No:
Support Amount / Frequency \$	Date of Last Payment	Amount of Arrears \$
		Period of Computation Date From Date To
<input type="checkbox"/> Presumed Controlling Order	<input type="checkbox"/> Determined Controlling Order	

III. Mother Information

Obligor

Obligee

Full Name and Aliases
(First, Middle, Last)

Address (Street, City, State) Employer / Address (Name, Street, City, State Zip)

Home Phone () -
Work Phone () -

Address Confirmed On Employer Confirmed

Date / Place of Birth

Social Security Number - -

IV. Father Information

Obligor

Obligee

Full Name and Aliases
(First, Middle, Last)

Address (Street, City, State) Employer / Address (Name, Street, City, State Zip)

Home Phone
Work Phone

Address Confirmed On Employer Confirmed

Date / Place of Birth

Social Security Number - -

V. Caretaker (If Not a Parent)

Relationship to Child(ren)

Full Name and Aliases
(First, Middle, Last)

Address (Street, City, State) Employer / Address (Name, Street, City, State Zip)

Home Phone
Work Phone

Address Confirmed On Employer Confirmed

Date / Place of Birth

Social Security Number

VI. Dependent Children Information

Full Name (First, Middle, Last)

Sex Date of Birth

Social Security Number

State of Residence
for last 6 months

- -
- -
- -

VII. Additional Case Information

Nondisclosure Finding Attached

VIII. Attachments

- Arrears Statement / Payment History
- Uniform Support Petition (3 Copies)
- General Testimony / Affidavit
- Affidavit in Support of Establishing Paternity
- Acknowledgment of Parentage
- Other Documents Relating to Paternity

- Support Order(s)
- Divorce Decree
- Assignment of Rights
- Description of Real / Personal Property
- Photograph of Respondent
- Other Attachments

Date Initiating Contact Person (Print or Type)

() -
Telephone Number
() -
Fax Number

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 - INITIAL REQUEST

Petitioner

- IV-D Non Public Assistance
- IV-D Non PA Medicaid
- Full Services
- Medical Services Only
- IV-D Public Assistance
- IV-E Foster Care (IV-D Case)
- Non-IV-D

Respondent

File Stamp

To: (Agency Name and Address)

**CAMDEN COUNTY HALL OF JUSTICE
101 S. 5TH STREET, 2ND FLOOR
CAMDEN, NJ 08103**

Initiating FIPS Code:
Initiating IV-D Case No.
Initiating Docket No.

State / County:
**NEW JERSEY
CAMDEN**

From: (Contact Person, Agency, Address, Phone, Fax, Internet)

Responding FIPS Code:
Responding IV-D Case No.
Responding Docket No.

State / County:

Send Payments To: (If different from above.)

**NEW JERSEY SUPPORT PAYMENT CENTER
P.O. BOX 4880
TRENTON, NJ 08650**

Payment FIPS Code
Bank Account
Routing Code
State With Continuing Exclusive Jurisdiction (CEJ)

State:

Initiating Jurisdiction:

UIFSA

URESA

ACKNOWLEDGMENTS

Return This Form To Initiating State

- Request Received; No Additional Information Necessary
- Additional Information Is Needed
 - Arrears Statement / Payment History
 - Uniform Support Petition
 - General Testimony / Affidavit
 - Affidavit in Support of Establishing Paternity
 - Acknowledgment of Paternity
 - Other Documents Relating to Paternity
- Support Order(s)
- Divorce Decree
- Assignment of Rights
- Description of Real / Personal Property
- Photograph of Respondent
- Other (See Remarks)

Remarks / Response

Your Case Has Been Forwarded For Action To:

	Name of Worker
	Agency Name
	Address, FIPS Code
	Phone & Extension
	Fax
Date	Person Completing This Form (Print or Type)
	Telephone Number
	Fax Number

UNIFORM SUPPORT PETITION

Petitioner

IV-D Non Public Assistance

IV-D Non PA Medicaid

Full Services

Medical Services Only

Respondent

IV-D Public Assistance

IV-D 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.

I. Action

The Respondent and/or the Respondent's property is subject to the jurisdiction of the responding tribunal.

The Respondent owes a duty of support to the following children:

Full Name (First, Middle, Last)

Date of Birth

Social Security Number

..
..
..

The Petitioner files this Petition to request:

Establishment of Paternity

Establishment of Order for:

Child Support

Medical Coverage

Spousal Support

Reasonable Attorney Fees, Other Fees and Costs

Support for a Prior Period;

(From - To)

Paternity Testing Costs in the Amount of: \$

Modification of a Support Order

Other Remedy Sought:

II. Grounds Supporting the Remedy Sought in Section I (when applicable)

Respondent is the noncustodial parent of the children named in this Petition.

