



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

**Child Desertion Unit
P.O. Box 220
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. If possible, please print single-sided pages.

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

PLEASE PROVIDE BIRTH CERTIFICATES FOR EACH CHILD.

If the child or children are over the age of eighteen, we cannot accept the case for prosecution.

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: _____ Current spouse/significant other: _____
Vehicle (make, model, color): _____
Possible hangouts: _____
Prior criminal record: _____

Employer: _____
Employer's Address: _____
City, State, Zip: _____
Work Phone: _____
Is the suspect disabled in any way? _____

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: _____

*****Attach copies of judgment of paternity, support order, payment history, contempt orders, etc.*****

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? _____

Has money been paid directly to you or the child/children? _____ If so, when? _____
How much? _____

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 as to 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 this 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.).

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.).

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.

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.

15. General Neglect and Abandonment of the Child

Briefly summarize any neglect or abandonment due the failure of the Non-Custodial Parent to provide emotional and financial support for the child/children. What effect has that had on the child/children?

When was the last time the Non-Custodial Parent exercised visitation and spent time with the child/children? Approximately how often does the Non-Custodial Parent visit the child/children?

I hereby certify that the information provided above is true and correct to the best of my knowledge. I understand that if any of the above information is found to be incorrect, it may affect the Child Desertion Unit's acceptance of my case for prosecution. I also understand that even if a case appears to meet the criteria for prosecution, there are many elements that go into the decision to investigate and prosecute such cases. The ultimate decision on whether to prosecute a child support case lies with the Mississippi Attorney General's Office.

Signature of Custodial Parent

Date

STATE OF MISSISSIPPI

COUNTY OF _____

PERSONALLY APPEARED, before the undersigned authority in and for the above jurisdiction, _____, who, after being duly sworn, states on oath that the facts contained in the within and foregoing **Case Submission Form** are true and correct therein stated.

NAME

SWORN AND SUBSCRIBED before me, this the _____ day of _____, 20____.

NOTARY PUBLIC

My Commission Expires:

CRIMINAL NON-SUPPORT PROSECUTION CHECKLIST

Please do not submit your packet for consideration until ALL of the following information is included:

- 1. COMPLETE Case Submission Form _____
- 2. Employment history and/or other evidence of income / ability to provide support. _____
- 3. Child support order(s), including any modifications _____
- 4. Judgment determining paternity, if applicable _____
- 5. Child's birth certificate _____
- 6. Chancery orders (may be requested from chancery clerk) _____
- 7. Affidavit of Accounting from DHS
If not a DHS case, please provide your records / spreadsheet. _____
- 8. Photo of Non-Custodial Parent _____
- 9. Photos or information from social media (Facebook, LinkedIn, etc.) that may demonstrate suspect's ability to pay / willful failure to provide support for the child. _____
- 10. All civil / chancery remedies must be exhausted.
This means that DHS or a private attorney has made numerous efforts to enforce the support order and the non-custodial parent still refuses to pay. We typically do not accept cases in which there are no contempt judgments / incarceration orders / license suspensions in the file. _____
- 11. Judgment for contempt / if not, please explain. _____

- 12. License suspension / if not, please explain. _____

Failure to include any of the above information may result in the rejection or delay of your case. The inclusion of all information (suspect's social security number, employment information, etc.) will expedite your case.