

GENERAL TESTIMONY

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

File Stamp

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: <input type="checkbox"/> Obligee <input type="checkbox"/> Obligor	2. <input type="checkbox"/> Nondisclosure Finding Attached	
3. Full Name (First, Mid, Last; include nickname, alias)		
4. Home Address <input type="checkbox"/> Confirmed _____ (date)	5. Social Security Number	6. Date of Birth
	7. Home Phone ()	8. Work Phone ()
9. Employer Name & Address <input type="checkbox"/> 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. <input type="checkbox"/> Married	2. <input type="checkbox"/> Single	3. <input type="checkbox"/> Living with Non-Marital Partner
4. <input type="checkbox"/> Divorced	5. <input type="checkbox"/> Legally Separated	6. <input type="checkbox"/> Separated
7. <input type="checkbox"/> 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
---------	-----------	-----------	---------------	--------------

GENERAL TESTIMONY, PAGE 3

Initiating IV-D Case No. _____

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

1. <input type="checkbox"/> Married	2. <input type="checkbox"/> Single	3. <input type="checkbox"/> Living with Non-Marital Partner
4. <input type="checkbox"/> Divorced	5. <input type="checkbox"/> Legally Separated	6. <input type="checkbox"/> Separated
		7. <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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. <input type="checkbox"/> Nondisclosure Finding Attached		
3. Full Name (First, Mid, Last; include nickname, alias)			
4. Home Address <input type="checkbox"/> Confirmed _____ (date)	5. Social Security Number	6. Date of Birth	7. Sex
	8. Home Phone ()	9. Work Phone ()	
10. Employer Name & Address <input type="checkbox"/> 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 _____ in _____
Date County/State
3. [] Married by common law for the period _____ in _____
Dates County/State
4. [] Separated on _____ 5. [] Divorced on _____ in _____
Date Date County/State
6. [] Legally separated on _____ in _____
Date County/State
7. [] Divorce pending in _____ 8. [] Support Order Entered on _____
County/State 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Address		
c. Social Security Number		g. Support Order Established? <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Sex	e. Date of Birth	h. Living with Petitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No

B. The child(ren) began residing in _____ on _____
State 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	<input type="checkbox"/>	<input type="checkbox"/>	Obligee's Insurance Company:
Obligor	<input type="checkbox"/>	<input type="checkbox"/>	Policy Number:
State Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	Obligor's Insurance Company:
Obligee's Employer	<input type="checkbox"/>	<input type="checkbox"/>	Policy Number:
Obligor's Employer	<input type="checkbox"/>	<input type="checkbox"/>	Other Insurance Company:
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	Policy Number:
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	
No Coverage	<input type="checkbox"/>	<input type="checkbox"/>	

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:
------------------------	--

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: _____

Table with 4 columns: Description, Petitioner, Current Spouse/Partner, Obligor's Dependent(s). Rows include Public Assistance (SSI, Family, Other), Base pay salary, wages, Overtime, commissions, tips, bonuses, parttime, Unemployment compensation, Worker's compensation, Social Security Disability, Social Security Retirement, Dividends and interest, Trust/Annuity Income, Pensions, retirement, Child support, Spousal support/alimony, All other sources.

Explain "other sources": _____

3. Total Gross Monthly (lines "2a" through "2m") \$ _____ \$ _____ \$ _____

Table with 4 columns: Description, Petitioner, Current Spouse/Partner, Obligor's Dependent(s). Rows include Deductions From Gross: a) Federal Income Tax, b) State Income Tax, c) Local Tax, d) F.I.C.A.

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
---	--	--------------------