

RCSU name
return address
telephone number
fax number

date

employer name
address
city, state, zip code

REQUEST FOR INFORMATION

This request is made pursuant to state law. See N.D.C.C. § 14-09-08.16 and N.D.C.C. § 50-09-08.2(5).

Re: _____

Social security number: _____

Last known address: _____

Case number: _____

1. Is the above-named individual currently employed by you as an employee or contractor?
 Yes (Skip #2; complete #3 through 20)
 No (Go to #2)
2. Was the individual employed by you during the 180 days immediately preceding the date of this request?
 Yes; date employment ended: _____ (Complete 3 through 20)
 No (Skip #3 through 19; Complete #20)
3. The social security number under which you report(ed) the above-named individual's income is _____
4. The individual's address is/was: _____
5. Individual's position/job title and brief job description: _____

6. Date individual's employment began: _____
7. Individual's rate of pay:
Hourly: \$ _____ per hour; _____ hours per week
Monthly: \$ _____ per month
Annually: \$ _____ per year
Other: \$ _____

8. Please provide the gross income, such as salary, wages, overtime wages, commissions, tips, and bonuses paid to the above-named individual in each of the 12 months preceding the month in which this request was received:

mo/yr _____	\$ _____	mo/yr _____	\$ _____
mo/yr _____	\$ _____	mo/yr _____	\$ _____
mo/yr _____	\$ _____	mo/yr _____	\$ _____
mo/yr _____	\$ _____	mo/yr _____	\$ _____
mo/yr _____	\$ _____	mo/yr _____	\$ _____
mo/yr _____	\$ _____	mo/yr _____	\$ _____

9. Does the gross income shown in #8 include any overtime wages?

Yes
 No

10. If the answer to #9 is yes, please provide the number of overtime (OT) hours worked by the individual in each of the 12 months preceding the month in which this request was received:

mo/yr _____	OT hours _____	mo/yr _____	OT hours _____
mo/yr _____	OT hours _____	mo/yr _____	OT hours _____
mo/yr _____	OT hours _____	mo/yr _____	OT hours _____
mo/yr _____	OT hours _____	mo/yr _____	OT hours _____
mo/yr _____	OT hours _____	mo/yr _____	OT hours _____
mo/yr _____	OT hours _____	mo/yr _____	OT hours _____

11. If the answer to #9 is yes, do you expect the overtime hours to continue during the next 12 months?

Yes
 No

12. Does the gross income shown in #8 include any bonuses?

Yes
 No

13. If the answer to #12 is yes, please provide the amount of bonuses paid to the individual in each of the three (3) previous calendar years:

Year: _____	Amount: \$ _____
Year: _____	Amount: \$ _____
Year: _____	Amount: \$ _____

14. If the answer to #12 is yes, do you expect to pay bonuses during the current calendar year?

Yes
 No

15. Is the individual currently enrolled in a health insurance plan through the individual's employment? (Check all that apply)
- Yes; enrolled in:
- Single plan
 - Single + dependent plan
 - Family plan
- No
- No plan available
- Employee not eligible for coverage; employee will become eligible for coverage on _____
- Not applicable as individual no longer employed.

16. If the individual is enrolled in a health insurance plan, please list the names of the persons covered under the policy and the effective date of coverage:

<u>Name</u>	<u>Effective date</u>
_____	_____
_____	_____
_____	_____
_____	_____

17. If the individual is enrolled in a health insurance plan, please provide the following:

Name of insurance company _____

Address of insurance company _____

Telephone number of insurance company (if multiple numbers, please provide the "member services" number) _____

Group number _____

Policy number _____

18. If a health insurance plan is available to the individual or if the individual is enrolled in a health insurance plan, please provide the following (complete **all** options that are available):

Individual's cost for a single plan is \$ _____ per month

Individual's cost for a single + dependent plan is \$ _____ per month

Individual's cost for a family plan is \$ _____ per month

Individual's cost to cover a child or children only is \$ _____ per month

If the individual is enrolled in a health insurance plan, is the individual's cost deducted on a pre-tax basis?

Yes

No

19. If the individual is no longer employed by you, please provide the following information:
Date of last payment to the individual: _____

Individual's home/forwarding addresses (if known): _____

New employer: _____

Did the individual voluntarily terminate employment?

_____ Yes

_____ No

20. Name of person completing form: _____

Title: _____

Business Federal Employer Identification Number: _____

Telephone number: _____

Cellular phone number: _____

Fax number: _____

Email address: _____

Preferred method of contact (phone, fax, email): _____

Date: _____

Please return this form to the Regional Child Support Unit within 10 days. You may mail it to the above address or, if you prefer, you may fax it to the above fax number. The information received from you will be used only in the administration of the child support program in implementing the program and its services. Failure to comply with this request may result in fiscal sanctions or contempt of court.

Thank you for your cooperation.

IV-D Worker's Name/Signature