

State of Louisiana
Child Support Enforcement Section
INTERVIEW FOR CHILD SUPPORT SERVICES

Are you currently represented by an attorney in a child support action? ☐ Yes ☐ No

Attorney's name ()
Telephone number

Address

City State Zip code

Applicant Choice of Service for NA and/or Non-FITAP Medicaid cases (Completed only if court obligation does not exist.)

☐ Child and Medical Support

☐ Medical Support Only

SECTION 1 – MOTHER OF CHILD(REN) INFORMATION

Name: _____
First Middle/Maiden Last Race/Sex

Is the mother deceased? ☐ Yes ☐ No Date of Death: _____
(MM/DD/YYYY)

If the mother is deceased, enter the date of death above and proceed to section 2.

Service Address: ☐ Same as mailing address ☐ Same as street/residential address

Address 1

Address 2

City State Zip code Parish/County

Mother's Current Spouse Information

Name: _____
First Middle Last Suffix

Mother's Father Information: Is the mother's father deceased? ☐ Yes ☐ No

Name: _____
First Middle Last Suffix

Address 1

Address 2

City State Zip code ()
Telephone number

Mother's Mother Information

Name: _____
First Middle/Maiden Last

Address 1

Address 2

City State Zip code ()
Telephone number

INTERVIEW FOR CHILD SUPPORT SERVICES

Is the mother employed? ☐ Yes ☐ No ☐ Unknown Occupation _____

Employer name _____ Telephone number _____

Address 1 _____

Address 2 _____ City _____ State _____ Zip code _____
Salary: \$ _____ ☐ Weekly ☐ Biweekly ☐ Semimonthly ☐ Monthly ☐ Hourly

Does the mother have another employer? ☐ Yes ☐ No ☐ Unknown Occupation: _____

Employer name _____ Telephone number _____

Address 1 _____

Address 2 _____ City _____ State _____ Zip code _____
Salary: \$ _____ ☐ Weekly ☐ Biweekly ☐ Semimonthly ☐ Monthly ☐ Hourly

Is the mother self employed? ☐ Yes ☐ No ☐ Unknown

Self Employment Information:

Company name _____ Telephone number _____

Address 1 _____

Address 2 _____ City _____ State _____ Zip code _____
Salary: \$ _____ ☐ Weekly ☐ Biweekly ☐ Semimonthly ☐ Monthly ☐ Hourly

Does the mother have a professional license or permit? ☐ Yes ☐ No ☐ Unknown

Type of license: _____ License number: _____

Does the mother belong to a union? ☐ Yes ☐ No ☐ Unknown

Name of union: _____

Does the mother receive unemployment benefits? ☐ Yes ☐ No ☐ Unknown

Weekly benefit amount: \$ _____

Does the mother receive Social Security benefits? (ex. SSI, SSDI, etc.) ☐ Yes ☐ No ☐ Unknown

Type: _____ Amount: \$ _____ Begin date: _____
(MM/DD/YYYY)

Does the mother receive Veteran's Administration (VA) benefits? ☐ Yes ☐ No ☐ Unknown

VA benefit amount: \$ _____ Type: _____

INTERVIEW FOR CHILD SUPPORT SERVICES

If the mother is the custodial parent proceed to section 2:

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

Driver's license: State _____ Number _____ ☐ Photo attached (if available)

Identifying marks (scars, tattoos, missing limbs): _____

Is the mother in a psychiatric/long term care institution? ☐ Yes ☐ No ☐ Unknown

Facility name _____

Date admitted (MM/DD/YYYY) _____

Address 1 _____

Address 2 _____

City _____

State _____

Zip code _____

() _____

() _____

Telephone number _____

Fax number _____

Is the mother in the military or has she ever been? ☐ Yes ☐ No ☐ Unknown

Military status: _____

Military branch: _____

Is the mother incarcerated? ☐ Yes ☐ No ☐ Unknown

Institution name _____

() _____

Telephone number _____

Address 1 _____

Prisoner number _____

Address 2 _____

Entry date (MM/DD/YYYY) _____

Address 3 _____

Release date (MM/DD/YYYY) _____

City _____

State _____

Zip code _____

Early release date (MM/DD/YYYY) _____

Is the mother on probation? ☐ Yes ☐ No ☐ Unknown

Probation Officer's Name _____

() _____

Telephone Number _____

Does the mother have any previous arrests or convictions? ☐ Yes ☐ No ☐ Unknown

Details: _____

Is the mother a student? ☐ Yes ☐ No ☐ Unknown

Name of school: _____

Does the mother own any of the following? ☐ Car ☐ Land ☐ House ☐ Other

If so, describe: _____

INTERVIEW FOR CHILD SUPPORT SERVICES

SECTION 2 – FATHER OF CHILD(REN) INFORMATION

Name: _____
First Middle Last Suffix Race/Sex

Is the father deceased? ☐ Yes ☐ No Date of Death: _____
(MM/DD/YYYY)

If the father is deceased, enter the date of death above and proceed to section 3.

