GENERAL TESTIMONY

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File Stamp

Petitioner
[ ] IV-D Non Public Assistance
[ ] IV-D Non PA Medicaid
[ ] Full Services
[ ] Medical Services Only

Respondent
[ ] IV-D Public Assistance
[ ] IV-E Foster Care (IV-D Case)
[ ] Non IV-D

Responding IV-D Case No. _____ Initiating IV-D Case No. _____

Responding Docket No. _____ Initiating Docket No. _____

Petitioner is: [ ] Obligee [ ] Caretaker Other than Parent
[ ] Obligor [ ] Foster Care

Respondent is: [ ] Obligee [ ] Caretaker Other than Parent
[ ] Obligor [ ] Foster Care

_____ being duly sworn, under penalties of perjury, testifies as follows:
Name (First, Middle, Last)

I. Personal Information About Child(ren)'s Mother [ ] See Section X

A.1. Mother is: [ ] Obligee [ ] Obligor	2. [ ] Nondisclosure Finding Attached	
3. Full Name (First, Mid, Last; include nickname, alias)		
4. Home Address [ ] Confirmed_____(date)	5. Social Security Number	6. Date of Birth
	7. Home Phone ( )	8. Work Phone ( )
9. Employer Name & Address [ ] Confirmed_____(date)	10(a). Occupation, Trade or Profession 10(b). Highest Level Of Education Attained	
11. Estimated Gross Monthly Earnings $	12. Other Monthly Income (& source) $	
13. Real or Personal Property (type & location)		

B. Physical Description of Child(ren)'s Mother (Optional: Attach photo if available.)

1. Race	2. Height	3. Weight	4. Hair Color	5. Eye Color

C. Present Marital Status of Child(ren)'s Mother

1. [ ] Married 2. [ ] Single 3. [ ] Living with Non-Marital Partner
4. [ ] Divorced 5. [ ] Legally Separated 6. [ ] Separated 7. [ ] Unknown

D. Information about Current Spouse or Partner of Child(ren)'s Mother

1. Name of New Spouse or Non-Marital Partner (First, Mid, Last)	2. Is Current Spouse/Partner Employed? [ ] Yes [ ] No [ ] Unknown
3. Name and Address of Spouse's/Partner's Employer	4. Spouse's/Partner's Estimated Gross Monthly Earnings $

E. Is the child(ren)'s mother responsible for dependents other than those listed in Section V (pages 4 & 5)?
[ ] Yes [ ] No [ ] Unknown (If yes, provide information below.)

1.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:
2.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:
3.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:

II. Personal Information About Child(ren)'s Father [ ] See Section X

A.1. Father is: [ ] Obligee [ ] Obligor	2. [ ] Nondisclosure Finding Attached	
3. Full Name (First, Mid, Last; include nickname, alias)		
4. Home Address [ ] Confirmed_____(date)	5. Social Security Number	6. Date of Birth
	7. Home Phone ( )	8. Work Phone ( )
9. Employer Name & Address [ ] Confirmed_____(date)	10(a). Occupation, Trade or Profession 10(b). Highest Level Of Education Attained	
11. Estimated Gross Monthly Earnings $	12. Other Monthly Income (& source) $	
13. Real or Personal Property (type & location)		

B. Physical Description of Child(ren)'s Father (Optional: Attach photo if available.)

1. Race	2. Height	3. Weight	4. Hair Color	5. Eye Color

C. Present Marital Status of Child(ren)'s Father

1. [ ] Married	2. [ ] Single	3. [ ] Living with Non-Marital Partner	
4. [ ] Divorced	5. [ ] Legally Separated	6. [ ] Separated	7. [ ] Unknown

D. Information about Current Spouse or Partner of Child(ren)'s Father

1. Name of New Spouse or Non-Marital Partner (First, Mid, Last)	2. Is Current Spouse/Partner Employed? [ ] Yes [ ] No [ ] Unknown
3. Name and Address of Spouse's/Partner's Employer	4. Spouse's/Partner's Estimated Gross Monthly Earnings $

E. Is the child(ren)'s father responsible for dependents other than those listed in Section V (pages 4 & 5)?
[ ] Yes [ ] No [ ] Unknown (If yes, provide information below.)

