

## 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.

File Stamp

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

IV-D Case: ☐ TANF

☐ Obligee ☐ Obligor

Tribal Affiliation (if applicable)

☐ 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, \_\_\_\_\_, 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

1. Legal name (first, middle, last, suffix): \_\_\_\_\_
2. Sex: ☐ Male ☐ Female ☐ Other
3. a. Occupation, trade, or profession: \_\_\_\_\_  
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.)

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: \_\_\_\_\_

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Initiating IV-D Case Identifier \_\_\_\_\_

### 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  
(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:	<input type="checkbox"/> Has legal custody/guardianship of child
3. Date child(ren) began residing with caretaker:	

### II. Personal Information About Obligor

☐ See Section IX

A. Obligor information:

1.	Legal name (first, middle, last, suffix):
2.	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
3.	a. Occupation, trade, or profession: b. Highest level of education attained:
4.	Current tax filing status: <input type="checkbox"/> Single <input type="checkbox"/> Head of household <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Qualifying widow/widower with dependent children <input type="checkbox"/> 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:

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**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  
(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 \_\_\_\_\_ in \_\_\_\_\_  
(Date) (State and county/tribe/country)
- C. ☐ Married by common law for the period \_\_\_\_\_ in \_\_\_\_\_  
(Dates) (State and county/tribe/country)
- D. ☐ Legally separated on \_\_\_\_\_ in \_\_\_\_\_  
(Date) (State and county/tribe/country)
- E. ☐ Divorce pending in \_\_\_\_\_  
(State and county/tribe/country)
- F. ☐ Divorced on \_\_\_\_\_ in \_\_\_\_\_  
(Date) (State and county/tribe/country)
- G. ☐ Other \_\_\_\_\_

**IV. Dependent Child(ren) in this Action:**☐ See Section IX

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

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**IV. Dependent Child(ren) in this Action (Continued):**

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

  

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

**V. Health Care Coverage:**☐ 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (if no or unknown, skip to 1.e.)
b.	Healthcare coverage is provided by (check all that apply): <input type="checkbox"/> Medicaid (Skip to 1.e.) <input type="checkbox"/> CHIP (Skip to 1.e.) <input type="checkbox"/> TRICARE (Skip to 1.e.) <input type="checkbox"/> Indian Health Service (Skip to 1.e.) <input type="checkbox"/> Petitioner through an individual policy (Continue to 1.c. below.) <input type="checkbox"/> Petitioner through his/her employer (Continue to 1.c. below.) <input type="checkbox"/> Respondent through an individual policy (Continue to 1.c. below.) <input type="checkbox"/> Respondent through his/her employer (Continue to 1.c. below.) <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Obligee <input type="checkbox"/> Obligor <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain in section IX.)

**V. Health Care Coverage (Continued):**

2. a.	Child's name: _____ Does this child have health care coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (if no or unknown, skip to 2.e.) If yes, is all the information the same as Child 1? <input type="checkbox"/> Yes (Skip to 2.e.) <input type="checkbox"/> No (Continue with 2.b.)
b.	Healthcare coverage is provided by (check all that apply): <input type="checkbox"/> Medicaid (Skip to 2.e.) <input type="checkbox"/> CHIP (Skip to 2.e.) <input type="checkbox"/> TRICARE (Skip to 2.e.) <input type="checkbox"/> Indian Health Service (Skip to 2.e.) <input type="checkbox"/> Petitioner through an individual policy (Continue to 2.c. below.) <input type="checkbox"/> Petitioner through his/her employer (Continue to 2.c. below.) <input type="checkbox"/> Respondent through an individual policy (Continue to 2.c. below.) <input type="checkbox"/> Respondent through his/her employer (Continue to 2.c. below.) <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, what is the monthly premium for this child only? \$ _____)
e.	Who claims dependency exemption for the child for federal tax purposes? <input type="checkbox"/> Obligee <input type="checkbox"/> Obligor <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain in section IX.)

  

3. a.	Child's name: _____ Does this child have health care coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (if no or unknown, skip to 3.e.) If yes, is all the information the same as Child 1? <input type="checkbox"/> Yes (Skip to 3.e.) <input type="checkbox"/> No (Continue with 3.b.)
b.	Healthcare coverage is provided by (check all that apply): <input type="checkbox"/> Medicaid (Skip to 3.e.) <input type="checkbox"/> CHIP (Skip to 3.e.) <input type="checkbox"/> TRICARE (Skip to 3.e.) <input type="checkbox"/> Indian Health Service (Skip to 3.e.) <input type="checkbox"/> Petitioner through an individual policy (Continue to 3.c. below.) <input type="checkbox"/> Petitioner through his/her employer (Continue to 3.c. below.) <input type="checkbox"/> Respondent through an individual policy (Continue to 3.c. below.) <input type="checkbox"/> Respondent through his/her employer (Continue to 3.c. below.) <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, what is the monthly premium for this child only? \$ _____)
e.	Who claims dependency exemption for the child for federal tax purposes? <input type="checkbox"/> Obligee <input type="checkbox"/> Obligor <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain in section IX.)