A modification is appropriate due to a change in circumstances.

Grounds for other remedy sought:

III. Additional Supporting Information

The following documents are attached to, and incorporated in, this Petition. These documents contain the required additional information.

- Petitioner's General Testimony
- Acknowledgment of Paternity
- Other:

- Affidavit in Support of Establishing Paternity
- Birth Certificate of Child

IV. Verification

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

Date

 Signature of Petitioner
 IV-D Representative/Title

Sworn to and Signed Before Me
This Date, County / State

Notary Public, Court / Agency Official and Title

Commission Expires

Date

Signature of Petitioner's Attorney

Bar Number
(if applicable)

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 Case No.

Responding Docket No.

Initiating Docket No.

Petitioner Is:

- Oblige
- Caretaker Other than Parent
- Obligor
- Foster Care

Respondent Is:

- Oblige
- Caretaker Other than Parent
- Obligor
- Foster Care

_____ being duly sworn, under penalties of perjury, testifies as follows:

I. Personal Information About Child(ren)'s Mother

See Section X

A. 1. Mother is: <input type="checkbox"/> Oblige <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	5. Social Security Number	6. Date of Birth
	7. Home Phone	8. Work Phone
9. Employer Name & Address: <input type="checkbox"/> Confirmed	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

<input type="checkbox"/> 1. Married	<input type="checkbox"/> 2. Single	<input type="checkbox"/> 3. Living with Non-Marital Partner
<input type="checkbox"/> 4. Divorced	<input type="checkbox"/> 5. Legally Separated	<input type="checkbox"/> 6. Separated <input type="checkbox"/> 7. Unknown

GENERAL TESTIMONY, PAGE 2

Initiating IV-D Case No:

D. Information about Current Spouse or Partner of Child(ren)'s Mother

1. Name of New Spouse/Non-Marital Partner (First, 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"/> Non-Disclosure Finding Attached
3. Full Name (First, Middle, Last; Include nickname, alias):	
4. Home Address: <input type="checkbox"/> Confirmed on:	5. Social Security Number - -
	6. Date of Birth
	7. Home Phone
	8. Work Phone
9. Employer Name and Address <input type="checkbox"/> Confirmed on:	10(a). Occupation, Trade or Profession
	10(b). Highest Level of Education Attained
11. Estimated Gross Monthly Earnings \$0.00	12. Other Monthly Income (and Source)
13. Real Property (type and location)	Personal Property (type and 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
---------	-----------	-----------	---------------	--------------

C. Present Marital Status of Child(ren)'s Father

1. Married
 2. Single
 3. Living with: Non-Marital Partner
 4. Divorced
 5. Separated
 6. Legally Separated
 7. 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 Relationship To Child Is:	2. <input type="checkbox"/> Non-Disclosure Finding Attached		
3. Full Name (First, Middle, Last; Include nickname, alias):			
4. Home Address: <input type="checkbox"/> Confirmed on:	5. Social Security No.	6. Date of Birth	7. Sex
	8. Home Phone		9. Work Phone
10. Employer Name and Address <input type="checkbox"/> Confirmed on:	11(a). Occupation, Trade or Profession		
	11(b). Highest Level of Education Attained		
12. Estimated Gross Monthly Earnings	13. Other Monthly Income (and Source)		
14. Date Child(ren) Began Residing With Caretaker			

IV. Legal Relationship of Parents

See Section X

1. Never Married

2. Married on: _____ (Date) _____ (County) _____ (State)

3. Married by: Common Law _____ to _____ (Date) _____ (Date) _____ (County / State)

4. Separated on: _____ (Date) _____ (County) _____ (State)

5. Divorced on: _____ (Date) _____ (County) _____ (State)

6. Legal Separation _____ (Date) _____ (County) _____ (State)

7. Divorce Pending: _____ (Date) _____ (County) _____ (State)

8. Support Order: Entered On _____ (Date) _____ (County) _____ (State)

9. Support Order None _____ (Date) _____ (County) _____ (State)

10. Other _____

11. Tribunal (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? <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Address		g. Support Order Established? <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Social Security Number - -		h. Living with Petitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Sex	e. Date of Birth	

2. a. Full Name (First, Mid, Last)		f. Paternity Established? <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Address		g. Support Order Established? <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Social Security Number - -		h. Living with Petitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Sex	e. Date of Birth	

