CSE 101A Rev. 05/24 03/14 Issue Obsolete Rec. Ret. = 4CY

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

Attorne	y's name	_	Telephone number		er	
Address	3					
City			State		Zip code	
plicant (Choice of Service for NA and/ Child and Medical Support			ompleted o Support Or		n does not exist.)
SECTI	ON 1 – MOTHER OF C	HILD(REN) INF	ORMATION			
Name:	First	Middle/Maiden		Last	 -	Race/Sex
Is the m	other deceased?	□No	Date of Death:			
If the m	other is deceased, enter the o	date of death above	and proceed t	(MM/DD	,	
u.IC 1110	omen is ucceased, enter the (Jaie of dealif above	anu proceed t	o 36011011 2		
Service	Address: Sa	ame as mailing add	Iress	Same as	street/residential a	ddress
Address	: 1					
Address	2					
	· 					
City		State	Zip code			
			Zip code	Pa	rish/County	
	s Current Spouse Information	1	Zip code	Pa	irish/County	
	S Current Spouse Information First	Middle		Last	irish/County	Suffix
Name:	First	Middle		Last		
Name:		Middle Is the mother'	s father deceas	Last	□ Yes □ N	lo
Name: Mother's	First	Middle		Last		
Name: Mother's	First s Father Information:	Middle Is the mother'		Last sed?		lo
Name: Mother's	First First First	Middle Is the mother'		Last sed?		lo
Name: Mother's	First Father Information: First Address 1 Address 2	Middle Is the mother' Middle	s father deceas	Last sed?	☐ Yes ☐ N - - ()	Suffix
Name: Mother's Name:	First Father Information: First Address 1 Address 2 City	Middle Is the mother' Middle State	s father deceas	Last ed? Last	☐ Yes ☐ N	Suffix
Name: Mother's Name:	First Father Information: First Address 1 Address 2	Middle Is the mother' Middle State	s father deceas	Last ed? Last	☐ Yes ☐ N - - -	Suffix
Name: Mother's Name:	First Father Information: First Address 1 Address 2 City	Middle Is the mother' Middle State	s father deceas Zip code s mother deceas	Last ed? Last	☐ Yes ☐ N	Suffix
Name: Mother's Name:	First Father Information: First Address 1 Address 2 City Mother Information	Middle Is the mother' Middle State Is the mother'	s father deceas Zip code s mother deceas	Last Eed? Last	☐ Yes ☐ N	Suffix
Name: Mother's Name:	First Father Information: First Address 1 Address 2 City Mother Information First	Middle Is the mother' Middle State Is the mother'	s father deceas Zip code s mother deceas	Last Eed? Last	☐ Yes ☐ N	Suffix
Name: Mother's Name:	First Father Information: First Address 1 Address 2 City Mother Information First Address 1	Middle Is the mother' Middle State Is the mother'	s father deceas Zip code s mother deceas	Last Eed? Last	☐ Yes ☐ N	Suffix mber