1.

a. Full Name (First, Mid, Last)	b. Date of Birth
c. Relationship	d. Living With:
e. Source of Support/Income	f. Monthly Amount; Gross: Net:

2.

a. Full Name (First, Mid, Last)	b. Date of Birth
c. Relationship	d. Living With:
e. Source of Support/Income	f. Monthly Amount; Gross: Net:

3.

a. Full Name (First, Mid, Last)	b. Date of Birth
c. Relationship	d. Living With:
e. Source of Support/Income	f. Monthly Amount; Gross: Net:

III. Personal Information About Caretaker Other than Parent [ ] See Section X

1. Caretaker's Relation to Child is:	2. [ ] Nondisclosure Finding Attached		
3. Full Name (First, Mid, Last; include nickname, alias)			
4. Home Address [ ] Confirmed_____(date)	5. Social Security Number	6. Date of Birth	7. Sex
	8. Home Phone ( )	9. Work Phone ( )	
10. Employer Name & Address [ ] Confirmed_____(date)	11(a). Occupation, Trade or Profession 11(b). Highest Level Of Education Attained		
12. Estimated Gross Monthly Earnings $	13. Other Monthly Income (& source) $		
14. Date Child(ren) Began Residing With Caretaker			

IV. Legal Relationship of Parents [ ] See Section X

1. [ ] Never married to each other 2. [ ] Married on _____ (Date) in _____ (County/State)

3. [ ] Married by common law for the period _____ (Dates) in _____ (County/State)

4. [ ] Separated on _____ (Date) 5. [ ] Divorced on _____ (Date) in _____ (County/State)

6. [ ] Legally separated on _____ (Date) in _____ (County/State)

7. [ ] Divorce pending in _____ (County/State) 8. [ ] Support Order Entered on _____ (Date)

9. [ ] No support order 10. [ ] Other _____

11. Tribunal & Location (Divorce, Legal Separation, Support Order):

V. Dependent Child(ren) in this Action [ ] See Section X

A. List obligor's (named on page 1 of this form) child(ren) only. [ ] Nondisclosure Finding Attached

1.

a. Full Name (First, Mid, Last)		f. Paternity Established? [ ] Yes [ ] No
b. Address		g. Support Order Established? [ ] Yes [ ] No
c. Social Security Number		h. Living with Petitioner? [ ] Yes [ ] No
d. Sex	e. Date of Birth	

2.

a. Full Name (First, Mid, Last)		f. Paternity Established? [ ] Yes [ ] No
b. Address		g. Support Order Established? [ ] Yes [ ] No
c. Social Security Number		h. Living with Petitioner? [ ] Yes [ ] No
d. Sex	e. Date of Birth	

3.

a. Full Name (First, Mid, Last)		f. Paternity Established? [ ] Yes [ ] No
b. Address		g. Support Order Established? [ ] Yes [ ] No
c. Social Security Number		h. Living with Petitioner? [ ] Yes [ ] No
d. Sex	e. Date of Birth	

4.

a. Full Name (First, Mid, Last)		f. Paternity Established? [ ] Yes [ ] No
b. Address		g. Support Order Established? [ ] Yes [ ] No
c. Social Security Number		h. Living with Petitioner? [ ] Yes [ ] No
d. Sex	e. Date of Birth	

B. The child(ren) began residing in _____ (State) on _____ (Month/Year).

VI. Medical Insurance [ ] See Section X

1. Is obligor required by a child support order to provide medical insurance for the child(ren)? [ ] Yes [ ] No

2. Is obligor required by a child support order to provide medical insurance for the obligee? [ ] Yes [ ] No

3. Medical coverage for dependent child(ren) listed in Section V and/or the obligee is provided by:

	For dependent child(ren)	For obligee
Obligee	[ ]	[ ]
Obligor	[ ]	[ ]
State Medicaid	[ ]	[ ]
Obligee's Employer	[ ]	[ ]
Obligor's Employer	[ ]	[ ]
Other _____	[ ]	[ ]
Unknown	[ ]	[ ]
No Coverage	[ ]	[ ]

Obligee's Insurance Company:

Policy Number:

Obligor's Insurance Company:

Policy Number:

Other Insurance Company:

Policy Number:

4. The monthly cost paid by the obligee for medical insurance for the obligor's child(ren) only is: $_____

(If medical insurance is provided by the obligee or obligee's employer, skip to number 6).

5. Obligee can purchase needed medical insurance at a monthly cost of: $_____

6. Were the children ever covered by medical insurance provided by the obligor/obligee, or his/her current employer? [ ] Yes [ ] No [ ] Unknown

7. Do any of the obligor's children have special needs or extraordinary medical expenses not covered by insurance? [ ] Yes [ ] No

(If "Yes", please indicate the child involved and the type of special needs/extraordinary medical expenses and the related costs. Attach proof.)

