

Name: _____

Phone Number: _____

Case # or SSN: _____

Noncustodial Parent Review Questionnaire

The following questions should be completed to review your case. Submission of this form does not guarantee your child support will be lowered, only that your case will be reviewed. This form should be mailed to P.O. Box 1449, Yazoo City, MS 39194, faxed to 662-746-4969, or emailed to mscseccallcenter@mdhs.ms.gov. If you have any questions please contact us at 1-877-882-4916 or visit <http://www.mdhs.ms.gov/child-support>.

1. Briefly explain why you have requested your child support case be reviewed.

2. What level of education do you have? (Examples: some high school, GED or high school diploma, some college, college degree, graduate degree, technical school, etc.) _____

3. Are you currently employed? Yes, No. If no, skip to question 7.

4. Who is your employer? _____

5. Please provide us with your current wages by attaching a copy of your most recent year-to-date pay stub.

6. Have your hours been involuntarily cut from your current job? Yes, No. If possible, please provide written documentation from your employer verifying the cut in hours.

7. List previous employers from the last five years. If more than five employers, list the most recent five.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

8. If you are unemployed, were you fired, laid off, or did you voluntarily leave/quit your last place of work? Please provide supporting documentation if you have it. _____

9. Are you receiving any benefits from unemployment, worker's compensation, or Social Security disability?

10. Please provide us with any other information or documentation that you think may help us in the review of your case.

ACKNOWLEDGEMENT OF TRUTHFULNESS

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

Signature