

PARENT #1 INFORMATION

Name: Last _____ First _____ Middle _____ Also Known As (AKA) _____

Social Security Number _____ Birthdate _____ Birthplace (City/State) _____

Home address: Street _____ City _____ State _____ Zip _____ Home Telephone Number _____

Mailing address _____ Cell Phone # _____

Employer Name & Address: _____ Work Telephone Number _____

Tribal Affiliation: _____ Is he/she enrolled? () YES () NO Number: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Race: _____ List any distinguishing features that would assist us in identification (Tattoos, scars, piercing, birthmark, physical impairment, etc.): _____

Employer Name & Address: _____

Hourly pay \$ _____ Hours per week _____ If salaried, salary per year: \$ _____

Second Employer: _____ Hourly pay \$ _____ Hours/week _____

Other sources of Income: _____
(Describe) (Amount received) (Frequency received)

School or Training: _____
(Describe) (Degree/Certificate) (Date Received)

Vehicle: _____
(Description: Make/Model/Year) (Name(s) of Person(s) on Title)

Bank Account: _____ \$ _____
(Type: Checking/Savings) (Balance) (Name of Bank)

Other Financial Assets: _____

Does the parent have any other minor children other than the children included in this application? () YES () NO

Please provide the names, birthdates, home address and any other pertinent information:

Name of this parent's mother and father: _____

Address and Phone Number of parents: _____

Provide the names of family members or friends who may be able to assist in locating the parent:

Provide us with any other information that you feel would assist us in processing your child support application: _____

PARENT #2 INFORMATION

Name: Last			First	Middle	Also Known As (AKA)
Social Security Number			Birthdate		Birthplace (City/State)
Home address: Street		City	State	Zip	Home Telephone Number
Mailing address					Cell Phone #
Employer Name & Address:					Work Telephone Number

Tribal Affiliation: _____ Is he/she enrolled? () YES () NO Number: _____
Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
Race: _____ List any distinguishing features that would assist in identification (Tattoos, scars, piercing, birthmark, physical impairment, etc.): _____

Employer Name & Address: _____
Hourly pay \$ _____ Hours per week _____ If salaried, salary per year: \$ _____
Second Employer: _____ Hourly pay \$ _____ Hours/week _____
Other sources of Income: _____
(Describe) (Amount received) (Frequency received)
School or Training: _____
(Describe) (Degree/Certificate) (Date Received)
Vehicle: _____
(Description: Make/Model/Year) (Names of Persons on Title)
Bank Account: _____ \$ _____
(Type: Checking/Savings) (Balance) (Name of Bank)

Other Financial Assets: _____

Does the parent have any other minor children other than the children included in this application? () YES () NO

Please provide the names, birthdates, home address and any other pertinent information: _____

CHILD 2

Name: Last _____ First _____ Middle _____ Birthdate or Expected: _____
(Month/Day/Year)

Location where child was born: (Name, City) _____ Social Security Number _____

Tribal Affiliation: _____ Is this child enrolled? () YES () NO Number _____

Person/Agency, if other than the parent(s), which have custody/placement of the child _____

Date Child was placed: _____

Was there a Court Action placing the children in your care? () YES () NO

What Court and Agency was involved in this placement? _____

Does this child have any special medical or other needs?

CHILD 3

Name: Last _____ First _____ Middle _____ Birthdate or Expected: _____
(Month/Day/Year)

Location where child was born: (Name, City) _____ Social Security Number _____

Tribal Affiliation: _____ Is this child enrolled? () YES () NO Number _____

Person/Agency, if other than the parent(s), which has custody/placement of the child _____

Date Child was placed: _____

Was there a Court Action placing the children in your care? () YES () NO

What Court and Agency was involved in this placement? _____

Does this child have any special medical or other needs? _____

CHILD 4

Name: Last _____ First _____ Middle _____ Birthdate or Expected: _____
(Month/Day/Year)

Location where child was born: (Name, City) _____ Social Security Number _____

Tribal Affiliation: _____ Is this child enrolled? () YES () NO Number _____

Person/Agency, if other than the parents, which have custody/placement of the child

Date Child was placed: _____

Was there a Court Action placing the children in your care? () YES () NO

What Court and Agency was involved in this placement? _____

Does this child have any special medical or other needs? _____

Have you ever applied for child support services for the above mentioned child (ren)?

() Yes () No

If you answered yes to the above question please identify the Agency at which you applied for services and the dates of your application.

PLEASE PROVIDE A COPY OF ALL APPLICATIONS.

Upon oath, I certify that to the best of my knowledge, the above information is true and correct.

Dated this _____ day of _____, 2024

Signature of Applicant

Subscribed and sworn to before me this OR Witness to signature this _____ day of _____, 2024

_____ day of _____, 2024

Signature of Witness

Notary Public, State of Maine

Print name: _____

My Commission expires:

Address: _____