VII. Support Order and Payment Information [ ] See Section X

1. Does a support order exist? (If "No", skip to page 7.) [ ] Yes [ ] No

2. Did child(ren) reside with the obligor at anytime during the period for which support is sought, except during periods of visitation specified by a tribunal's order? [ ] Yes [ ] No If "Yes", Identify Period of Residency:
From: Thru:

3. If a modification is being requested, indicate the basis for the request below:
   [ ] The earnings of the obligor have substantially increased or decreased.
   [ ] The earnings of the obligee have substantially increased or decreased.
   [ ] The needs of a party or of the child(ren) have substantially increased or decreased.
   [ ] Other, Explain _____

4. Describe all current support orders (include all pertinent orders and modifications). NOTE: if more than three (3) orders exist, attach complete description as below for each.

Date of Order	Current Amount $	Per Month/Week/etc.	Toward Arrears $	Per Month/Week/etc.
Unpaid Interest $ as of (date)		Total Arrears $ as of (date)		
Tribunal's Name & Address				

Date of Order	Current Amount $	Per Month/Week/etc.	Toward Arrears $	Per Month/Week/etc.
Unpaid Interest $ as of (date)		Total Arrears $ as of (date)		
Tribunal's Name & Address				

Date of Order	Current Amount $	Per Month/Week/etc.	Toward Arrears $	Per Month/Week/etc.
Unpaid Interest $ as of (date)		Total Arrears $ as of (date)		
Tribunal's Name & Address				

5. Unpaid Medical Cost Reimbursement (attach documentation) $_____ as of _____ Date

6. Other Unpaid Costs and Fees $_____ as of _____ Date

   Explain: _____

7. Direct Payments to Obligee: [ ] Affidavit from Obligee Attached [ ] No Direct Payments Received

8. Obligor's support payment history:

   [ ] Certified copy of tribunal/agency payment history is attached. (Skip to page 7).
   [ ] Payment history provided on page 6a.
   [ ] N.A.; responding State does not require. (Skip to page 7).

From (Year) to (Year):	Agency Which Prepared Audit/Payment History:

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Initiating IV-D Case No.

Obligor's Payment History

Adjudicated Arrears $_____ as of _____
Date of Order

Year: _____

	Amount Due	Amount Paid	Balance
Jan			
Feb			
Mar			
Apr			
May			
Jun			
Jul			
Aug			
Sep			
Oct			
Nov			
Dec			
Total			

Year: _____

	Amount Due	Amount Paid	Balance

Year: _____

	Amount Due	Amount Paid	Balance
Jan			
Feb			
Mar			
Apr			
May			
Jun			
Jul			
Aug			
Sep			
Oct			
Nov			
Dec			
Total			

Year: _____

	Amount Due	Amount Paid	Balance

Total of Adjudicated and Accrued Arrears $_____ as of _____
Date

Date	Name/Title, Agency or Tribunal	Signature

Sworn to and Signed before me this Date, County, State	Notary Public, Tribunal/Agency Official and Title	Commission Expires

VIII. Obligee's Public Assistance Status [ ] See Section X

[If no public assistance was paid, skip to Section IX.]

1. Period during which public assistance was paid:

From:_____/_____ To:_____/_____by:_____
First month year Last month year State

2. Total amount of public assistance paid: $_____ as of _____
Date

3. Medical assistance related to prenatal, postnatal, or general expenses was paid in the amount of $_____ by: _____.
Agency or Person

IX. Financial Information [ ] See Section X

Information required varies based on responding State's guidelines. Updates may be required.

A. Monthly Income from All Sources:

1. Is the petitioner employed? [ ] Yes; occupation:_____ [ ] No; income source:_____

2. Gross Monthly Income Amounts:	Petitioner	Current Spouse/Partner	Obligor's Dependent(s)
a) Public Assistance			
i) SSI	$_____	$_____	$_____
ii) Family Assistance	$_____	$_____	$_____
iii) Other	$_____	$_____	$_____
b) Base pay salary, wages	$_____	$_____	$_____
c) Overtime, commissions, tips, bonuses, parttime	$_____	$_____	$_____
d) Unemployment compensation	$_____	$_____	$_____
e) Worker's compensation	$_____	$_____	$_____
f) Social Security Disability	$_____	$_____	$_____
g) Social Security Retirement	$_____	$_____	$_____
h) Dividends and interest	$_____	$_____	$_____
i) Trust/Annuity Income	$_____	$_____	$_____
j) Pensions,retirement	$_____	$_____	$_____
k) Child support	$_____	$_____	$_____
l) Spousal support/alimony	$_____	$_____	$_____
m) All other sources	$_____	$_____	$_____