3. a. Full Name (First, Mid, Last)		f. Paternity Established? <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Address		g. Support Order Established? <input type="checkbox"/> Yes <input type="checkbox"/> No
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?
b. Address		<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Social Security Number - -		g. Support Order Established?
d. Sex	e. Date of Birth	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. The child(ren) began residing in _____ on _____
 (State) (Month/Year)

VI. Medical Insurance See Section X

1. Is obligor required by child support order to provide medical insurance for child(ren)? Yes No
2. Is obligor required by 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 Obligor		Obligee's Insurance Company:
Obligee	<input type="checkbox"/>	<input type="checkbox"/>		Policy Number:
Obligor	<input type="checkbox"/>	<input type="checkbox"/>		
State Medicaid	<input type="checkbox"/>	<input type="checkbox"/>		Obligor's Insurance Company:
Obligee's Employer	<input type="checkbox"/>	<input type="checkbox"/>		Policy Number:
Obligor's Employer	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		Other Insurance Company:
Unknown	<input type="checkbox"/>	<input type="checkbox"/>		Policy Number:
No Coverage	<input type="checkbox"/>	<input type="checkbox"/>		

4. The monthly cost paid by the obligee for the medical insurance for obligor's child(ren) only is: (If medical insurance is provided by the obligee or obligee's employer, skip to number 6). \$ _____

5. Obligor 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 child(ren) 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.)

(If insurance coverage is unknown, please include any explanation here:)

VII. Support Order and Payment History

See Section X

1. Does a support order exist? (If "No", skip to page 7.)

Yes No

2. Did child(ren) reside with the obligor at anytime during the period for which support is sought, except during periods of visitation specified by a tribunal's order?

Yes No

If "Yes", identify period of residency: From: _____

To: _____

3. If a modification is being requested, indicate the basis for the request below:

- The earnings of the obligor have substantially increased or decreased.
- The earnings of the obligee have substantially increased or decreased.
- The needs of a party or of the child(ren) have substantially increased or decreased.
- Other. Explain: _____

4. Describe all current support orders (include all pertinent orders and modifications). NOTE: if more than three (3) orders exist, attach complete description as below for each.

Date of Order	Current Amount, \$	Per Month / Week / Etc.	Toward Arrears, \$	Per Month/Week/Etc.
Unpaid Interest, \$	As Of (date)	Total Arrears, \$	As Of (date)	
Tribunal's Name:				
Tribunal's Address:				

Date of Order	Current Amount, \$	Per Month / Week / Etc.	Toward Arrears, \$	Per Month/Week/Etc.
Unpaid Interest, \$	As Of (date)	Total Arrears, \$	As Of (date)	
Tribunal's Name:				
Tribunal's Address:				

Date of Order	Current Amount, \$	Per Month / Week / Etc.	Toward Arrears, \$	Per Month/Week/Etc.
Unpaid Interest, \$	As Of (date)	Total Arrears, \$	As Of (date)	
Tribunal's Name:				
Tribunal's Address:				

5. Unpaid Medical Cost Reimbursement _____ as of _____
(Attach documentation)

6. Other Unpaid Costs and Fees _____ as of _____
Explain:

7. Direct Payments to Oblige: Affidavit from Oblige Attached No Direct Payments Required

8. Obligor's Support Payment History: Certified copy of tribunal/agency payment history is attached (Skip to page 7).

Payment history provided on page 6a.

N.A.: Responding State does not require. (Skip to page 7).

From Year to Year:	Agency Which Prepared Audit / Payment History:
--------------------	--

	<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)	\$ _____	\$ _____

Assets:

1) Real Estate:

_____ Address _____
 _____ Owner(s) _____
 _____ Title _____

\$ _____ minus _____ = \$ _____
Assessed Value *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, & CD's \$ _____

_____ \$ _____
Institution Name and Account Number

_____ \$ _____
Institution Name and Account Number

6) Automobiles / Vehicles

_____	_____	_____	_____	minus	_____	\$ _____
<i>Make</i>	<i>Model</i>	<i>Year</i>	<i>Estimated Value</i>		<i>Loan Balance</i>	

_____	_____	_____	_____	minus	_____	\$ _____
<i>Make</i>	<i>Model</i>	<i>Year</i>	<i>Estimated Value</i>		<i>Loan Balance</i>	

_____	_____	_____	_____	minus	_____	\$ _____
<i>Make</i>	<i>Model</i>	<i>Year</i>	<i>Estimated Value</i>		<i>Loan Balance</i>	

7) Other (e.g., Personal Property, Securities, etc.). Describe:

_____ \$ _____
 _____ \$ _____

Total Assets (lines 1 through 7) \$ _____

X. Other Pertinent Information (Attach additional sheets if necessary)

XI. Verification

Attached are the required number 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 of 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).
- Acknowledgement of parentage.
- Other:

All of the information and facts contained in this General Testimony are true and correct to my / our best knowledge and belief.