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Initiating IV-D Case Identifier \_\_\_\_\_

### 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. Child(ren) 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 D.)

**V. Health Care Coverage (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, quarterly, yearly)

b. To add child(ren) in section IV: \$ \_\_\_\_\_ per \_\_\_\_\_ (weekly, bi-weekly, semi-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 costs in section IX).

F. Is the petitioner asking to be compensated for ongoing medical expenses? ☐ Yes ☐ No (If yes, provide information below.)

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 obligee \_\_\_\_\_ obligor \_\_\_\_\_?

4. Is child support sought for a period of time prior to the date of the petition for support (Uniform Support Petition)?

☐ Yes ☐ No (If yes, complete the following questions and section VIII for the period of time.)

a.	Support is sought from the following date: _____	
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach an affidavit of payments.)	
d.	Was public assistance paid for any of the children listed in section IV? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, check the appropriate box and provide the period of benefit and the state.)	
	<input type="checkbox"/> TANF	_____ / _____ To _____ / _____ By: _____ State
	<input type="checkbox"/> Medicaid	_____ / _____ To _____ / _____ By: _____ State
	<input type="checkbox"/> Foster Care	_____ / _____ To _____ / _____ By: _____ State

**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 earning 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 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 legal custody of the child(ren).

Monthly income from all sources:

1. Is the petitioner employed? ☐ Yes; occupation: \_\_\_\_\_ ☐ No; income source: \_\_\_\_\_



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### VIII. Financial Information (Continued):

Monthly income from all sources (Continued):

2. Gross monthly income amounts:	Petitioner
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

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

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### 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) or	_____ Signature
_____ 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).

## INSTRUCTIONS FOR GENERAL TESTIMONY

### PURPOSE OF THE FORM:

The General Testimony provides a framework for stating the detailed information and evidence necessary to support the action requested in the Uniform Support Petition. The sections in the General Testimony may or may not apply to all cases. Before completing the form, carefully consider the status of the individual petitioner completing the testimony and his/her relationship to the respondent, the relief you plan to request in the petition, and other case characteristics to determine what information should be provided.

These 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.

This form includes information that may pose a significant risk to an individual if made available in a public forum or inappropriately disclosed. This form may be filed with the petition or pleading, but should not be filed or included in a record available to the general public. The information on this form 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.

*Italicized text that appears within a "box" refers to policy or provides additional information.*

**NOTE:** All section headings contain a checkbox to be used when additional comments/remarks are appropriate. These comments/remarks should be placed in section IX (Other Pertinent Information).

### HEADING/CAPTION:

- Identify the **petitioner** and **respondent** by full legal name (first, middle, last, suffix) and, if applicable, include the name of the tribe with which the petitioner and/or respondent is/are affiliated.
- Identify if the petitioner is the obligee or the obligor. This will clarify who is submitting the petition.
- Identify if the respondent is the obligee or the obligor.
- Check the appropriate box to identify the type of case: TANF, IV-E foster care, Medicaid only, former assistance, never assistance, or non-IV-D.

*TANF means the obligee's family is currently receiving IV-A cash payments. A Medicaid only case is a case in which the obligee's family receives Medicaid but does not receive TANF. A former assistance case might be a case for state arrears only or for a family that previously received TANF, but is not doing so at this time.*

- In the appropriate spaces, if applicable and known, enter the responding jurisdiction's IV-D case identifier and tribunal number.

*The responding jurisdiction is the jurisdiction that is working the case at the request of the initiating jurisdiction. Under "IV-D case identifier," enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified up to 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number that the responding tribunal may use to identify the case, if known.*

- In the appropriate spaces, enter the initiating jurisdiction's IV-D case identifier, and, if applicable, tribunal number.

*The initiating jurisdiction is the jurisdiction that referred the case to the responding jurisdiction for services. Under "IV-D case identifier," enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified up to 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number which the initiating tribunal has assigned to the case.*

In the "NOTE" section, check any of the following that apply:

- **Nondisclosure Finding/Affidavit attached** - If there is a finding prohibiting disclosure of a party's or child(ren)'s address/identifying information or an affidavit alleging that disclosure of such information would result in risk of harm, check the box for "Nondisclosure Finding/Affidavit attached" and attach a copy of the finding/affidavit in accordance with section 312 of UIFSA. If there is a finding/affidavit prohibiting disclosure, the information must be sealed and may not be disclosed to the other party or the public. You may provide the address of the IV-D agency as a substitute address for the protected party.

*UIFSA requires that the petition or accompanying documents include certain identifying information regarding the parties and child(ren) (e.g., residential address, Social Security Number) unless a party alleges in an affidavit or a pleading under oath that the health, safety, or liberty of a party or child would be jeopardized by disclosure of such information. In that event, the information must be sealed.*

*If a jurisdiction has reason to believe that information should not be released because of safety concerns, it should ensure that there is a nondisclosure finding or an allegation in an affidavit or pleading that disclosure of identifying information would result in a risk of harm, as provided under section 312 of UIFSA. In addition to identifying information included on this form, it may be appropriate to submit certain financial information under seal.*

- **This form sent through EDE** - Check if this form was sent through the Electronic Document Exchange (EDE).