Employer name				Telephone n	umber
Address 1					
Address 2 Salary: \$	_	City Biweekly	Semimonthly	State Monthly	Zip code Hourly
Does the mother have anothe	er employer?	☐ Yes	☐ No ☐ Unknown	Occupation:	
Employer name				Telephone n	umber
Address 1					
Address 2		City		State	Zip code
Salary: \$	_	Biweekly	☐ Semimonthly	☐ Monthly	☐ Hourly
Self Employment Information:			(١	
Company name				<i>)</i> elephone number	
Company name			16	siepriorie riuribei	
Address 1				верноне натые	
		City		State	Zip code
Address 1	_	City □ Biweekly			
Address 1 Address 2 Salary: \$		Biweekly	у	State	Zip code
Address 1 Address 2		Biweekly	y Semimonthly	State Monthly No	Zip code
Address 1 Address 2 Salary: \$ Does the mother have a profe	essional license c	Biweekly	y Semimonthly Yes	State Monthly No	Zip code
Address 1 Address 2 Salary: \$ Does the mother have a profe Type of license:	essional license o	Biweekly	y Semimonthly Yes License number	State Monthly No :	Zip code Hourly Unknown
Address 1 Address 2 Salary: \$ Does the mother have a profe Type of license: Does the mother belong to a unit of the selection of th	essional license current	☐ Biweekly or permit?	y Semimonthly Yes License number	State Monthly No :	Zip code Hourly Unknown
Address 1 Address 2 Salary: \$	essional license of union?	☐ Biweekly or permit?	y Semimonthly Yes License number Yes	State Monthly No : No	Zip code Hourly Unknown Unknown
Address 1 Address 2 Salary: \$	essional license of union? mployment benefint: \$	Biweekly or permit?	y Semimonthly Yes License number Yes	State Monthly No : No	Zip code Hourly Unknown Unknown
Address 1 Address 2 Salary: \$	essional license of union? mployment benefint: \$	Biweekly or permit?	y Semimonthly Yes License number Yes Yes Yes DI, etc.) Yes	State Monthly No No No	Zip code Hourly Unknown Unknown
Address 1 Address 2 Salary: \$	essional license of union? mployment benefint: \$	Biweekly or permit? fits? fits? (ex. SSI, SSI	y Semimonthly Yes License number Yes Yes OI, etc.) Yes (MM/DD/	State Monthly No No No	Zip code Hourly Unknown Unknown

Height:	Weight:	Hair Color:	E	ye Color:
Driver's license:	State	Number	D	hoto attached (if available)
dentifying marks (scars, t	attoos, missing liml	os):		
s the mother in a psychiat	tric/long term care i	nstitution?	Yes ☐ No	Unknown
Facility name			D	ate admitted (MM/DD/YYYY)
Address 1				
Address 2				
City (State Zip o	code	
Telephone num	ber	Fax number		
s the mother in the militar Military status:	y or has she ever b		☐ No ☐ Unkr branch:	nown
s the mother incarcerated	?	☐ No ☐ Unknown	,	1
Institution name)		Tele _l	phone number
Address 1			Prisc	ner number
Address 2			Entry	date (MM/DD/YYYY)
Address 3			Rele	ase date (MM/DD/YYYY)
City		State Zip o	code Early	release date (MM/DD/YYYY)
s the mother on probation	? Yes	☐ No ☐ Unknown	,	,
Probation Officer's Na	me			ephone Number
Does the mother have any Details:	r previous arrests o	or convictions?	Yes	Unknown
s the mother a student? Name of school:	☐ Yes	☐ No ☐ Unknowr	1	
Poor the mether own any	of the following?	☐ Car ☐	Land	use

	First	Mide	dle	Last	Suffix F	Race/Sex
Is the fa	ther deceased?	☐ Yes	□ No D	ate of Death:	M/DD/YYYY)	
If the fat	ther is deceased, e	nter the date of	death above and	proceed to section 3		
Service	Address:	Same a addres	as mailing s	☐ Same	e as street/residential addres	ss
Address	s 1					
Address	s 2					
City			State	Zip code	Parish/County	
Father's Name:	Current Spouse In	formation				
	First	Mi	ddle/Maiden	Last		
Father's	Father Information	1:	Is the father's fa	ather deceased?	☐ Yes ☐ No	
Name:	Firet		ddle			0.46
	First	IVIII	Jule ———	Last		Suffix
	Address 1					
	Address 2				()	
	City		State	Zip code	Telephone number	
Father's	Mother Information	ı	Is the father's m	nother deceased?	☐ Yes ☐ No	
Name:	—·	Mie	ddle/Maiden	Last		
Name:	First					
Name:	Address 1					
Name:						
Name:	Address 1		State	Zip code	()	
	Address 1 Address 2 City	☐ Yes ☐ N	State	·		
Is the fa	Address 1 Address 2 City	☐ Yes ☐ N		·	() Telephone number () Telephone number	
Is the fa	Address 1 Address 2 City ather employed?	☐ Yes ☐ N		·	_()	
Is the fa Emp	Address 1 Address 2 City ther employed?	☐ Yes ☐ N		·	_()	ode

