



YOUR INFORMATION

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full name

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	SEX
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CURRENT / LAST KNOWN ADDRESS - *number & street, city, state, zip*

CONTACT INFORMATION	HOME PHONE #	MESSAGE / CELL #	E-MAIL ADDRESS
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SOCIAL SECURITY NUMBER	COURT DOCKET NUMBER
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THE OTHER PARENT

full name

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	SEX
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LAST KNOWN ADDRESS - *number & street, city, state, zip*

CONTACT INFORMATION	HOME PHONE #	MESSAGE / CELL #	E-MAIL ADDRESS
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DESCRIPTION				RACE					
<i>hair color</i>	<i>eye color</i>	<i>height</i>	<i>weight</i>	<i>White</i>	<i>Black</i>	<i>Native American</i>	<i>Hispanic</i>	<i>Asian</i>	<i>Other (please list)</i>

PRESENT OR LAST KNOWN EMPLOYER - *name of company, address, city & state, zip, phone number*

SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER
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CHILDREN

<i>Name of Child(ren)</i>	<i>Date of Birth</i>	<i>Social Security Number</i>

DOMESTIC VIOLENCE

Check this box if YOU WOULD FEAR FOR YOUR SAFETY or THE SAFETY OF YOUR CHILDREN if your address and telephone number were disclosed to the other parent in this case.

THIS FORM CONSTITUTES AN APPLICATION FOR SERVICES. Beginning on October 1, 2011, the annual \$25 fee will be assessed for each case in which the family has never received welfare benefits and the custodial party has received \$500 or more in support payments during the prior federal fiscal year, (October 1 – September 30). The fee will be collected from the custodial party's next payment (s), until the \$25 is paid in full. The fee will be assessed annually in October on cases meeting these criteria.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE OF: CUSTODIAL PARENT
 NON-CUSTODIAL PARENT

DATE

FAMILY VIOLENCE QUESTIONNAIRE

DCSS 0048 (02/02/09) S

INSTRUCTIONS: If you do not complete and return this form to us, the Department of Child Support Services, or the federal government, may give information about your case to courts, child support agencies, and possibly to the child(ren)'s other parent or party.

Your name: _____

Case number: _____

Other party's name: _____

SECTION I: Check the appropriate box for each of the questions.

1. Have you or the child(ren) in this case ever been a victim of family violence or child abuse committed by the other party in this child support case? Yes No
2. Do you have a restraining order, emergency protective order or stay away order against the other party in this child support case? **If yes, please attach a copy of this order and provide the following information:** Yes No
- County/State: _____ Order/Docket Number: _____ Expiration Date: _____
3. If you or the child(ren) in this case receive public assistance, do you want the welfare department to review this case to determine eligibility to close this support case because of the increased risk of physical, sexual, or emotional harm to you or the child(ren) in this case, by the other party? This is called having "good cause" to close the support case. Yes No

SECTION II: You MUST complete this section if you answered "Yes" to any item in SECTION I.

Please provide detailed family violence information including dates, times, places, and witnesses. (Attach additional page if needed).

SECTION III: If appropriate please check the box below, sign, and date.

- Giving out my address or other information identifying my location could be harmful to me or the child(ren) in this case. I am requesting that my address or other identifying information not be given to the other party in this case. This request will stay in effect until I let the local child support agency know **in writing** that they may now give out my information, and the local child support agency tells me that they have received my request. I understand that under federal law, an authorized person may make a written request to the court that has jurisdiction to make or enforce child support or visitation determinations, for release of my information. The local child support agency will let me know in writing if the court orders the release of any information on my case.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

PRINT NAME_____
SIGNATURE_____
DATE**PRIVACY NOTICE**

The Information Practices Act of 1997 (Civil Code §1798.17) and the Federal Privacy Act of 1974 (Title 5, United States Code §552a(e)(3), §7 Note) require that this notice be provided when collecting personal information from individuals. Information requested on this form is used by the Department of Child Support Services and local child support agencies for the purpose of safeguarding information from disclosure in domestic and/or child abuse situations. The information you provide may be given to the federal government, and other public agencies to the extent required by law. Failure to provide this information will limit the DCSS' ability to safeguard your information.

The agency official responsible for maintenance of the form is: **DCSS Records Officer, PO Box 419064, MS-110, Rancho Cordova, CA 95741, fax number (916) 464-5069.** Legal references authorizing solicitation and maintenance of this personal information include Title 22 California Code of Regulations §§112110(h), 112300, 112301 and 112302, as well as Family Code §17212. Copies of this form are maintained in confidential files of the Department of Child Support Services or local child support agencies for 4 years and 4 months after the closure of your child support case. You have the right of access to this form upon request by **faxing (916) 464-5069.**

If you have any questions or concerns regarding this notice, please call us at 1-866-901-3212.