



Taking Cases. Changing Lives.

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TO BE COMPLETED BY VLJ STAFF:
VLJ staff reviewing: _____
Legal Issue: _____
Action taken: Advice only
 Case List
 Reject
Documents due: _____

Child Support Questionnaire

Your name: _____

Date: _____

Do you want to:

- Modify your child support order (complete section A)
- End your child support order/emancipation (complete section A & B)

GENERAL QUESTIONS

1. Explain to clients that clinics are for pro se litigants. This is a self-help clinic. You will not have an attorney representing you in court. The attorney will offer you advice, review your prior court orders, and may assist you with writing your motion. You are responsible for filing your motion and appearing in court. VLJ will not provide you with an attorney to represent you in court.

2. Explain to the client that completing this intake is not a guarantee of legal services from VLJ. The questionnaire completed will be reviewed by a staff attorney within one week. Not all cases are accepted. If we are able to assist you we will contact you by phone. If you do not hear back from us within one week you are free to contact the office to find out the status of your file.

3. How many children do you have? _____
4. Please list the name(s) and age(s) of your child(ren)

6. Please list the names(s) other the other parent(s) (*run conflicts if not already checked*)

7. What prompted you to contact our office for help with your child support case?

8. Are there a pending court dates for this child support case? If yes, when?

9. Are there any other issues connected to this child support case? (*Parenting time enforcement, changes of custody, etc.*)

A. MODIFYING CHILD SUPPORT

1. Are you on active duty status or are you a veteran? _____

2. If a veteran, when did you leave the military? _____

3. What was your discharge status? _____

4. Were you ever incarcerated? Yes No

5. If yes, please provide dates and location of incarceration: _____

6. During your incarceration, did you ever file a motion to suspend or modify your child support obligation? Yes No

a. If yes, when did you file this motion: _____

b. What was the result of this motion: _____

7. When was the date of your last child support order? _____

8. County and state where order was issued? (*if unknown tell client to call back with information*) _____

(Stop the interview if the child support order was established outside of NJ. Provide the caller with the telephone number for their local county UIFSA (child support) office.

9. What is the child support number (*if unknown tell client to call back with information*)?

21. Do you have any children who are not included in the order, but who should be? If so, please list the child's name and age: _____

22. Do any of the children receive Social Security Income (SSI) due to their own disability?
 Yes No If yes, how much per month? \$_____

23. Do any of the children receive welfare benefits, cash assistance, Medicaid, or other public assistance? Yes No If yes, how much per month? \$_____

24. Is there an active DCP&P case (*formally known as DYFS*)? Yes No

25. Have you applied to modify your child support in the past? Yes No

26. If yes, when and what was the outcome of that application? _____

27. Are you employed? Yes No

28. If not employed, are you disabled? Yes No

29. If you are disabled,

a. What is your disability? _____

b. Are you receiving disability benefits? Yes No

c. If yes, what type of benefits (Veteran's, SSI, SSD, Worker's Comp, private disability)? _____

i. How much are the benefits? _____

ii. Are your children receiving separate benefits (derivative) due to your disability? If yes, please list the amount they receive. \$ _____

d. If no, why not (application pending, benefits denied, didn't apply, etc.)? _____

30. If employed:

a. Name of employer: _____

b. Occupation & title: _____

c. Are you employed? Full-time Part-time

- d. If part-time, why not full-time employment? _____

- e. Length of time with your current employer: _____
- f. Hourly rate: \$ _____

31. If unemployed:

- a. When did you stop working? _____
- b. What was the reason you stopped working?
- | | |
|---|---|
| <input type="checkbox"/> Terminated/fired | <input type="checkbox"/> Moved out of area |
| <input type="checkbox"/> Laid off | <input type="checkbox"/> Medical reasons |
| <input type="checkbox"/> Hours reduced | <input type="checkbox"/> Care of small or disabled children |
| <input type="checkbox"/> Other: _____ | |
- c. How much did you earn at your last job? \$ _____
- d. What was your title? _____
- e. How long were you working at your last job? _____
- f. Are you looking for work? Yes No
- g. How long have you been actively seeking work? _____
- h. Are you working with an employment agency? Yes No
- i. How are you supporting yourself now? (*General assistance, family members or friends, etc.*) _____

32. What is your level of education?

- a. GED
- b. High school
- c. Trade school, list degree & date of completion: _____
- d. Associate degree, list degree & date of completion: _____
- e. College degree, list degree & date of completion: _____
- f. Graduate degree, list degree & date of completion: _____

33. Are you currently enrolled in school? Yes No

- a. If yes, what type of program and number of hours per week: _____

34. Is there anything else we should know about this child support case? _____

35. Do you have children with another person? Yes No

36. If yes, please list their names and ages of children and other parent: _____

37. Were you ordered to pay child support for these children? Yes No

- a. What is the amount of the child support obligation? \$_____ per week month
- b. County and State where order was issued? _____
- c. What is the child support number? _____
- d. What is the docket number? _____
- e. How many children are included in the order? _____
- f. Is child support paid through probation? Yes No
- g. Is the support up to date or is back support (arrears) owed in this case? If back support is owed, what is the amount? _____
- h. Is there a bench warrant for non-payment of child support? Yes No Unsure

38. Do you want to modify this order? Yes No

(If yes, tell caller to get member ID and pin from NJ Kids for this account.)

39. Is there anything else we should know about this child support case? _____

B. ENDING CHILD SUPPORT (EMANCIPATION)

40. Please list the children included in this order that you want to emancipate:

Name of Child	Date of Birth	Age	Child lives with? <i>(Full name)</i>	Is child in school full time? (Y/N) If no, list year school completed	Is child married, employed full-time or enlisted in the armed forces? (Y/N)	Has this child resided in NJ for the past 6 months? (Y/N)	Is this child disabled? (Y/N)

41. Have you applied to emancipate any of these children in the past? Yes No

42. If yes, what was the outcome of that application? _____

43. Why do you want to end this child support order? _____

44. Is there anything else we should know about this emancipation case? _____

