



**SECTION 2: INFORMATION REGARDING OTHER PARENT/PARTY**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street/P.O. Box

\_\_\_\_\_

City

State

Zip Code

County of Residence: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ **(Required)**

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **(REQUIRED IF THERE ARE MINOR CHILDREN)**

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ **(REQUIRED IF THERE ARE MINOR CHILDREN)**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Position held: \_\_\_\_\_ Gross Monthly Salary: \_\_\_\_\_

Is this person a legal resident of North Carolina? \_\_\_\_\_

If not, what is this person's state of legal residence? \_\_\_\_\_

How long has this person resided in North Carolina? \_\_\_\_\_

**SECTION 3:**

Marriage: \_\_\_\_\_

Date

State

County

Separation: \_\_\_\_\_ Divorce: \_\_\_\_\_

Date

Date

Separation Agreement: \_\_\_\_\_ Custody/Support Order: \_\_\_\_\_

Date

Date

**SECTION 4: CHILDREN OR OTHER DEPENDENTS**

Full Name	Date of Birth	Place of Birth	Social Security Number	Sex	Race

Who has physical custody of the children? \_\_\_\_\_

Were all children born of this marriage? \_\_\_\_\_ If not, explain: \_\_\_\_\_

\_\_\_\_\_

Do any of your children have exceptional education, health or dental needs: \_\_\_\_\_ If so, explain:

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How much, if any, is paid for medical and/or dental insurance each month for the minor children? \_\_\_\_\_

Who pays for this insurance? \_\_\_\_\_

How much, if any, is paid for day-care each month? \_\_\_\_\_ Who pays for this day-care?

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Do you have any children, natural or adopted, from a previous marriage/relationship who reside with you full-time?

\_\_\_\_\_ If so, please provide the name (s) and date (s) of birth: \_\_\_\_\_

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**Do you have any documents associated with your case, i.e., Separation Agreements, Divorce Decrees, Orders, etc.. If so, please give the details of these documents:** \_\_\_\_\_

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**(Please provide copies if available)**