Explain "other sources":_____

3. **Total Gross Monthly** (lines "2a" through "2m")	$_____	$_____	$_____
4. Deductions From Gross			
a) Federal Income Tax	$_____	$_____	$_____
b) State Income Tax	$_____	$_____	$_____
c) Local Tax	$_____	$_____	$_____
d) F.I.C.A.	$_____	$_____	$_____

	Petitioner	Current Spouse/Partner	Obligor's Dependent(s)
5. **Adjusted Net Monthly** (lines "3" minus lines "4a through 4d")	$_____	$_____	$_____
6. Other Deductions			
a) Savings	$_____	$_____	$_____
b) Loan Repayment	$_____	$_____	$_____
c) Mandatory Retirement	$_____	$_____	$_____
d) Non-mandatory Retirement	$_____	$_____	$_____
e) Medical Insurance	$_____	$_____	$_____
f) Union Dues	$_____	$_____	$_____
g) Other (specify)	$_____	$_____	$_____
7. **Net Monthly Income** (line 5 minus lines "6a through 6g")	$_____	$_____	$_____
8. **Gross Income Prior Year**	$_____	$_____	$_____

Attach three most recent paystubs from each current employer for all parties shown.

B. Monthly Expenses:	Petitioner	Obligor's Dependent(s)
1) Rent/Mortgage	$_____	$_____
2) Homeowners/Renters Insurance	$_____	$_____
3) Home Maintenance & Repair	$_____	$_____
4) Heat	$_____	$_____
5) Electricity/Gas	$_____	$_____
6) Telephone	$_____	$_____
7) Water/Sewer	$_____	$_____
8) Food	$_____	$_____
9) Laundry/Cleaning	$_____	$_____
10) Clothing	$_____	$_____
11) Life Insurance	$_____	$_____
12) Medical Insurance	$_____	$_____
13) Uninsured Extraordinary Medical (attach documentation)	$_____	$_____
14) Other Uninsured Health-Related Expenses	$_____	$_____
15) Auto Payment	$_____	$_____
16) Auto Insurance	$_____	$_____
17) Auto Expenses	$_____	$_____
18) Other Transportation	$_____	$_____
19) Child Care	$_____	$_____
Provider:_____		
Frequency:_____		
20) Support Payments, actual amount paid	$_____	$_____
21) Other; Explain:_____	$_____	$_____
Total Monthly Expenses (lines 1 through 21)	$_____	$_____

C. Assets:

1) Real Estate _____
Address

_____
Owner(s)

_____
Title

$_____ minus $_____ = $_____
Assessed Value Mortgage(s)

2) IRA, Keogh, Pension, Profit Sharing, Other Retirement Plans

_____ $_____
Institution or Plan Name and Account No.

_____ $_____
Institution or Plan Name and Account No.

3) Tax Deferred Annuity Plan(s) $_____
4) Life Insurance: Present Cash Value $_____
5) Savings & Checking Accounts, Money Market Accounts, & CDs

_____ $_____
Institution Name and Account Number

_____ $_____
Institution Name and Account Number

6) Automobiles/Vehicles

_____ _____ _____ $_____ minus $_____ = $_____
Make Model Year Estimated Value Loan Balance

_____ _____ _____ $_____ minus $_____ = $_____
Make Model Year Estimated Value Loan Balance

_____ _____ _____ $_____ minus $_____ = $_____
Make Model Year Estimated Value Loan Balance

7) Other (e.g., Personal Property, Securities, etc). Describe:

_____ $_____

_____ $_____

Total Assets (lines 1 through 7) $_____

X. Other Pertinent Information (Attach additional sheets if necessary).

XI. Verification

[ ] Attached are the required number of copies of all support orders for the case.

Also attached and incorporated by reference are:

[ ] Copy of the certified child support payment records.
[ ] Copies of three most recent paystubs from current employer.
[ ] Copies of bills for prenatal, postnatal and general health care of mother and child.
[ ] Assignment or subrogation of support rights.
[ ] "Affidavit in Support of Establishing Paternity" for each child whose paternity is at issue.
[ ] Copy of child(ren)'s birth certificate(s).
[ ] Acknowledgment of parentage.
[ ] Other:_____

All of the information and facts contained in this General Testimony are true and correct to my/our best knowledge and belief.

Date	Petitioner (Name/Title)	Signature
Date	Agency Representative (Name/Title)	Signature
Sworn to and Signed Before me This Date County/State	Notary Public, Tribunal/Agency Official and Title	Commission Expires

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