*CSENet and EDE transactions are the recommended methods for making requests or sending information to another state. If CSENet is not listed as an option on the form, then it cannot be used to convey any of the requests or information provided on the form.*

*Supporting documentation should be sent through EDE, whenever possible.*

- Identify who is providing the testimony. Fill in the full legal name (first, middle, last, suffix) of the individual providing the testimony and signing the form under penalty of perjury.

*Note that testimony is given under penalty of perjury.*

## Section I. Personal Information About Obligee:

This section asks for information about the obligee. An obligee caretaker only needs to complete section I.E.

*The obligee may be the obligee parent (the individual who is owed or is alleged to be owed support), or the child(ren)'s caretaker (the individual who is responsible for the child(ren), but who is not the parent of the child(ren)).*

### Part A - Obligee Parent Information:

**Item 1:** Enter the obligee parent's full legal name (first, middle, last, suffix).

**Item 2:** Enter the obligee parent's sex. Sex is defined as "male" or "female".

**Item 3(a):** Enter the obligee parent's occupation, trade, or profession.

**Item 3(b):** Enter the obligee parent's highest attained level of education. The educational level may be used by the responding tribunal to impute income to an unemployed or underemployed petitioner.

**Item 4:** Check the appropriate box to indicate the obligee parent's current tax filing status: single, head of household, married filing jointly, married filing separately, qualifying widow/widower with dependent children, or unknown if the filing status is not known. This information may be used by the responding tribunal to determine the obligee's income when calculating a child support obligation.

### Part B - Physical Description of the Obligee Parent (Attach a recent photo if available.)

**Item 1:** Provide the obligee parent's race. When listing the obligee parent's race, select from the following:

1) White, 2) Black – African American, 3) American Indian- Alaskan Native, 4) Asian, 5) Native Hawaiian or Other Pacific Islander, 6) Hispanic/Latino, or 7) Other. You may select more than one race.

**Item 2:** Provide the obligee parent's height.

**Item 3:** Provide the obligee parent's weight.

**Item 4:** Provide the obligee parent's hair color.

**Item 5:** Provide the obligee parent's eye color.

Provide any additional physical descriptive information in section IX (Other Pertinent Information).

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

Check the appropriate box to indicate whether the obligee parent is responsible for dependents **other than** the child(ren) in this action (listed in section IV). If that information is not known, check "unknown."

If the answer is yes, provide the requested information about each dependent. If there are more than three dependents, provide information about the other dependents in section IX (Other Pertinent Information).

**Item a:** Enter the full legal name of the dependent (first, middle, last, suffix).

**Item b:** Enter the dependent's year of birth.

**Item c:** Enter the dependent's relationship to the petitioner.

**Item d:** Indicate with whom the dependent is living.

**Part D - Does the obligee parent have an order to pay support for any child listed in C above?**

Check the appropriate box to indicate whether the obligee parent has been ordered to pay support for any of the dependents listed in C above. If that information is not known, check "unknown." If the answer is yes, provide the requested information about each order, including proof of payment.

If the order requires the obligee parent to pay support to the state disbursement unit (SDU) or another government agency, provide a copy of all agency payment records.

If payments are paid directly by the obligee parent, provide an affidavit showing dates and amounts of payments made by the obligee parent under this order. If there are more than three orders, provide information about the additional orders in section IX (Other Pertinent Information).

**Item a:** Enter the name(s) of child(ren) covered by the order.

**Item b:** Enter the amount of the support order.

**Item c:** Enter the frequency of the amount due, for example, monthly, weekly, bi-weekly.

**Item d:** Enter the state and the county/tribe/country of the issuing tribunal.

**Item e:** Enter the order number provided by the issuing tribunal.

**Part E - Obligee Caretaker Information: If the obligee is not a parent of the child(ren):**

**Item 1:** Enter the full legal name of the caretaker (first, middle, last, suffix).

**Item 2:** Indicate the caretaker's relationship to the child(ren). If the caretaker is a relative, indicate whether he/she is a maternal (mother's side of the family) or paternal (father's side of the family) relative. Examples include: "maternal grandmother" or "paternal cousin". Check the box if the caretaker has legal custody/guardianship of the child(ren).

**Item 3:** Enter the date the child(ren) began residing with the caretaker (month/day/year).

The caretaker should also provide any relevant non-party parent information in section IX (Other Pertinent Information). Such information includes financial information about the non-party parent, which may be needed for the support guideline calculation.

**Section II. Personal Information About Obligor:**

This section asks for information about the obligor.