Service Address: ☐ Same as mailing address ☐ Same as street/residential address

Address 1

Address 2

City State Zip code Parish/County

Father's Current Spouse Information

Name: _____
First Middle/Maiden Last

Father's Father Information: Is the father's father deceased? ☐ Yes ☐ No

Name: _____
First Middle Last Suffix

Address 1

Address 2

City State Zip code () Telephone number

Father's Mother Information Is the father's mother deceased? ☐ Yes ☐ No

Name: _____
First Middle/Maiden Last

Address 1

Address 2

City State Zip code () Telephone number

Is the father employed? ☐ Yes ☐ No ☐ Unknown Occupation

Employer name () Telephone number

Address 1

Address 2 City State Zip code

Salary: \$ _____ ☐ Weekly ☐ Biweekly ☐ Semimonthly ☐ Monthly ☐ Hourly

INTERVIEW FOR CHILD SUPPORT SERVICES

Does the father have another employer? ☐ Yes ☐ No ☐ Unknown Occupation: _____
()
Employer name Telephone number

Address 1

Address 2

City

State

Zip code

Salary: \$ _____ ☐ Weekly ☐ Biweekly ☐ Semimonthly ☐ Monthly ☐ Hourly

Is the father self employed? ☐ Yes ☐ No ☐ Unknown

Self Employment Information:

Company name

()
Telephone number

Address 1

Address 2

City

State

Zip code

Salary: \$ _____ ☐ Weekly ☐ Biweekly ☐ Semimonthly ☐ Monthly ☐ Hourly

Does the father have a professional license or permit?

☐ Yes

☐ No

☐ Unknown

Type of license: _____

License number: _____

Does the father belong to a union?

☐ Yes

☐ No

☐ Unknown

Name of union: _____

Does the father receive unemployment benefits?

☐ Yes

☐ No

☐ Unknown

Weekly benefit amount: \$ _____

Does the father receive Social Security benefits? (ex. SSI, SSDI, etc.)

☐ Yes

☐ No

☐ Unknown

Type: _____ Amount: \$ _____ Begin date: _____
(MM/DD/YYYY)

Does the father receive Veteran's Administration (VA) benefits?

☐ Yes

☐ No

☐ Unknown

VA benefit amount: \$ _____ Type: _____

If the father is the custodial parent proceed to section 3:

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

Driver's license: State _____ Number _____ ☐ Photo attached (if available)

Identifying marks (scars, tattoos, missing limbs): _____

Is the father in a psychiatric/long term care institution?

☐ Yes

☐ No

☐ Unknown

Facility name

Date admitted (MM/DD/YYYY)

Address 1

Address 2

City

State

Zip code

()

()

Telephone number

Fax number

INTERVIEW FOR CHILD SUPPORT SERVICES

Is the father in the military or has he ever been? ☐ Yes ☐ No ☐ Unknown

Military status: _____ Military branch: _____

Is the father incarcerated? ☐ Yes ☐ No ☐ Unknown

Institution name

()
Telephone number

Address 1

Prisoner number

Address 2

Entry date (MM/DD/YYYY)

Address 3

Release date (MM/DD/YYYY)

City

State

Zip code

Early release date
(MM/DD/YYYY)

Is the father on probation? ☐ Yes ☐ No ☐ Unknown

Probation Officer's Name

()
Telephone Number

Does the father have any previous arrests or convictions? ☐ Yes ☐ No ☐ Unknown

Details:

Is the father a student? ☐ Yes ☐ No ☐ Unknown

Name of school: _____

Does the father own any of the following? ☐ Car ☐ Land ☐ House ☐ Other

If so, describe:

INTERVIEW FOR CHILD SUPPORT SERVICES

SECTION 3 – CHILD INFORMATION (Section 3 must be completed separately for each child.)

Name: _____
First Middle Last Suffix

Social Security Number Date of Birth (MM/DD/YYYY) Place of Birth (City, State) Race Sex

Current State of Residence State of Residence Past Six Months

Is this child covered by health insurance other than Medicaid? ☐ Yes ☐ No

Policy holder's name:

First Middle/Maiden Last Suffix

Social Security Number Date of Birth (MM/DD/YYYY)

Address 1

Address 2 City State Zip code

Policy holder's employer:

Name () Telephone number

Address 1

Address 2 City State Zip code

Insurance company:

Name () Telephone number

Policy ID number Group number Policy number

Policy begin date: (MM/DD/YYYY) Policy end date: (MM/DD/YYYY)

Scope of coverage: ☐ HMO ☐ PPO ☐ EPO ☐ Major Medical ☐ POS ☐ Dental ☐ Drug ☐ Vision

Is another person named as the father on the birth certificate? ☐ Yes ☐ No ☐ Copy attached

Please give the relationship dates: from: (mm/yyyy) to (mm/yyyy).

Name of person listed as father on the birth certificate:

First Middle Last Suffix

File date: (MM/DD/YYYY) State:

Is this child adopted? ☐ Yes ☐ No Date of decree: Copy attached? ☐ Yes ☐ No
(MM/DD/YYYY)

INTERVIEW FOR CHILD SUPPORT SERVICES

If you have a court order establishing child and/or medical support, do you have a copy of the obligation worksheet? ☐ Yes ☐ No ☐ Copy attached

Have charges of non-support been filed? ☐ Yes ☐ No

If yes, where? _____

When was support last paid? _____
Date (MM/DD/YYYY)

Explain any medical expenses relating to the child. _____

**IF ALL OF THE PREVIOUS PATERNITY QUESTIONS HAVE BEEN ANSWERED “NO”
AN “AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY” MUST BE COMPLETED.**

For local office use only

Date of interview: _____

Interviewed by: _____

Printed name: _____