GENERAL TESTIN	<u>IONY</u>	7						
Petitioner: Name (first Social Security Number		le, last)	I	IV-D Case:	(] N	ANF /-E Foster Care ledicaid Only ormer Assistance		
Respondent: Name (fir Social Security Numb		dle, last)	Non-I√	/-D Case:	[] N	lever Assistance		File Stamp
				Resp	onding IV	-D Case Identifier		
				_	_	ibunal Number		
					•	Case Identifier		
				Initiat	ing Tribur	nal Number		
Petitioner is:	[]	Obligee	[]	Caretaker O	ther than	Parent		
	[]	Obligor	[]	Foster Care				
Respondent is:	[]	Obligee	[]	Caretaker O	ther than	Parent		
	[]	Obligor	[]	Foster Care				
				bei	ng duly s	worn, under penalties of	perjury, tes	stifies as follows:
Name	(first, m	iddle, last)			0 ,	•		
I. Personal Information About Child(ren)'s Mother				[] See Se	ction X		
A.1. Mother is: [] Obligee [] Obligor				0 [] N	andiadayına Findina Att			
A.1. Mother is: [] (3. Full Name (first, mid			bligor		2. [] N	ondisclosure Finding Atta	acned	
Nickname, alias, ma			er married	d name, etc.				
4. Home Address [] Confi	rmed		(date)	5. Socia	al Security Number	6. Dat	te of Birth
					7. Hom	e Phone	8. Wo	rk Phone)
9. Employer Name & A	ddress	[] Confirm	ed	(date)	10 (a). Occupation, Trade or Profession			
					10 (b) I	lighest level of Education	n Attainad	
					10 (b). 1	lighest level of Education	n Attained	
11. Estimated Gross Monthly Earnings			12. Other Monthly Income (& source)					
13. Real or Personal P	'roperty	y (type and l	ocation)					
B. Physical Description	of Chil	ld (ren)'e Ma	other (Att	ach photo if	available	`		
	2. Hei		mei (Au	3. Weight		4. Hair Color		5. Eye Color
C. Present Martial Stat			Vother			•		
1. [] Married		2. [] Sin			3. [] Li	ving with Non-Marital Pa	ırtner	
4. [] Divorced		5. [] Leg		arated	6. []S	eparated	7. [] Un	nknown

D. Information about Current Spouse of Partner of Child (ren)	s Mother				
Name of Current Spouse or Partner (first, middle, last)		2. Is Current Spouse/Partner Employed?			
		[]Yes []	No [] Unknown		
3. Name and Address of Spouse's/Partner's Employer		4. Spouse's/Partner' Earnings \$	s Estimated Gross Monthly		
E. Is the children (ren)'s mother responsible for dependents of			pages 4 & 5)?		
[] Yes [] No [] Unknown (If yes, provide info	ormation b	<u> </u>	ate of Birth		
c. Relationship		d. Living With:			
e. Source of Support/Income		f. Monthly Amount; Gr	oss: Net:		
a. Full Name (first, middle, last)		b. Di	ate of Birth		
c. Relationship		d. Living With:			
e. Source of Support/Income		f. Monthly Amount; Gr	oss: Net:		
a. Full Name (first, middle, last)		h. Di	ate of Birth		
c. Relationship		d. Living With:			
e. Source of Support/Income		f. Monthly Amount; Gr	oss: Net:		
II. Personal Information About Child(ren)'s Father] See Section X		
A.1. Father is: [] Obligee [] Obligor	2. [] N	Iondisclosure Finding Atta	ached		
3. Full Name (first, middle, last)					
Nickname, Alias					
4. Home Address [] Confirmed (date)	5. Soci	al Security Number	6. Date of Birth		
	7. Hom (ne Phone)	8. Work Phone ()		
9. Employer Name & Address [] Confirmed(date)	10 (a).	Occupation, Trade or Pro	efession		
	10 (b). l	Highest level of Education	n Attained		
11. Estimated Gross Monthly Earnings	12. Oth	ner Monthly Income (& so	ource)		
13. Real or Personal Property (type and location)	· ·				
B. Physical Description of Child (ren)'s Father (Attach photo if	available.)			
1. Race 2. Height 3. Weigh		4. Hair Color	5. Eye Color		