Does the father have another employer?	☐ Yes ☐ N	lo 🗌 Unknown C	occupation: _	
Employer name			Telephone	number
Address 1				
Address 2 Salary: \$	City Biweekly	Semimonthly	State Monthly	Zip code
Is the father self employed?	s 🗌 No 🗌	Unknown		
Self Employment Information:		()	
Company name		Tele	phone numbe	er
Address 1				
Address 2	City	,	State	Zip code
Salary: \$ □ Weekly	Biweekly	☐ Semimonthly	☐ Monthly	/ Hourly
Does the father have a professional licens Type of license:	e or permit?	☐ Yes _ License numbe	□ No er:	Unknown
Does the father belong to a union? Name of union:		☐ Yes	□No	Unknown
Does the father receive unemployment be Weekly benefit amount: \$	nefits?	☐ Yes	□No	Unknown
Does the father receive Social Security be Type: Amount: \$		Begin date:	□No	Unknown
Does the father receive Veteran's Adminis VA benefit amount: \$	tration (VA) benefit	s? Yes	D/YYYY) No	Unknown
If the father is the custodial parent proceed	d to section 3:			
Height: Weight:	Hair C	olor:	Eye Color:	
Driver's license: State	Number _] Photo attach	ed (if available)
Identifying marks (scars, tattoos, missing I	imbs):			
Is the father in a psychiatric/long term care	e institution?	☐ Yes	□ No	Unknown
Facility name			Date admitt	ed (MM/DD/YYYY)
Address 1				
Address 2				
City	State (Zip code		
Telephone number	Fax numb	er		

Military statu	s:		Military branch:	
s the father incarcerate	ed?	☐ No ☐ Ur	nknown	
Institution nar	ne			() 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	on? Yes	□ No □ U	nknown	
Probation Officer's	Nama			() Telephone Number
Does the father have a Details:	ny previous arrests o	or convictions?	☐ Yes	☐ No ☐ Unknown
	ny previous arrests o	or convictions?	☐ Yes	□ No □ Unknown
	ny previous arrests o	or convictions?	☐ Yes	□ No □ Unknown
	□Yes		☐ Yes	□ No □ Unknown

Name: First	Middle	Last		Suffix
Social Security Number Date of	Birth (MM/DD/YYY) Pla	ace of Birth (City, State	e) Race	Sex
Current State of Residence	State	of Residence Past Size	Months	
s this child covered by health insura	nce 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	e number
Address 1			_	
Address 2	City		State	Zip code
nsurance company:			()	
Name			Telephone	e number
Policy ID number	Group number	Po	licy number	
Policy begin date: (MM/DD/Y	YYY) Policy end	date: (MM/DD/YY	YYY)	
Scope of coverage:] PPO EPO Ma	jor Medical	☐ Dental	☐ Drug ☐ Visio
s another person named as the fath	er on the birth certificate?	☐ Yes	□ No □	Copy attached
Please give the relationship dates: fr	om: (m	m/yyyy) to	(mm/yyy	y).
Name of person listed as father on the	ne birth certificate:			
First Mice File date: (MM/DD/YYYY)	dle State:	Last		Suffix
s this child adopted?	Date of decree:	(MM/DD/YYYY)	Copy attached?	☐ Yes ☐ N

If you have a court order establishing child and/or medical su worksheet? ☐ Yes ☐ No ☐ Copy attached	pport, do you have a copy of the obligation
Have charges of non-support been filed?	□ 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 QUAN "AFFIDAVIT IN SUPPORT OF ESTABLIS	
	For local office use only Date of interview:
	Interviewed by:
	Printed name: