

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 upload visit <http://www.mdhs.ms.gov/child-support>. To submit online, see instructions below. If you have any questions please contact us at 1-877-882-4916.

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

By signing this questionnaire, you are agreeing that the above information is true and correct to the best of your knowledge.

Custodial Parent's Signature

Date

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 with photo ID

Step 5. Hit Submit