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C. Present Martial Status of Child(ren)'s Father					
1. [] Married 2. [] Single	3. [] Living with Non-Marita	al Partner		
4. [] Divorced 5. [] Legally Separated	6. [] Separated	7. [] Unknown		
D. Information about Current Spouse of Partner of Child (ren)'s	s Father				
Name of Current Spouse or Partner (first, middle, last)		2. Is Current Spouse	/Partner Employed?		
		[] Yes []	No [] Unkno	own	
3. Name and Address of Spouse's/Partner's Employer		4. Spouse's/Partner's Monthly Earnings \$			
E. Is the children (ren)'s father responsible for dependents oth [] Yes [] No [] Unknown (If yes, provide into		-	ages 4 & 5)?		
a. Full Name (first, middle, last)		b. Da	ate of Birth		
c. Relationship		d. Living With:	200 01 21111		
e. Source of Support/Income		f. Monthly Amount; Gre	oss: Net:		
o. Course of Supportunioning		1. Monany / Amount, On	1401.		
a. Full Name (first, middle, last)		b. Da	ate of Birth		
c. Relationship		d. Living With:			
e. Source of Support/Income		f. Monthly Amount; Gre	oss: Net:		
<u> </u>	I	· · · · · · · · · · · · · · · · · · ·			
3. a. Full Name (first, middle, last)		b. Da	ate of Birth		
c. Relationship	d. Living With:				
e. Source of Support/Income		f. Monthly Amount; Gre	oss: Net:		
III. Personal Information About Caretaker Other than	Parent		[] See	Section X	
Caretaker's Relation to Child is:				Section X	
[] Has legal custody/guardianship of child	2. [] Nondisclosure Finding Attached				
3. Full Name (first, middle, last)					
Nickname, alias, maiden name, former married name, etc					
4. Home Address [] Confirmed (date)	5. Socia	al Security Number	6. Date of Birth	7. Sex	
	8. Home ()	e Phone	9. Work Phone ()		
10. Employer Name & Address [] Confirmed(date)	11 (a). C	Occupation, Trade or Pro	fession		
	11 (b). ⊢	lighest level of Education	n Attained		
12. Estimated Gross Monthly Earnings \$	13. Oth	er Monthly Income (& so	urce)		
14. Date Child(ren) Began Residing With Caretaker					

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GENERAL TESTIMONY, PAGE 4

IV.	Legal Relationship of P	arents			[] See Section X
1.	[] Never married to each	ch other 2. [] Married on		Deta	_ in	0
3.	[] Married by common la	law for the period		Date in		County/State
			Dates			County/State
4.	[] Separated on	5. [] Divorce	d on	Date	in	County/State
6.	[] Legally separated on	n in				• • • • • • • • • • • • • • • • • • •
7.	[] Divorce pending in	Date	_ _ [] 8	County/State Support Order	Entered on	
۲.	[] Divolce bending in	County/State	0. [] 、	Support Order	Elitered on	Date
9.	[] No support order	10. [] Other				
11.	Tribunal & Location (Divo	orce Legal Separation, Support Ord	der):			
٧.	Dependent Child(ren) in	ւ this Action			[] See Section	n X
Α. Ι	List obligor's (named on pag	ge 1 of this form) child (ren) only.			[] Nondisclosu	ure Finding Attached
1.	a. Full Legal Name (first, m	niddle. last)			f. Paternity Est	
<u> </u>	b. Address	indio, ides,			[] Yes (chec[] By order	k how) [] No
					[] By volunt	ary acknowledgment
					[] By adopti [] By conclu [] Other:	usive marital presumption
	c. Social Security Number				g. Support Ord	er Established? [] No
	d. Sex e.	Date of Birth			h. Living with P	
ļ				 -		
2.	a. Full Legal Name (first, m	niddle, last)			f. Paternity Estate [] Yes (chec	ablished? k how) [] No
	b. Address				[] By order	ary acknowledgment
					[] By adopti	ion
					[] By conclu [] Other:	usive marital presumption
	c. Social Security Number				[]Yes	er Established? [] No
	d. Sex e.	Date of Birth			h. Living with P [] Yes	Petitioner? [] No
ļ	·				·	
3.	a. Full Legal Name (first, m	niddle, last)			f. Paternity Estate [] Yes (chec	ablished? k how) [] No
	b. Address				[] By order	ary acknowledgment
					[] By adopti	ion
					[] By conclu [] Other:	usive marital presumption
	c. Social Security Number					er Established? [] No
	d. Sex e.	Date of Birth			h. Living with P	Petitioner?

