

NONCUSTODIAL PARENT LICENSE REINSTATEMENT QUESTIONNAIRE

Please complete this form regarding your *current* financial situation. Be as accurate and complete as you can. The information will be used to determine the reinstatement amount and repayment schedule. **If you need assistance filling out the form, call 877-882-4916** to speak to a Case Specialist who can help. Be sure to fill out this form completely and mail it to P.O. Box 1449, Yazoo City, MS 39194, fax to 662-746-4969, or upload visit <http://www.mdhs.ms.gov/child-support>. To submit online, please see the instructions below.

NAME _____
CASE #OR SSN _____
ADDRESS _____
PHONE _____
EMAIL _____

ARE YOU:	
<input type="checkbox"/>	Employed
<input type="checkbox"/>	Unemployed
<input checked="" type="checkbox"/>	Disabled
<input type="checkbox"/>	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 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
- Are you able to pay the entire arrearage obligation(s) for your case(s) at this time? _____
- If you are unable to pay the entire arrearage obligation(s), what are you able to pay? _____
- Please list any property you own. Include vehicles, real estate, mobile homes, bank accounts, etc.

- Do you have a pending disability claim or a medically-verifiable illness that prevents you from working?

- Have you been released from incarceration in the past six (6) months? _____
- Do you currently have a job or job offer that requires you to have a driver's license? _____
- If so, please provide a written statement from the employer or their name, address, and phone number:

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: _____

To submit this form online:

Step 1. Complete Form

Step 2. Go to MDHS.MS.GOV

Step 3. Select Document Upload-CHILD
SUPPORT

Step. 4. Upload a picture of the form