

ELKHART COUNTY PROSECUTING ATTORNEY'S OFFICE
Title IV-D Child Support Division
P.O. Box 848, 301 S. Main Street
Elkhart, Indiana 46515-0848
(574) 522-3074

STATUS REQUEST FORM

Due to the volume of cases handled by the Elkhart County Child Support Division, **ALL VISITORS** must complete this questionnaire. You will be **CONTACTED BY MAIL**. We thank you for your cooperation.

DATE: _____

YOUR INFORMATION:

Are you (circle one) **PAYING SUPPORT** or **RECEIVING SUPPORT**?

NAME: _____ SS# _____

ADDRESS: _____

CITY/STATE/ZIP: _____ Address Change

PHONE NUMBER: _____

EMPLOYER NAME/ADDRESS: _____

CITY/STATE/ZIP: _____

DO YOU HAVE AN ATTORNEY? YES NO NAME OF ATTORNEY _____

INFORMATION OF OTHER PARTY:

NAME: _____ SS# _____

ADDRESS: _____

CITY/STATE/ZIP: _____ Address Change

PHONE NUMBER: _____

EMPLOYER NAME/ADDRESS: _____

CITY/STATE/ZIP: _____

CHILDREN INVOLVED IN THIS CASE:

NAME: _____ DATE OF BIRTH: _____

INFORMATION YOU ARE REQUESTING:
(Please make sure your request is clear and legible)

YOU MUST FILL OUT THE BACK FOR A SUPPORT MODIFICATION

**INFORMATION REQUIRED FOR
CHILD SUPPORT MODIFICATION HEARING**

ALL questions MUST be answered or a child support modification hearing WILL NOT be set or may be DELAYED.

DATE: _____

CAUSE NUMBER: _____

YOUR INFORMATION:

1. Provide copies of the past three (3) years of your W2's. If you did not work or file taxes, indicate so on the line below.

2. Do you have any other biological or adopted children in your household? (Stepchildren/children of a significant other do not apply if not adopted or your biological child(ren). Include name(s) and date(s) of birth.

3. Do you pay a child support order for any other child(ren)? If so, please give the child(rens) name(s), date of birth(s), the current support amount ordered, and the arrearage amount ordered.

4. Do you pay any Maintenance payments to an ex-spouse? If so, list the amount and ex-spouse's name.

5. Do you provide Insurance for the child(ren) in this case? If so, list the cost and number of people the insurance policy covers.

6. Do you have any WORK-RELATED child day care costs? List name of provider and cost.

7. Do(es) the child(ren) stay OVERNIGHT with the other parent? If so, list the number of overnights in a one (1) year time period.

OTHER PARTY'S INFORMATION:

(Please answer "unknown" if not sure of a question"

1. Does the other party have any other biological or adopted children? (Stepchildren/children of a significant other do not apply if not adopted or their biological child(ren). Include name(s) and date(s) of birth.

2. Does the other party pay a child support order? If so, please give the child(rens) name(s), date of birth(s), the current support amount ordered, and the arrearage amount ordered.

3. Does the other party pay any Maintenance payments to an ex-spouse? If so, list the amount and ex-spouse's name.

4. Does the other party provide Insurance for the child(ren) in this case? If so, list the cost and number of people the insurance policy covers.

5. Does the other party have any WORK-RELATED child day care costs? List name of provider and cost.
