



New Jersey Judiciary
**Probation Child Support Enforcement
 Obligor Questionnaire**

1. Last Name		2. First Name		3. Middle Name	
4. Also Known As		5. CS#		6. Docket #	
7. Driver's License #		8. Date Of Birth		9. Age	
10. Place of Birth		11. Social Security #		12. Sex	
13. Race		14. Height		15. Weight	
16. Eye Color		17. Hair Color		18. Distinguishing Marks	
19. BW Date		20. Arrest Date		21. Release Amount	
22. Interpreter Needed?		23. Language		<input type="checkbox"/> Yes <input type="checkbox"/> No	

1. Residence

24. Residence Status <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other		25. How Long at Current Address		26. Residence Phone No.		27. Cell Phone No.	
28. Street Address				29. City		30. State	
31. Zip				32. Name of Co-habitant		33. Relationship to Co-habitant	
34. Pay support on another case? <input type="checkbox"/> Yes <input type="checkbox"/> No Additional CS #				35. Number of Dependents		36. Is the Mortgage/rent payment current?	
37. Does the obligor have primary care of children or other dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		38. If yes, has the obligor made Alternate care arrangements? <input type="checkbox"/> Yes <input type="checkbox"/> No		39. Has alternate care information been obtained or referral made? <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Employment Status

40. <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Disability <input type="checkbox"/> Workers Compensation <input type="checkbox"/> General Assistance <input type="checkbox"/> Other							
41. Current Employer's Name And Address						42. If Unemployed, How Long?	
						43. Applied/Receiving Unemployment?	
						44. Reason For Unemployment	
45. Employer Phone #			46. Occupation		47. Salary/Hourly Rate		48. Hours Per Work Week
49. Date Started		50. Skills			51. Supervisor's Name		
52. Does Your Employer Provide Medical Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No				53. Name Of Medical Insurance Company			
54. If Yes, Who Is Enrolled On The Medical Insurance?				55. Medical Insurance Policy Number			
56. Previous Employer's Name And Address						57. Date Employment Started	
						58. Date Employment Ended	
59. Phone No.			60. Salary		61. Reason Employment Ended		

3. Financial Status			
62. Monthly Income (Salary/Wages/Hourly Rate)	\$	63. House(s)/Land Market Value	\$
64. Unemployment/Disability/Worker's Comp	\$	65. Value Of All Motor Vehicles	\$
66. Social Security/Veterans Administration	\$	67. Cash	\$
68. Pension	\$	69. Account Balances - Checking/Savings/etc.	\$
70. Public Assistance/Subsidies/Food Stamps	\$	71. Civil Judgment Awards/Pending	\$
72. Child Support/Alimony	\$	73. Current Value of Stocks/Bonds/CDs'/IRA	\$
74. Other Income - Trust Fund/Insurance/etc.	\$	75. Pending Law Suits	\$
76. Misc. Income	\$	77. Misc. Assets	\$
78. Total Monthly Income	\$	79. Total Assets	\$
80. Rent/Mortgage Payment	\$	81. Loan Balances - Mortgages/Vehicle	\$
82. Loans - Vehicle/Boat/etc.	\$	83. Medical/Dental/Hospital Debts	\$
84. Child Support/Alimony Obligations	\$	85. Fines Owed to Other Courts	\$
86. Medical Insurance	\$	87. Credit Card Balances	\$
88. Household Utilities	\$	89. Civil Judgments Owed	\$
90. Other Household Expenses	\$	91. Other Debts and Expenses	\$
92. Total Monthly Expenses	\$	93. Total Debts	\$
Certification			
<p>I certify that the foregoing statements made by me in the above financial statement are true. I am aware that if any statements made by me in the financial statement are willfully false, I am subject to punishment as provided by R. 1:4-4(B).</p>			
94. Obligor's Signature		95. Date	
96. Interviewer's Signature	97. Title	98. Date	
<p>Record notes related to special circumstances (e.g., disability, unemployment, etc.) below:</p>			