

ONONDAGA COUNTY DEPARTMENT OF SOCIAL SERVICES
DAY CARE UNIT

CHILD SUPPORT INFORMATION FORM

Please Note: Only complete this form if there is a parent that is **NOT** in the household and fill out a separate section for **EACH** parent that is missing

PLEASE COMPLETE ONE SECTION FOR **EACH** ABSENT PARENT:

Name of Absent Parent: _____
Name(s) of Child(ren): _____

Address of Absent Parent: _____ Phone Number: _____
_____ Social Security Number: _____

Employers Name & Address _____

Is Paternity Established? _____ Is There a Court Order? _____ Is Absent Parent paying support? _____
❖ Voluntary? _____ By Court Order? _____ Amount \$ _____ Frequency: Weekly Biweekly Monthly
(circle one)
❖ (If voluntary – Provide statement from the payer)

Date of your last contact with this Absent Parent: _____

Does the Absent Parent have visitation with the child(ren)? _____
❖ Please explain: _____
❖ Attach a statement explaining Custody / Visitation ❖ Attach court papers if it is Court Ordered ❖

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(Continued on Reverse)

APPLICANT / RECIPIENT SIGNATURE: _____ DATE: _____

PLEASE COMPLETE ONE SECTION FOR **EACH** ABSENT PARENT:

Name of Absent Parent: _____

Name(s) of Child(ren): _____

Address of Absent Parent: _____ Phone Number: _____
_____ Social Security Number: _____

Employers Name & Address _____

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