



**STATE OF MISSISSIPPI  
OFFICE OF THE ATTORNEY GENERAL**

**Child Desertion Unit  
P.O. Box 2  
Jackson, MS 39205  
Telephone 601-359-4250**

**Case Submission Form**

Please complete all questions on the form before submitting your case for review. Incomplete forms may result in a significant delay in the review of your case for potential prosecution. Answer the questions as completely as possible and return the form to us at the address provided above.

This form is for use in submitting a case for review for possible **criminal prosecution**. Requests for assistance in **collecting child support** should be submitted to the Mississippi Department of Human Services.

**1. Information About the Custodial Parent / Guardian**

Name: first \_\_\_\_\_ middle \_\_\_\_\_ last \_\_\_\_\_

List any other names you have used: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

What County do you live in? \_\_\_\_\_

How long have you been a resident of that county? \_\_\_\_\_

Does the child/children currently live with you? \_\_\_\_\_

If not with you, where does child live? \_\_\_\_\_

*For Office Use Only*      Received: \_\_\_\_\_

**2. Information about the Child/Children**

Name: first \_\_\_\_\_ middle \_\_\_\_\_ last \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Place of Birth (City, State, County): \_\_\_\_\_

Name: first \_\_\_\_\_ middle \_\_\_\_\_ last \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Place of Birth (City, State, County): \_\_\_\_\_

Name: first \_\_\_\_\_ middle \_\_\_\_\_ last \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Place of Birth (City, State, County): \_\_\_\_\_

Name: first \_\_\_\_\_ middle \_\_\_\_\_ last \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Place of Birth (City, State, County): \_\_\_\_\_

**3. Information about the Non-Custodial Parent**

Name: first \_\_\_\_\_ middle \_\_\_\_\_ last \_\_\_\_\_  
List any other names he/she may have used: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Mailing Address (if different from above): \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Race: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

**4. Information about Marriage, Divorce, and Support**

Date of Marriage: \_\_\_\_\_  
Place of Marriage (City, State, County): \_\_\_\_\_  
Date of Separation: \_\_\_\_\_  
Date of Divorce: \_\_\_\_\_  
Place of Divorce (City, State, County): \_\_\_\_\_  
Cause Number: \_\_\_\_\_

If parents were not married, please provide information about the Child Support Order:

Date issued: \_\_\_\_\_  
City, State, County: \_\_\_\_\_  
Cause Number: \_\_\_\_\_

**5. Terms of the Divorce Decree / Child Support Order**

Specifically describe what the Non-Custodial Parent is obligated to do (child support payments, medical coverage, visitation, etc.) under the terms of the divorce decree / child support order.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Support Payments Made by the Non-Custodial Parent**

How much does the Non-Custodial Parent owe in unpaid child support for the child/children on this form? \$ \_\_\_\_\_

List the dates that the Non-Custodial Parent provided financial support (child support payments) to the children. Also list any gifts (ex. birthday, holiday) that were given to the children.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did the Non-Custodial Parent attend the child's school programs, church programs, or athletic events? \_\_\_\_\_

\_\_\_\_\_

**7. Residency of the Children**

Please provide the addresses where you and your child/children have lived since the divorce (or since the time child support was ordered) and the dates of such residency.

<u>Dates</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Has your child/children ever lived with anyone other than you? If so, please provide the name and address of the person(s) with whom your child lived with, the dates they lived with this person(s), and an explanation of why your child lived with this person(s).

<u>Dates</u>	<u>Name, Address, Explanation</u>
_____	_____
	_____
	_____
	_____
_____	_____
	_____
	_____
	_____

Has your child/children ever lived with the Non-Custodial Parent? If so, please provide the time period during which they lived with the Non-Custodial Parent, and an explanation of why the child lived with the Non-Custodial Parent.

<u>Dates</u>	<u>Explanation</u>
_____	_____
	_____
	_____
	_____

**8. Attempts to Collect Child Support**

Did you ever seek the assistance of the Mississippi Department of Human Services (DHS) in attempting to collect child support payments? If so, please provide the county in which you resided at the time you sought the assistance of DHS. Also, please provide the DHS case number assigned to you, and the name of your DHS case worker.

DHS Case Number: \_\_\_\_\_

DHS Case Worker: \_\_\_\_\_

County: \_\_\_\_\_

When did you first contact DHS about helping you with your case?

Date: \_\_\_\_\_

Did you ever retain the services of a private attorney to assist you in attempting to collect child support payments? If so, please provide the name, firm's name, address, and phone number of your attorney. Also, provide the dates that you retained the attorney.

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

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Dates Retained: \_\_\_\_\_

To your knowledge, has the Non-Custodial Parent's Drivers' License ever been suspended due to the non-payment of child support?

Yes or No \_\_\_\_\_ If Yes, when and what state: \_\_\_\_\_

**9. Employment History for the Non-Custodial Parent**

Please provide as much information as possible concerning various jobs or places where the **Non-Custodial Parent** has been employed. Provide the names, addresses and telephone numbers of all former employers for the Non-Custodial Parent.

**\*\*\* IT IS VERY IMPORTANT THAT YOU TRY TO REMEMBER ALL EMPLOYERS! \*\*\***

If you need space to list more employers, please copy the next page as needed and attach it to your Case Submission Form.

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Approximate Dates of Employment: \_\_\_\_\_  
Type of Work: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Approximate Dates of Employment: \_\_\_\_\_  
Type of Work: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Approximate Dates of Employment: \_\_\_\_\_  
Type of Work: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Approximate Dates of Employment: \_\_\_\_\_  
Type of Work: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Approximate Dates of Employment: \_\_\_\_\_  
Type of Work: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Approximate Dates of Employment: \_\_\_\_\_  
Type of Work: \_\_\_\_\_

**10. Employment History for the Custodial Parent**

Please describe your employment since the divorce/separation, providing the names and contact information for your employers. Include your **CURRENT** employer.

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Type of Work: \_\_\_\_\_  
Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Type of Work: \_\_\_\_\_  
Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Type of Work: \_\_\_\_\_  
Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Type of Work: \_\_\_\_\_  
Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**11. Governmental Assistance Provided to the Child**

Please list any governmental assistance that your child/children may have received (examples: health insurance with the CHIPS program, Medicaid benefits, etc.).

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**12. Community Assistance Provided to the Child**

Please list any community assistance that your child/children may have received (examples: church support, community outreach, shelters, etc.).

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**13. Special Needs of the Child**

Please describe any special medical attention, or other required attention, that the child has not received (or has not adequately received) due to the Non-Custodial Parent's lack of support.

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**14. Hardship Placed on the Custodial Parent Due to the Non-Support**

Briefly summarize what hardships the custodial parent has endured due to the failure of the Non-Custodial Parent to provide emotional and financial support for the child/children.

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