To be completed by Custodial Parent

Custodial Parent Questionnaire to Support a Contempt Action Against a Parent Who Owes Support

This form should be completed and mailed to 128 West Jefferson St., Yazoo City, MS 39194, faxed to 662-746-4969, or emailed to mscsecallcanter@mdhs.ms.gov.

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2)		e the following information for the parent who owes support: Address	
	b.	Please provide a description of and directions to his/her residence	
	c.	Current phone number(s)	
	d.	Email address:	
3)	Provid workin	e the following information about where the parent who owes support is currently ng:	
	a.	Name of his/her current employer:	
	b.	Address of employer:	
	c.	What type of work does the parent do?	
	d.	Is he/she self-employed?	
		Is he/she paid by check or for cash?	
4)	If the parent does not work, why not?		
5)	If the parent makes money other than through employment stated above, how is he/making money and how do you know this?		
6)	Provid	e the names and addresses of the parent's previous employers.	

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7)	Has the parent told you why they are not paying?
8)	Are you aware whether the parent has applied for or is drawing any disability benefits?
9)	Does the parent have valuables like cars, jewelry, or ATVs? If so, please describe
10)	Does the parent see the child(ren) covered by the child support order? If so how often?
11)	Let us know if you have any concerns about your safety or the safety of your children due to receiving child support services or pursuing contempt. There are some safeguards we can put into place to help you and your children stay safe and still get child support.
	Is the parent on social media (Facebook, Instagram, etc.)? If so, please provide account information. Provide and attach any other information that you believe is significant and that will assist us in getting child support collected from the parent who owes support.
_	ACKNOWLEDGMENT OF TRUTHFULNESS ning this questionnaire, you are agreeing that the above information is true and correct to t of your knowledge.
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