*The obligor may be an individual who owes or is alleged to owe the child(ren) a duty of support, or a person who is alleged but has not been adjudicated to be a parent of the child(ren).*

**Part A - Obligor Information:**

**Item 1:** Enter the obligor's full legal name (first, middle, last, suffix)

**Item 2:** Enter the obligor's sex. Sex is defined as "male" or "female".

**Item 3(a):** Enter the obligor's occupation, trade, or profession.

**Item 3(b):** Enter the obligor's highest attained level of education. The educational level may be used by the responding tribunal to impute income to an unemployed or underemployed respondent.

**Item 4:** Check the appropriate box to indicate the obligor's current tax filing status: single, head of household, married filing jointly, married filing separately, qualifying widow/widower with dependent children, or unknown if the filing status is not known. This information may be used by the responding tribunal to determine the obligor's income when calculating a child support obligation.

**Part B - Physical Description of the Obligor:** (Attach a recent photo if available.)

**Item 1:** Provide the obligor's race. When listing the obligor's race, select from the following: 1) White, 2) Black – African American, 3) American Indian- Alaskan Native, 4) Asian, 5) Native Hawaiian or Other Pacific Islander, 6) Hispanic/Latino, or 7) Other. You may select more than one race.

**Item 2:** Provide the obligor's height.

**Item 3:** Provide the obligor's weight.

**Item 4:** Provide the obligor's hair color.

**Item 5:** Provide the obligor's eye color.

Provide any additional physical descriptive information in section IX (Other Pertinent Information).

**Part C - Is the obligor financially responsible for dependent children other than those of this action (listed in section IV)?**

Check the appropriate box to indicate whether the obligor is responsible for dependents **other than** the child(ren) in this action (listed in section IV). If that information is not known, check "unknown."

If the answer is yes, provide the requested information about each dependent, if known. If there are more than three dependents, provide information about the other dependents in section IX (Other Pertinent Information).

**Item a:** Enter the full legal name of the dependent (first, middle, last, suffix).

**Item b:** Enter the dependent's year of birth.

**Item c:** Enter the dependent's relationship to the respondent.

**Item d:** Indicate with whom the dependent is living.

**Part D - Does the obligor have an order to pay support for any child listed in C above?**

Check the appropriate box to indicate whether the obligor has been ordered to pay support for any of the dependents listed in C above. If that information is not known, check "unknown." If the answer is yes, provide the requested information about each order, if known, and attach a copy of the order, if available.

If the order requires the obligor to pay support to the state disbursement unit (SDU) or another government agency, provide a copy of all agency payment records.

If payments are paid directly by the obligor, provide an affidavit showing dates and amounts of payments made by the obligor under this order. If there are more than three orders, provide information about the additional orders in section IX (Other Pertinent Information).

**Item a:** Enter the name(s) of child(ren) covered by the order.

**Item b:** Enter the amount of the support order.

**Item c:** Enter the frequency of the amount due, for example, monthly, weekly, bi-weekly.

**Item d:** Enter the state and the county/tribe/country of the issuing tribunal.

**Item e:** Enter the order number provided by the issuing tribunal.

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

Identify the legal relationship between the parents of the child(ren) listed in section IV (Dependent Children in This Action). Check all appropriate boxes and enter the pertinent corresponding information.

**Item A:** Check this box if the parents were never married to each other.

**Item B:** Check this box if the parents were married to each other. Indicate the date (month, day, year) and state and county/tribe/country of the marriage.

**Item C:** Check this box if the parents were married by common law. Indicate the time period (dates) and state and county/tribe/country of the common law marriage.

**Item D:** Check this box if the parents are legally separated. Indicate the date (month, day, year) and state and county/tribe/country of the legal separation.

**Item E:** Check this box if divorce proceedings are pending. Indicate the state and county/tribe/country of the proceedings.

**Item F:** Check this box if the parents are divorced. Indicate the date (month, day, year) and state and county/tribe/country of the finalized divorce.

**Item G:** Check this box to indicate other relationships not described by the options above. Describe the relationship, such as domestic partnership or civil union, on the line provided.

**Section IV. Dependent Child(ren) in This Action:**

List all the children of this action for whom parentage/support is to be established or for whom support is to be modified. These should be the same children listed in section I of the Uniform Support Petition. List only those children of the particular obligor named in this action. Provide information about each child under parts A - C below. Check "See section IX" when there are more than three dependent children in this action. Include all of the information listed below for the additional children listed in section IX (Other Pertinent Information). Attach additional pages if needed.

**Item 1:** Enter the child's full legal name (first, middle, last, suffix).

**Item 2:** Check the appropriate box to indicate if the parentage of the child has been legally established. If the answer is no, attach a separate "Declaration in Support of Establishing Parentage" for each child whose parentage is at issue.

**Item 3:** Provide the amount of child care paid on a monthly basis for this child, if applicable. In addition, indicate the amounts paid by the state and the out-of-pocket costs paid by the petitioner. Provide any additional information related to child care in section IX (Other Pertinent Information).

