



Project Child Support
 Phone: (855) 851-4357
 Fax: (201) 546-9371



Child Support Quiz for Custodial Parents Owed Arrears!

If you are owed child support arrears, and the noncustodial parent of your child(ren) is earning reported or unreported income, please take the following Child Support Quiz.

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|--|-----|----|
| Have you received your full child support payments in the last 3 months? | Yes | No |
| Did your attorney conduct an investigation of the noncustodial parent? | Yes | No |
| Did the investigation determine the noncustodial parent's location, income and assets? | Yes | No |
| Did you retain an private attorney to obtain an Child Support Enforcement Order? | Yes | No |
| Did your attorney request an arrest warrant if the arrears were not paid in 2 weeks? | Yes | No |
| Did your attorney request to have the assets liquidated in the Enforcement Order? | Yes | No |
| Did your attorney request to have legal and service fees paid by the noncustodial parent? | Yes | No |
| Did your attorney request fees to collect your arrears be paid by the noncustodial parent? | Yes | No |
| Did your attorney request fugitive recovery fees be paid by the noncustodial parent? | Yes | No |
| Is there an active arrest warrant against your noncustodial parent for child support? | Yes | No |

Analysis of Your Answers:

- If you can answer "No" to any of the above questions, you need the [Project Child Support's Collection Program](#); or
- If you can answer "Yes" to all of the above questions, you should not be owed arrears, and you need the [Project Child Support's Collection Program](#).

If you wish to receive Project Child Support's Collection Program, please complete the Contact Information below, and fax this form to (201) 546-9371.

Contact Information

Parent Type: (Mother / Father) Number of Children: _____ Estimated Amount of Arrears Due: \$ _____

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Ph: _____ Work Ph: _____ Cell: _____

Contact Me: Mon Tue Wed Thu Fri Sat Sun Between: _____ AM/PM to _____ AM/PM

I understand the information that I am providing is private and confidential and shall be maintained under attorney client privileges.

Signature: _____ Date: _____