Date:

Petitioner (Name / Title)

Signature

Date:

Authorized Representative (Name / Title)

Signature

Sworn to and Signed Before Me this Date, County, State:

Notary Public, Tribunal / Agency Official and Title

My Commission Expires: _____

AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY

Petitioner	<input checked="" type="checkbox"/> IV-D Non Public Assistance <input type="checkbox"/> IV-D Non PA Medicaid <input type="checkbox"/> Full Services <input type="checkbox"/> Medical Services Only		Respondent	<input type="checkbox"/> IV-D Public Assistance <input type="checkbox"/> IV-E Foster Care (IV-D Case) <input type="checkbox"/> Non-IV-D	File Stamp

Responding IV-D Case No. _____ Initiating IV-D Case No. _____

Responding Docket No. _____ Initiating Docket No. _____

A Separate Affidavit is Required for Each Child Needing Paternity Established.

SECTION I

I, _____, on oath, under penalty of perjury depose and allege:

Name (First, Middle, Last)

1. I am natural mother natural father of the child named below:

Child's Full Name (First, Middle, Last)	Child's Date of Birth (Month, Date, Year)	Place of Birth (City, County, State)
Date Mother Got Pregnant (Mo, Day, Yr)	Full Term Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, Explain)	Where Mother Got Pregnant (City, County, State)

2. The child was conceived as a result of sexual intercourse between me and this man during the time stated above.

Name (First, Middle, Last)

3. a. A man is named as the father on the child's birth certificate.
If Yes, the man's name and address are:

Yes (Attach Copy) No

b. A man was married to the natural mother, and the child's birth occurred within a year of the end of the marriage.
If Yes, the man's name and address are:

Yes No

c. A man signed an acknowledgement of paternity.
If Yes, the man's name and address are:

Yes (Attach Copy) No

d. A man acted as and presented himself to be the child's father.
If Yes, the man's name and address are:

Yes No

e. Genetic tests were completed to determine the father of the child.
If Yes, attach results.

Yes No

SECTION II (TO BE COMPLETED BY MOTHER ONLY)

1. I had sexual intercourse with another man (other than the man I am naming as the child's natural father) during the time 30 days before or 30 days after the child was conceived. Yes No
 (If Yes, complete the following)

a. The name(s) and address(es) of the other man/men:

b. The other man/men are biologically related to the man I am naming as the child's natural father. If Yes, explain the biological relationship (e.g., brother, cousin, uncle, etc.) Yes No

c. I do not believe the other man/men is/are the true father because:

2. I was married at the time of this child's birth. (If Yes, complete the following)
 a. Husband's name (first, mid, last) and last known address: Yes No

b. Explain why the husband is not the father of this child; attach all appropriate documents, including divorce decree, blood test results and prior findings of nonpaternity, if any:

3. _____ is the father of this child. The following facts support my allegations of paternity:

Name (First, Middle, Last)

a. We lived together.

Yes

No

From
To
Location

b. I have told welfare officials that he is the father of this child Yes

No

c. I told him that he was the father of this child. Yes

No

d. He is named as the father on the birth certificate. Yes

No

e. He admitted being the father of the child. Yes

No

Certified Copy Attached

f. He signed an acknowledgment of paternity. Yes

No

g. He sent cards/letters regarding the pregnancy and/or about the child. Yes

No

Certified Copy Attached

h. He was present at the birth of the child. Yes

No

Copy Attached

i. He visited the child at the hospital following birth. Yes

No

j. He offered to pay for an abortion/med. expenses. Yes

No

k. He paid for birth related expenses. Yes

No

l. He claimed the child on tax returns. Yes

No

Don't Know
If Yes, explain in Section IV

m. He has provided food, clothing, gifts or financial support for the child. Yes

No

n. He lived with the child. Yes

No

If Yes, explain in Section IV

o. He visited with the child. Yes

No

If Yes, explain in Section IV

p. The child resembles him. Photo attached Yes

No

If Yes, explain in Section IV

q. There are witnesses to my relationship with him. Yes

No

If Yes, explain in Section IV

(If Yes, list names and address and briefly describe relevant facts known by each under Section V)