**Item 4:** Check the appropriate box to indicate whether a child support order has been established for this child.

**Item 5:** Check the appropriate box to indicate whether the child is living with the petitioner.

**Item 6:** Check the appropriate box to indicate whether any benefits are received for the child, for example: Supplemental Security Income (SSI), Social Security Disability Income (SSDI); Social Security Retirement Income (SSRI); Veteran's Disability Income; Railroad Retirement Income (RRB Retirement); Railroad Retirement Disability (RRB Disability). If the answer is yes, provide the benefit type and the amount received on a monthly basis on behalf of the child. Identify the claimant and the claimant's relationship to the child in the spaces provided. If the child receives SSI based on the child's disability, enter the child's name in the line, "Based on claim of \_\_\_\_" and enter "Self" in the line, "Relationship to child \_\_\_\_".

**Item 7:** Check the appropriate box to indicate whether there is a tribal affiliation. Enter the basis of tribal affiliation, i.e., adoption, descendency.

## SECTION V. HEALTH CARE COVERAGE:

This information is used to determine if health care coverage is currently being provided for the dependents. The information also provides a basis for adding health care coverage to new or existing orders.

*Health care coverage may include, but is not limited to, Medicaid, TRICARE, Indian Health Service, employer coverage, individual policy, state or federal health insurance exchange/marketplace policy, and cash medical.*

### Part A - Health Care Coverage for Child(ren):

**NOTE:** Provide health care information for each child listed in section IV (Dependent Children in This Action).

If there are more than three children, provide the requested information for the other children in section IX (Other Pertinent Information).

#### Item 1 - Child 1

**Item a:** Enter the name of the child and check the appropriate box to indicate whether the child currently has health care coverage. If yes, complete items b through f. If no or unknown, skip to item e.

**Item b:** Check all of the health care coverage boxes that apply to indicate the source of the child's health care coverage. If coverage is provided only through Medicaid, CHIP, TRICARE, or Indian Health Service, indicate which one and skip to item e. If coverage is provided through multiple sources or a different listed source, select the appropriate box(es) and then continue to item c. An individual policy includes policies obtained through the federal or state exchange/marketplace. Check "Other Person" if someone other than the petitioner or respondent is providing health care coverage for the child. Enter that person's name and relationship to the child, for example, maternal stepfather or paternal grandmother.

**Item c:** In the appropriate spaces, enter the name, address, policy ID number, and group number of the health care provider through which the child is covered. If more than one health care coverage provider is selected in item b, provide the additional information in section IX (Other Pertinent Information).

**Item d:** Check whether the child is covered through a "child only" policy. If yes, enter the monthly premium for this child only.

**Item e:** Check the appropriate box to indicate who claims the child as a dependent for federal tax purposes. If a person other than one of the parents claims the dependency exemption for the child, provide the person's name and relationship to the child. Attach a copy of any order that identifies who can claim the dependency exemption.

**Item f:** Check the appropriate box to indicate if the dependency exemption changes from year to year. If yes, provide details in section IX (Other Pertinent Information), for example, obligee claims child in odd-numbered years and obligor in even-numbered years.

#### Item 2 - Child 2

**Item a:** Enter the name of the child and check the appropriate box to indicate whether the child currently has health care coverage. If no or unknown, skip to item 2e. If yes, indicate whether the health care coverage is the same as that for Child 1. If it is, skip to item 2e. If it is not, continue to item 2b.

**Items b - f:** Follow the instructions provided above.

#### Item 3 - Child 3

**Item a:** Enter the name of the child and check the appropriate box to indicate whether the child currently has health care coverage. If no or unknown, skip to item 3e. If yes, indicate whether the health care coverage is the same as that for Child 1. If it is, skip to item 3e. If it is not, continue to item 3b.

**Items b - f:** Follow the instructions provided above.

**Part B - Health Care Coverage for Petitioner:**

Check the appropriate box to indicate if the petitioner has health care coverage. If yes, complete items 1 through 6. If the petitioner currently does not have health care coverage, skip to item 4.

**Item 1:** Check the appropriate box to indicate the source of the petitioner's health care coverage. If health care coverage is provided through Medicaid, skip to item 4. If health care coverage is provided through TRICARE or Indian Health Service, indicate which one and skip to part C. Otherwise, select whether the health care coverage is provided through an employer or an individual/private policy, which includes policies obtained through the federal or a state exchange/marketplace. Check "Other person" if someone other than the petitioner is providing the health care coverage and enter that person's name and relationship to the petitioner, for example, petitioner's current spouse.

**Item 2:** In the appropriate spaces, enter the name and address of the health care provider through which the petitioner is covered. Enter the policy ID number, group number, monthly premium, and the portion of the monthly premium for the child(ren) listed in section IV (Dependent Children in This Action).

*If the premium is paid weekly, the monthly cost is calculated by multiplying the weekly cost by 52 and dividing by 12. If the premium is paid bi-weekly, the monthly cost is calculated by multiplying the bi-weekly cost by 26 and dividing by 12. If the premium is paid semi-monthly, the monthly cost is calculated by multiplying the semi-monthly cost by 2. If the premium is paid quarterly, the monthly cost is calculated by dividing the quarterly cost by 3. If the premium is paid annually, the monthly cost is calculated by dividing the annual cost by 12.*

**Item 3:** Check the appropriate box to indicate if any other adults and/or child(ren) **not** listed in section IV are covered by the petitioner's policy and, if yes, enter the total number of adults and/or the total number of child(ren) in the appropriate space.