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4.	a. Full Legal Name (first, middle, last) b. Address						f. Paternity Established? [] Yes (check how) [] No [] By order [] By voluntary acknowledgment [] By adoption [] By conclusive marital presumption [] Other:			
	c. Social Security Nu	mber				g. Support Or	der Established	l?		
	d. Sex	e. Date of B	irth			h. Living with				
		1								
В.	The child(ren) began re	esiding in		on						
			State			Month/Year				
VI.	. Medical Insurance			[]See Sec	ction X					
1.	Is obligor required by a	child support or	der to provide me	dical insurance for t	he child (r	ren)?	[]Yes	[] No		
2.	Is obligor required by a	child support or	der to provide me	dical insurance for t	he obligee	e?	[]Yes	[] No		
3.	Medical coverage for de	ependent child(r	en) listed in Section	on V and/or the obli	ge is provi	ded by:				
	Obligee Obligor State Medicaid Obligee's Employer Obligor's Employer Other Unknown No Coverage	For dependent child(ren) [] [] [] [] [] [] []	For obligee [] [] [] [] []	Obligee's In Policy Numb Obligor's Ins Policy Numb Other Insura Policy Numb	ber: surance C ber: ance Com	ompany:				
4.	The monthly cost pai						\$			
5.	Obligee can purchas	e needed medic	al insurance at a	monthly cost of:			\$			
6.	Were the children ev	er covered by m	edical insurance p	provided by the obli	gor/oblige	e or his/her cu	rrent employer?			
				[]Yes	[] No	[] Unl	known			
7.	Do any of the obligor	's children have	special needs or	extraordinary medic	cal expens	ses not covered	by insurance?			
				[] Yes	[] No					
(It	f "Yes", please indicate the	child involved and	the type of special	needs/extraordinary m	nedical exp	enses and the re	elated costs. Attac	ch proof.)		
8.	Is the obligee asking	to be reimburse	ed for medical cov	erage by obligor?	[]Yes	[] No	[] Unkn	own		

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VII.	VII. Support Order and Payment Information [] See Section X							
1.	Does a support orde	r exist? (If "No", skip to pa	ge 7.)		[]Yes	[] No		
2.	Did child(ren) reside	Did child(ren) reside with the obligor at anytime during the period for which support is sought, except during						
	periods of visitation s	specified by a tribunal's ord	er?	[] Yes	[] No If "Yes", Iden From:	tify Period of Residency Thru:		
3.	If a modification is be	eing requested, indicate the	basis for the r	equest belov	v:			
	[]	The earnings of the obligor	have substanti	ally increase	ed or decreased.			
	[]	The earnings of the obligee	have substant	ially increase	ed or decreased.			
	[]	The needs of a party or of t	he child (ren) h	ave substan	tially increased or decre	eased.		
	[]	Other, Explain						
	 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	ate of Order Current Amount Per Month/Week/etc.		eek/etc.	Toward Arrears \$	Per Month/Week/etc.			
Unp	aid Interest \$	as of	(date)	Total Arrea	ars \$ as of	(date)		
Trib	unal's Name & Addres	ss						
Date	Date of Order Current Amount Per Month/Week/etc. Toward A				Toward Arrears \$	Per Month/Week/etc.		
Unp	aid Interest \$	as of	(date)	Total Arrea	ars \$ as of	(date)		
Trib	unal's Name & Addre	SS		-				
Date	e of Order	Current Amount	Per Month/W	eek/etc.	Toward Arrears \$	Per Month/Week/etc.		
Unp	aid Interest \$	as of	(date)	Total Arrea	ers \$ as of	(date)		
Trib	unal's Name & Addres	ss						
5.	Unpaid Medical Co	ost Reimbursement	\$		as of			
	(attach documenta	tion)				Date		
6.	Other Unpaid Cost	s and Fees	\$		as of			
•	·	3 a.i.a i 333	<u> </u>			Date		
	Explain:							
7.	7. Direct Payments to Obligee: [] Affidavit from Obligee Attached [] No Direct Payments Received							
8.	Obligor's support p	payment history:						
		of tribunal/agency payment [] ned. (Skip to page 7)	Payment histo	ory provided on		esponding State does not require Skip to page 7)		
Fror	n (Year) to (Year):	Agency Which	n Prepared Aud	dit/Payment l	History:			

