

REQUEST FOR SHOW CAUSE HEARING FOR NON-PAYMENT OF CHILD SUPPORT

You must fill out this form, to the best of your knowledge, before the Friend of the Court office will consider your request for a Show Cause Hearing. Please attach a separate sheet if the form does not provide enough space. Your case will be reviewed for enforcement and a response will be sent to you. A hearing may or may not be scheduled, depending on the circumstances of your case, the information you provide, and the discretion of the FOC office. Thank you for your patience.

YOUR CASE NUMBER(S): _____

DATE OF YOUR LAST PAYMENT: _____ APPROX. DATE OF LAST HEARING: _____

YOUR NAME & ADDRESS

PAYOR'S NAME & ADDRESS

Home Phone: _____

Payor's Phone No: _____

Cell Phone: _____

Payor's Cell No: _____

Work Phone: _____

Payor's Work No: _____

Email: _____

Payor's Email: _____

If Payor's address is unknown, is s/he out of state? Y / N

Which State? _____ Since: _____

Name, Address & Phone No of Payor's Employer:

When did Payor begin employment? _____

Is Payor self-employed? Y / N

Withholding order been previously sent to this employer? Y / N

Does Payor occasionally receive Unemployment Benefits? Y / N

Is Payor currently receiving worker's compensation? Y / N Will settlement be awarded? Y / N When: _____

Does Payor own property? Y / N Vehicles that are in his/her name only? Y / N What?: _____

Describe assests: _____

Describe Payor's business _____ Payor's Bank: _____

Receiving an inheritance? Y / N When: _____ Involved in a pending lawsuit? Y / N

Has Payor retired? Y / N Receiving a pension? Y / N Receiving Social Security benefits? Y / N

What action do you wish to be taken at the Show Cause Hearing? _____

The following information is necessary for implementation of certain enforcement remedies:

Payor's Sex: _____ Race: _____ Height: _____ Payor's Weight: _____ Eye Color: _____ Hair Color: _____
Any Scars/Tattoos: _____ Payor's DOB _____ Payor's SSN: _____

I am applying for child support services available under the child support enforcement program of Title IV-D of the Social Security Act.

DATE

YOUR SIGNATURE