**Item 4:** If the petitioner does not have health care coverage or coverage is through Medicaid, check the appropriate box to indicate if the petitioner has employer-sponsored coverage available to self (item 4.a) and/or child(ren) listed in section IV (item 4.b). If coverage is not available for the child(ren) listed in section IV, skip to part C.

**Item 5:** Check the appropriate box to indicate if the petitioner's employer-sponsored insurance is accessible to the child(ren) listed in section IV. If no, skip to part C.

**Item 6:** Enter the cost of premiums for health care coverage not currently in effect but available through the petitioner's employer. In item 6.a, include the cost for coverage for the petitioner. In item 6.b., include only the cost of premiums for the child(ren) listed in section IV. Indicate for both the petitioner and the child(ren) the frequency of premium payments, for example, weekly, bi-weekly, semi-monthly, monthly, quarterly, yearly.

**Part C - Health Care Coverage for Respondent:**

Check the appropriate box to indicate if the respondent has health care coverage. If yes, complete items 1 through 6. If the respondent currently does not have health care coverage, skip to item 4. If unknown, skip to part D.

**Item 1:** Check the appropriate box to indicate the source of the respondent's health care coverage. If health care coverage is provided through Medicaid skip to item 4. If health care coverage is provided through TRICARE or Indian Health Service, indicate which one and skip to part D. Otherwise, select whether the coverage is provided through an employer or an individual policy, which includes policies obtained through the federal or a state exchange/marketplace. Check "Other person" if someone other than the respondent is providing the health care coverage and enter that person's name and relationship to the respondent, for example, spouse or parent.

**Item 2:** In the appropriate spaces, enter the name and address of the health care provider through which the respondent is covered. Enter the policy ID number, group number, monthly premium, and the portion of the monthly premium for the child(ren) listed in section IV (Dependent Children in This Action).

**Item 3:** Check the appropriate box to indicate if any other adults and/or child(ren) **not** listed in section IV are covered by the respondent's policy and, if yes, enter the total number of adults and/or the total number of children in the appropriate space.

**Item 4:** If the respondent does not have health care coverage or coverage is through Medicaid, check the appropriate box to indicate if the respondent has employer-sponsored coverage available to self (item 4.a) and/or child(ren) listed in section IV (item 4.b). If coverage is not available for the child(ren) listed in section IV, skip to part D.

**Item 5:** Check the appropriate box to indicate if the respondent's employer-sponsored insurance is accessible to the child(ren) listed in section IV. If no, skip to part D.

**Item 6:** Enter the cost of premiums for health care coverage not currently in effect but available through the respondent's employer. In item 6.a, include only the cost for coverage for the respondent. In item 6.b., include only the cost of premiums for the child(ren) listed in section IV. Indicate for both the respondent and the child(ren) the frequency of premium payments, for example, weekly, bi-weekly, semi-monthly, monthly, quarterly, yearly.

*When establishing a support order, the law of the responding jurisdiction determines whether and how past and ongoing medical expenses are included in the support order. For example, some states consider only expenses above a threshold amount or those costs that are for specific ongoing costs. The expenses in parts D through F may not be reimbursable or allowed in all jurisdictions.*



**Part D** - Check the appropriate box to indicate whether any of the child(ren) listed in section IV (Dependent Children in This Action) have special needs or extraordinary medical expenses not covered by insurance. This includes special medical needs, medical equipment, counseling, special schooling, etc. If yes, provide information in section IX (Other Pertinent Information) about the child(ren) involved, the type(s) of need/expense, and the related costs. Attach documentation of the special medical need, such as a doctor's statement. If special needs are indicated, explain in detail any agreement between the petitioner and respondent to cover these costs, including agreements that are verbal, written, or part of any court or administrative order. If you do not know, check "Unknown."

**Part E** - Check the appropriate box to indicate whether the petitioner is requesting reimbursement from the respondent for any medical expenses paid. If yes, enter the balance and the date accrued. Provide the date, type of expense (such as doctor visit, prescriptions), and cost in section IX (Other Pertinent Information).

**Part F** - Check the appropriate box to indicate whether the petitioner is asking the tribunal to order the respondent to share the cost of an ongoing medical expense being paid by the petitioner and not covered by insurance, such as dental services co-payments and allergy shots. If yes, enter the type of medical expense and the amount and frequency of the cost. Provide additional information in section IX (Other Pertinent Information) about the child(ren) involved and attach supporting documentation of the need and expense.

## **Section VI. Additional Information for Child Support Calculation:**

This information may be used by the responding tribunal to establish a support order or modify an existing one. State child support guidelines vary in whether the information is relevant to the calculation. Complete the appropriate section depending on the action sought.

### **Part A - Establishment:**

Complete this section if the petitioner is requesting the responding tribunal to set a current support obligation for the child(ren) listed in section IV and no support order exists.