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Obligor's	Payment History	A	djudicated Arrears	\$		as of	
	Year:				Year	<u> </u>	Date of Order
	Amount Due	Amount Paid	Balance		Amount Due	Amount Paid	Balance
Jan							
Feb							
Mar							
Apr				L			
May				L			
Jun				L			
Jul				L			
Aug				L			
Sep							
Oct				L			
Nov				L			
Dec				L			
Total							
	Year:		·		Year	:	
	Amount Due	Amount Paid	Balance		Amount Due	Amount Paid	Balance
Jan				L			
Feb				-			
Mar				L			
Apr				L			
May				L			
Jun				L			
Jul				L			
Aug				L			
Sep				L			
Oct							
Nov				L			
Dec				L			
Total				L			
Tot	al of Adjudicated and	Accrued Arrears	<u> </u>		as of		
	Date	<u></u>	Name/Title, Agency o	r Tril	ounal	Signatu	ire
Sworn to this D	and Signed before moate, County, State	e	Notary Public Official	and	Title	Commission	Expires

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VII	I. TANF / Foster Care/ Medical Ass	istance Status		[] See Section X
[If	no TANF/Foster Care/Medical Assis		re paid, skip to Section IX]	
1.	Period during which TANF/Foster Care	was paid:		
	From: /	To:	/ by:	
	First month ye	ear Last	month year	State
2.	Total amount of TANF/Foster Care paid	\$	as of	Date
3.	Medical assistance related to prenatal, p	oostnatal or general ex	penses was paid in the amount of	
	by:	_		·
		Agency or F	Person	
IX.	Financial Information			[] See Section X
Info	ormation required varies based on respond	ding State's guidelines	. Updates may be required.	
Α.	Monthly Income from All Sour	ces:		
1.	Is the petitioner employed?	es; occupation:	[] No; inco	ome source:
_			-	
2.	Gross Monthly Income Amounts:	<u>Petitioner</u>	Current Spouse/Partner	Obligor's Dependent(s)
	a) Public Assistance	•	•	•
	i) SSI	\$	\$	
	ii) Family Assistance	\$		Ф
	iii) Other	\$	\$	_ \$
	b) Base pay salary, wages	\$	\$	_ \$
	c) Overtime, commission,tips, bonuses, part time	\$	\$	\$
	d) Unemployment compensation	\$ \$	<u> </u>	Ф
	e) Worker's compensation	\$		ф
	f) Social Security Disability	\$		\$
	g) Social Security Retirement	\$		
	h) Dividends and interest	\$		\$
	i) Trust/Annuity Income	\$ \$		- \$
	j) Pensions, retirement	\$		- * <u></u>
	k) Child support	\$ \$		_
	Spousal support/alimony	\$ 		_
	m) All other sources	\$ 		_
	Explain "other sources":	_Ψ	Ψ	Ψ
	Explain other sources .			
3.	Total Gross Monthly	\$	\$	\$
	(lines "2a" through "2m")			
4.	Deductions From Gross			
••	a) Federal Income Tax	\$	\$	\$
	b) State Income Tax	\$	<u> </u>	\$
	c) Local Tax	\$	\$	\$
	d) F.I.C.A.	\$	\$	\$

