

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 email to mscsecallcenter@mdhs.ms.gov.

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

ARE YOU:	
_____	Employed
_____	Unemployed
_____	Disabled
_____	Retired

1. 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)?

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

3. 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
4. Are you able to pay the entire arrearage obligation(s) for your case(s) at this time? _____
5. If you are unable to pay the entire arrearage obligation(s), what are you able to pay? _____
6. Please list any property you own. Include vehicles, real estate, mobile homes, bank accounts, etc.

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

8. Have you been released from incarceration in the past six (6) months? _____
9. Do you currently have a job or job offer that requires you to have a driver's license? _____
10. 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: _____