*Some state child support guidelines consider the amount of time the child(ren) spend with the obligor. Generally, states use the number of overnights the child(ren) spends with the obligated parent to calculate any applicable adjustment/deviation. States may require a court order or binding separation agreement indicating custody/parenting time terms. Items 1-3 request information that may be relevant to the responding tribunal.*

**Item 1:** Check the appropriate box to indicate whether a custody/parenting time order exists. If yes, provide the issuing tribunal number and the date the order was issued. A copy of the custody/parenting time order must be attached to the General Testimony.

**Item 2:** If a custody/parenting time order does not exist, check the appropriate box to indicate whether there is a written agreement between the parties on custody/parenting time. If yes, a copy of the agreement must be attached to the General Testimony.

**Item 3:** Indicate how many overnights the child(ren) have spent with the obligee and with the obligor in the 12 months prior to filing this action or since separation, whichever is the shorter period.

*The award of support for a period of time prior to the date of filing the support petition is not required under federal law but may be appropriate in accordance with state law. Not all states have authority to establish support orders for prior periods. However, the period of time the family received TANF benefits may be a relevant factor in setting an award for a prior period; this section provides space for this information.*

*When establishing an order, a state must use its child support guidelines as a rebuttable presumption. States may establish child support awards covering a prior period, but such awards must be based on guidelines and take into consideration the obligor's earnings and income during the prior period.*

**Item 4:** Check the appropriate box to indicate whether child support is sought for a period prior to the date the Uniform Support Petition was signed. If yes, complete the following questions and section VIII (Financial Information):

**Item a:** Provide the date from which the obligee seeks retroactive support, for example, the date of birth of the child, or the date the parties separated.

**Item b:** Check the appropriate box to indicate whether the child(ren) resided with the obligor during any period for which retroactive support is sought beyond the time specified in a custody/parenting time order or agreement. If yes, detail the additional time. For example, if there is no order or agreement and the child spent 6 months of the past year residing with the obligor, report that information here and in section IX (Other Pertinent Information) if additional space is needed.

**Item c:** Check the appropriate box to indicate whether the obligor provided payments directly to the obligee for the child(ren)'s support. If yes, provide an affidavit of payments showing those direct support payments.

**Item d:** Check the appropriate box to indicate whether public assistance was paid for the child(ren) during the period retroactive support is sought. If yes, check the appropriate box(es) and provide the period of the public assistance benefit and the state. If there are multiple dates, explain and include documentation in section IX (Other Pertinent Information)

## Part B - Modification:

Complete this section if the petitioner is requesting the responding tribunal to modify an existing support order for the child(ren) listed in section IV (Dependent Children in This Action).

**Item 1:** In this section indicate the basis for the modification petition. Check all that apply, based on changes since entry of the most recent order.

**Item a:** The earnings of the obligor have either substantially increased or substantially decreased.

**Item b:** The earnings of the obligee have either substantially increased or substantially decreased.

**Item c:** The needs of the child(ren) have either substantially increased or substantially decreased.

**Item 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.

**Item e:** Other (For example, the health care coverage or needs have changed); explain.

**Item 2:** In this section indicate if a custody/parenting time order exists. If yes, attach a copy of the order and fill in the issuing tribunal number and the date of the order.

**Item 3:** In this section, if a custody/parenting time order does not exist, indicate if there is a written custody/parenting time agreement. If yes, attach a copy of the agreement.

**Item 4:** In this section indicate the number of overnights, in the past 12 months or since separation (whichever is shorter), the child(ren) have had with either the obligee or obligor.

## Section VII. Support Order and Payment:

This information is used to justify the support arrears (past-due support), if any, claimed in the petition.

**Part A** - Check the appropriate box to indicate whether there is an order for divorce or legal separation involving the children in this action. If the answer is yes, provide a copy of the order.

**Part B** - Check the appropriate box to indicate whether a current support order exists. If a support order exists, attach a certified copy of the obligor's payment record for payments ordered through the state disbursement unit (SDU) or other government agency or an affidavit of payments made directly to the obligee. Such direct payments to the obligee may include payments made by military allotment that did not go through the SDU.

**Part C** - Check the appropriate box to indicate whether the support order requires the obligor to make additional payments directly to the obligee, child care provider or health care provider; a private school for tuition, books or fees; or the obligee for a share of the health insurance premium or medical expense. If the answer is yes, complete part D below.

**Part D** - Check the appropriate box to indicate whether the obligor has made any direct payments pursuant to the order noted in part C. If payments have been made, attach an affidavit of payments that lists the dates, amounts, and purpose of such payments, as well as the individual or entity to whom the payments were made.

**Part E** - Check the appropriate box to indicate whether the obligor has made any voluntary support payments in the absence of a support order. If payments have been made, attach an affidavit of payments that lists the dates, amounts, and purpose of such payments, as well as the individual or entity to whom the payments were made.

## Section VIII. Financial Information:

This section is used to obtain the petitioner's financial information needed to apply the responding jurisdiction's child support guidelines to determine the appropriate amount of support. If the petitioner is a caretaker without legal custody of the child(ren), this section does not need to be filled out.

