THIS FORM MUST BE COMPLETED AND SIGNED BEFORE YOUR ORDER CAN BE HEARD IN COURT OR FILED WITH THE SUPERIOR COURT CLERK'S OFFICE.

MERCED COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES

NON-CUSTODIAL PARENT

Full Name:	Last	First	Mide	dle				Date of	f Birth:		Sex:
								Month	Day	, Voor	
Last	Number & Str	oot	City		State	Zip		Month Phone	Day	y Year	
Known	Number & Ou	eet	Oity		naie	Ζίρ		1 Hone	•		Home
Address:											Message/Cell
Description:					Race:	□ w	hite	l .		Hispanic	eeeage, ee
						ВІ	ack		Ē	Asian	
Hair	Eyes	Height	Weight			☐ Na	ative Am	nerican		Other	
Present or La	ast Known Employe	r:									
Name of Company Address					City & State Phone						
Social Security Number: Drivers License #:					Name & Address of Friend or Relative:						
	AL PARENT										
Full Name: Last First				dle					Date of Birth:		Sex:
									_		
N. I. O.O. I. O.O.						Month Day Ye					
Last Known	Number & Str	eet	City	٤	State	Zip		Phone			l lama a
Address:											Home
Social Security Number: Marriage Date:						Dissolution Date & County Welfare #: (If Aided)					Message/Cell
Social Security Number. Inamage Date.					Dissolu	Wellare #. (II Alded)					
		I			<u> </u>			<u> </u>			
CHILDRE	M										
Name of Child(ren)		Date of Birtl	Date of Birth Soci			al Security # State of			f Conception Birth Place		
Name of Official (Tell)		Date of Birti		Occidi Occurry II			Ctate of Conception		1011	Diffit face	
		<u>.</u>	+			•					
THIS EODM O	ONSTITUTES AN	ADDI ICATION	I EOD SEDV	ICES							
THIS FUNIN C	ONSTITUTES AN	APPLICATION	I FOR SERV	ICES.							
LUNDERSTAN	ID THAT THE DEP	ARTMENT OF	CHILD SUP	PORT S	FRVICES	: WILL AS	SSIST M	IE IN MY	/ FFFO	RTS TO ENE	ORCE AND/O
I UNDERSTAND THAT THE DEPARTMENT OF CHILD SUPPORT SERVICES WILL ASSIST ME IN MY EFFORTS TO ENFORCE AND/OI MAINTAIN CHILD AND/OR MEDICAL SUPPORT FOR THE ABOVE CHILD(REN).											
WARRENT COMES AND AND THE DOT OF THE ADOVE OF HELD (HELM).											
											_
SIGNATURE OF:											
	NON-CU	STODIAL PAF	RENT								
	(Che	ck One)									