

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Case # or SSN: \_\_\_\_\_

**Custodial 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 raised, 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 [mscsecallcenter@mdhs.ms.gov](mailto:mscsecallcenter@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 does the parent who owes support have? \_\_\_\_\_

3. Provide the following information about where the parent who owes support is currently working:

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: \_\_\_\_\_

e. Is he/she paid by check or for cash: \_\_\_\_\_

4. If the parent makes money other than through employment stated above, how is he/she making money and how do you know this? \_\_\_\_\_

\_\_\_\_\_

5. Please provide the address and contact information for the parent who owes support.

\_\_\_\_\_

6. Is he/she receiving any benefits from unemployment, worker's compensation, or Social Security disability?

\_\_\_\_\_

7. 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