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		<u>Petitioner</u>	Current Spouse/Partner	Obligor's Dependent(s)
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			
	(lines 5 minus lines "6a through 6g")	\$	\$	\$
8.	Gross Income Prior Year	\$		\$

Attach three most recent pay stubs from each current employer for all parties shown.

В.	Monthly Expenses:	Petitioner	Obligor's Dependents
1)	Rent/Mortgage	\$	\$
2)	Homeowners/Renters Insurance	\$	- \$
3)	Home Maintenance & Repair	\$	- \$
4)	Heat	\$	<u> </u>
5)	Electricity/Gas	\$	<u> </u>
6)	Telephone	\$	<u> </u>
7)	Water/Sewer	\$	<u> </u>
8)	Food	\$	<u> </u>
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	\$	
Prov	vider:		
Fred	quency Per		
	Support Payments, actual amount paid	\$	\$
	Internet service	\$	<u> </u>
22)	Other; Explain	\$	\$ <u></u>
Tota	al Monthly Expenses (lines 1 through 22)	\$	\$

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C.	Assets:									
1)	Real Estate									
,	-				Add	dress				
	_									
					Owi	ner(s)				
	-									
					Т	ītle				
\$_			minus	\$_			=	\$		
	Assessed Value	ie			Mor	tgage(s)				
2)	IRA, Keogh, Pension, I	Profit Sharing,	Other Retiren	nent l	Plans					
								\$		
•		Institution or F	Plan Name and	Acco	unt Number					
								\$		
		Institution or F	Plan Name and	Δςςο	unt Number			- Ψ —		
3)	Tax Deferred Annuity F		ian Name and	7,000	ant ivamber			\$		
3)								Ψ		
4)	Life Insurance: Preser	t Cash Value						\$		
5)	Savings & Checking Ad	counts, Money	y Market Acco	ounts	s, & CDs					
								\$		
		Institution	Name and Acc	count	Number					
-		Institution	Name and Acc	count	Number			_ \$		
		moutation	Traine and hoo	Journe	· vairiboi					
6)	Automobiles/Vehicles									
				\$		minus	\$		= \$	
	Make	Model	Year		Estimated Va	lue	Loan	Balance	_	
				\$		minus	\$		= \$	
	Make	Model	Year		Estimated Va			Balance	=	
				\$		minus	\$		= \$	
	Make	Model	Year	_ Φ	Estimated Va			Balance	_ = φ _	
7)	Other (e.g. Personal F	Property, Secur	rities, etc.)	De	escribe:				\$	
	Total Assets (lines 1 t	nrough 7)							\$	
	,	- ,							•	

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This Date County/State

X.	Other Pertinent Informa	i tion (Attach ad	Iditional sheets if necessary).				
XI.	Verification						
[]	Attached are the required nu	mber of copies 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	pay stubs from current employer.					
[]	Copies of bills for prenatal, p	ostnatal and general health care of mother and ch	nild.				
[]	Assignment or subrogation of	f support rights.					
[]	"Affidavit in Support of Estab	lishing Paternity" for each child whose paternity is	at issue.				
[]	Copy of child(ren)'s birth cert	ificate(s).					
[]	Acknowledgment of parentag	je.					
[]	Documentation of legal custo	ody/guardianship of child(ren).					
[]	Documentation that children	are in foster care.					
[]	Other:						
All c	f the information and facts cor belief.	tained in this General Testimony are true and cor	rect to my/our best knowledge				
	Date	Petitioner (Name/Title)	Signature				
	Date	Agency Representative (Name/Title)	Signature				
Swe	orn to and Signed Before me	Notary Public, Tribunal/Agency	Commission Expires				

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Official and Title