SECTION III (TO BE COMPLETED BY FATHER ONLY)

The following facts support my belief and statements that I am the father of this child:

- | | | | |
|--|------------------------------|-----------------------------|--|
| a. The mother and I have lived together. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| | | | From
To
Location |
| b. The mother told me that I am the father of the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| c. I am named as the father on the birth certificate. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Certified Copy Attached |
| d. I signed an acknowledgment of paternity. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Certified Copy Attached |
| e. I was present at the birth of the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| f. I visited the child at the hospital following birth. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| g. I offered to pay for an abortion/medical expenses. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| h. I paid for birth related expenses. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| i. I claimed the child on tax returns. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| j. I have provided food, clothing, gifts or financial support for the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, explain in Section IV |
| k. I lived with the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, explain in Section IV |
| l. I visited the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If Yes, explain in Section IV |
| m. The child resembles me. <input type="checkbox"/> Photo attached | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| n. There are witnesses to my relationship with the child's mother. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

(If Yes, list names and addresses and briefly describe relevant facts known by each under Section IV)

SECTION IV --- OTHER PERTINENT INFORMATION

(including detailed explanations for "YES" responses in Sect II or Section III above)

Continued on Attached Sheet(s), incorporated by reference.

All of the information and facts contained in this AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY are true and correct to my best knowledge and belief. I agree to submit myself and, if I am the custodian, my child to genetic testing as may be necessary to establish paternity.

Date

Signature

Sworn to and Signed Before Me
this Date, County and State

Notary Public/Official and Title

My Commission Expires

REGISTRATION STATEMENT

Responding IV-D Case No.

Initiating IV-D Case No.

Responding Docket No.

Initiating Docket No.

I. Case Summary

(Background of This Matter: Court / Administrative Actions)

Date of Support Order

County Issuing Order

State Issuing Order

Tribunal Case No.

Support Amount / Freq.
Computation (\$)

Date of Last Payment

Amount of Arrears
\$

For Period Of
From (Date):

To (Date):

II. Mother Information

Obligor

Oblige

Full Name and Aliases
(First, Middle, Last)

Address
(Street, City, State Zip)

Employer (Name, Street, City, State Zip)

SSN: - -

III. Father Information

Obligor

Oblige

Full Name and Aliases
(First, Middle, Last)

Address
(Street, City, State Zip)

Employer (Name, Street, City, State Zip)

SSN: - -

IV. Caretaker (If Not a Parent)

Relationship to Child(ren)

Full Name and Aliases
(First, Middle, Last)

Address
(Street, City, State Zip)

SSN: - -

V. Additional Case Information

This order is registered in the following states:

Description and location of any property not exempt from execution:

Other:

VI. Verification / Certification

Under penalties of perjury, all information and facts concerning the arrearage accrued under this order are true to the best of my knowledge and belief.

Date

Party Seeking Registration

Records Custodian

Sworn To and Signed Before
Me This Date, County, State

Notary Public, Court/Agency Official and Title

Commission Expires

Superior Court of New Jersey Camden Vicinage

YVONNE LA MONS
Trial Court Administrator

EUGENE J. McGRATH
Vicinage Chief Probation Officer

ROBERT P. SEBASTIAN
Assistant Chief Probation Officer

GARY W. OFFER
Assistant Chief Probation Officer

WILLIAM A. NITZ
Assistant Chief Probation Officer



Probation Division
Parkade Building
40 North Fifth Street
Post Office Box 1928
Camden, New Jersey 08101-1928
(856) 225-7553

DOCKET # _____ CS # _____

CUSTODIAL PARENT _____ SS# _____
DOB _____

ABSENT PARENT _____ SS# _____
DOB _____

CHILD	DOB	PLACE OF BIRTH	SS#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I, _____, have been advised of my rights for child support services under the Title IV-D Program. I understand that as a Title IV-D client, I am entitled to full services for the enforcement of my child support case through any means, including income withholding, the tax intercept program (for which there may be an additional fee), and the Parent Locator Service. I understand there is a one time application fee of \$6.00.

If I choose not to apply for Title IV-D services, I have also been advised that I may request the Probation Division monitor my payments, but take no actions other than enforcement (including income withholding). I understand that there is an annual fee of \$25.00 for this service.

_____ I have applied for full services under the Title IV-D (\$6.00 one time fee).

_____ I do not wish to apply for Title IV-D services, and wish monitoring services only (\$25.00 per year).

Signature

Date