

THIS FORM MUST BE COMPLETED AND SIGNED BEFORE YOUR ORDER CAN BE HEARD IN COURT OR FILED WITH THE SUPERIOR COURT CLERK'S OFFICE.

Reserved for Court's Case Number:

**MERCED COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES**

**NON-CUSTODIAL PARENT**

Full Name: Last First Middle				Date of Birth: Month Day Year			Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Nonbinary	
Last Known Address: Number & Street City State Zip				Phone: ( ) ( ) Home Message/Cell				
Description: Hair Eyes Height Weight				Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____				
Social Security #:		Driver's License or ID #		Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native American		<input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other		
Present or Last Known Employer: Name of Company: Address City & State Phone				Name and Address of Friend or Relative:				

**CUSTODIAL PARENT / GUARDIAN**

Full Name: Last First Middle				Date of Birth: Month Day Year			Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Nonbinary	
Last Known Address: Number & Street City State Zip				Phone: ( ) ( ) Home Message/Cell				
Social Security #		Marriage Date:		Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____				
		Dissolution Date & County:						
Receiving Public Assistance: <input type="checkbox"/> NO <input type="checkbox"/> YES				Welfare #				

**CHILDREN**

Name of Child(ren)	Date of Birth	Social Security Number	State of Conception	Birth Place:

**THIS FORM CONSTITUTES AN APPLICATION FOR SERVICES.**

I UNDERSTAND THAT THE DEPARTMENT OF CHILD SUPPORT SERVICES WILL ASSIST ME IN MY EFFORTS TO ENFORCE AND/OR MAINTAIN CHILD AND/OR MEDICAL SUPPORT FOR THE ABOVE CHILD(REN).

SIGNATURE OF:  CUSTODIAL PARENT  NON-CUSTODIAL PARENT (Check One)

DATE