*It is important to disclose all the information. Failure to disclose information may seriously affect the legal proceedings in the responding jurisdiction and may unnecessarily delay the resolution of the support issue.*

### Part A - Monthly Income From All Sources:

**Item 1:** Check the appropriate box to indicate whether the individual petitioner is employed. If yes, list the occupation. If no, list the income source.

**Item 2:** List the gross monthly income of the individual petitioner. List the income source separately under the categories provided in item 2. Be sure to provide information regarding all earnings and income sources, including salaries, wages, commissions, fees, bonuses, tips, and public assistance. You should consider seasonal or intermittent income on an annual basis (total for the year divided by 12).

**Item a:** Enter the gross monthly amount of any public assistance received, including Supplemental Security Income (SSI) and Temporary Assistance for Needy Families (TANF). "Other" includes other types of cash public assistance.

**Item b:** Enter the gross monthly amount of base pay salary or wages.

**Item c:** Enter the gross monthly amount of overtime, commissions, tips, bonuses, and additional part time pay.

**Item d:** Enter the gross monthly amount of unemployment compensation received.  
**Item e:** Enter the gross monthly amount of worker's compensation received.  
**Item f:** Enter the gross monthly amount of Social Security Disability income (SSDI) received by and for the petitioner.  
**Item g:** Enter the gross monthly amount of Social Security Retirement income (SSRI) received by and for the petitioner.  
**Item h:** Enter the gross monthly amount of dividends and interest received.  
**Item i:** Enter the gross monthly amount of trust/annuity income received.  
**Item j:** Enter the gross monthly amount of pension or retirement income received, except SSRI, which is entered in item g.  
**Item k:** Enter the gross monthly amount of any child support payments received.  
**Item l:** Enter the gross monthly amount of any spousal support/alimony received.  
**Item m:** Enter the gross monthly amount received from income-producing assets, such as rental property.  
**Item n:** Under "All other sources", include and describe monthly amounts for other income regularly received, such as self-employment income, or regular in-kind income. If income is received on other than a monthly basis, annualize and divide by 12.

**Item 3:** On the appropriate lines, enter the deductions from gross pay.

**Item a:** Enter the gross monthly amount deducted for federal income tax.  
**Item b:** Enter the gross monthly amount deducted for state income tax.  
**Item c:** Enter the gross monthly amount deducted for local tax.  
**Item d:** Enter the gross monthly amount deducted for FICA.

**Item 4:** On the appropriate lines, enter other deductions for the individual petitioner. Note that under some state support guidelines, these items are considered deductions while under other state support guidelines they are considered expenses.

**Item a:** "Mandatory retirement" means amounts that are required by law to be withheld or paid directly from a party's income and deposited in a retirement account or fund.  
**Item b:** "Nonmandatory retirement" means amounts that are voluntarily withheld or paid directly from a party's income and deposited in a retirement account or fund.  
**Item c:** "Medical insurance" means medical insurance premiums withheld or paid from a party's income.  
**Item d:** "Union dues" means mandatory union dues that are withheld or paid directly from a party's income.  
**Item e:** "Other (specify)" includes all other deductions, such as support obligations listed in section I.D or II.D; state unemployment insurance tax and disability insurance premiums, where applicable; and certain employment-related expenses that are deducted directly from income. Include an explanation in the space provided.

**Item 5:** Enter the individual petitioner's gross income for the prior year.

## **Section IX. Other Pertinent Information:**

In this section, provide additional information that may be useful to the responding jurisdiction. For example, if there are multiple periods of public assistance, you may use this section to provide that information. If the petitioner is an obligee caretaker, you may use this section to provide financial information about the non-party parent. Additional information may also include information about a party's real estate, bank accounts, IRA accounts, or money market accounts. If the additional information is related to a previous section, identify the section, part, and item number as appropriate. Check "Continued on attached sheet(s), incorporated by reference." if you have more information than will fit into the space provided.

## **Section X. Attached and Incorporated by Reference:**

Check the appropriate box(es) to indicate all documents attached. If a support order was not issued by the responding jurisdiction, you will generally need to attach one certified copy and one copy. If the order was issued by the responding jurisdiction, you may not need to include a copy of the order, but it can be helpful to the responding jurisdiction.

Check "Additional attached document(s), incorporated by reference." for documents other than those listed.

## **Section XI. Declaration:**

The person providing the testimony - the individual petitioner or agency or tribunal representative - must sign under penalty of perjury and date the General Testimony at the bottom of the page. By this signature, the individual or agency or tribunal representative is confirming that the information and facts provided in the testimony and all attached documents are true to the best of his/her knowledge and belief. An agency or tribunal representative (such as a Foster Care or IV-D agency worker) may complete and sign the form if no parent or custodian is available or cooperative.

**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 emails may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

**The Paperwork Reduction Act of 1995 (Pub L. 104-13)**

Public reporting burden for this collection of information is estimated to average 0.44 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.