

Cause # \_\_\_\_\_

**YOUR ABILITY TO PAY SUPPORT IS A CRITICAL ISSUE!**

**Protect your rights** and have a say in the child support process. Your case is being reviewed for enforcement actions due to unpaid support which could result in a contempt petition being filed against you for failure to pay child support. Your **ability to pay support is a critical issue**. Be sure to fill out this form completely and mail to P.O. Box 1449, Yazoo City, MS 39194, fax to 662-746-4969, or email to [mscsecallcenter@mdhs.ms.gov](mailto:mscsecallcenter@mdhs.ms.gov).

NAME \_\_\_\_\_  
CASE #OR SSN \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_

ARE YOU:	
_____	Employed
_____	Unemployed
_____	Disabled
_____	Retired

What is your current income from all sources **each month** (wages, bonuses, overtime, unemployment, disability, workers' compensation, public assistance, retirement, pensions, social security or veteran's benefits)?

\_\_\_\_\_

How much do you currently pay in taxes and other mandatory deductions **each month**?

\_\_\_\_\_

How much do you pay in rent/mortgage **each month**? Who do you live with?

\_\_\_\_\_

How much do you pay for **each month** for:

_____ Electricity/Gas	_____ Water/Sewage/Garbage
_____ Telephone/Cell phone	_____ Internet/Cable/Satellite
_____ Food/Household Supplies	_____ Medical/Dental/Vision
_____ Car Payment/Gas/Insurance	_____ Pets/Pet Supplies

Do you smoke? \_\_\_\_\_ If yes, how often: \_\_\_\_\_

Do you drink? \_\_\_\_\_ If yes, how often: \_\_\_\_\_

How many minor children do you have? \_\_\_\_\_ How many biological or adopted children live with you? \_\_\_\_\_

How much are you paying in child support in cases other than this one? \_\_\_\_\_

Please list any property you own. Include vehicles, real estate, mobile homes, bank accounts, etc.

\_\_\_\_\_

Please list your prior employment, the dates you were employed, and your salary for the last 5 years:

\_\_\_\_\_

**Please check this box if you would like to request a modification of your child support order.**

**ACKNOWLEDGEMENT OF TRUTHFULNESS**

I declare to the Court that the foregoing Questionnaire, including any attachments, is true and correct and that this Questionnaire was executed on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature: \_\_\_\_\_