

Cause # _____

YOUR ABILITY TO PAY SUPPORT IS A CRITICAL ISSUE!

Protect your rights and have a say in the child support process. Your case is being reviewed for enforcement actions due to unpaid support which could result in a contempt petition being filed against you for failure to pay child support. Your **ability to pay support is a critical issue**. Be sure to fill out this form completely and mail to P.O. Box 1449, Yazoo City, MS 39194, fax to 662-746-4969, or to upload visit <http://www.mdhs.ms.gov/child-support>. To submit online, please see the instructions below.

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

ARE YOU:	
<input type="checkbox"/>	Employed
<input type="checkbox"/>	Unemployed
<input 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 currently pay intaxes and other mandatory deductions **each month**?

How much do you pay inrent/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

Do you smoke? _____ If yes, how often: _____

Do you drink? _____ If yes, how often: _____

How many minor children do you have? _____ How many biological or adopted children live with you? _____

How much are you paying in child support in cases other than this one? _____

Please list any property you own. Include vehicles, real estate, mobile homes, bank accounts, etc.

Please list your prior employment, the dates you were employed, and your salary for the last 5 years:

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

Step 5. Hit Submit