

**REQUEST FOR SHOW CAUSE HEARING  
FOR NON-PAYMENT OF CHILD SUPPORT**

*You must fill out this form, to the best of your knowledge, before the Judicial Service Officer will consider your request for a Show Cause Hearing. Please attach a separate sheet if the form does not provide enough space. Because of the high volume of requests we receive, your case will be reviewed for enforcement and a response will be sent to you. A hearing may or may not be scheduled, depending on the circumstances of your case, the information you provide, and the discretion of the officer. **If any emergency situation arises, please contact your attorney for immediate action.** Thank you for your patience.*

YOUR CASE NUMBER(S): \_\_\_\_\_

DATE OR YOUR LAST PAYMENT: \_\_\_\_\_ APPROX. DATE OF LAST HEARING: \_\_\_\_\_

YOUR NAME & ADDRESS \_\_\_\_\_ PAYOR'S NAME & ADDRESS \_\_\_\_\_

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

DAYTIME PHONE: (\_\_\_\_) \_\_\_\_\_ Payor's Phone No: (\_\_\_\_) \_\_\_\_\_

EVENING PHONE: (\_\_\_\_) \_\_\_\_\_ Payor's Evening Phone No: (\_\_\_\_) \_\_\_\_\_

E-MAIL: \_\_\_\_\_ Email: \_\_\_\_\_

If Payor's address is unknown, is s/he out-of-state? \_\_\_\_\_ Which state? \_\_\_\_\_ Since: \_\_\_\_\_

NAME, ADDRESS & PHONE NO OF PAYOR'S EMPLOYER: \_\_\_\_\_ When did Payor begin employment? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ Is Payor self-employed? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ Withholding order been previously sent to this employer? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ Does Payor occasionally receive Unemployment Benefits? \_\_\_\_\_

Is Payor currently receiving worker's compensation? \_\_\_\_\_ Will settlement be awarded? \_\_\_\_\_ When? \_\_\_\_\_

Does Payor own property? \_\_\_\_\_ Vehicles that are in his/her name only? \_\_\_\_\_ What? \_\_\_\_\_

Describe assets: \_\_\_\_\_

Describe Payor's business: \_\_\_\_\_ Payor's Bank: \_\_\_\_\_

Receiving an inheritance? \_\_\_\_\_ When: \_\_\_\_\_ Involved in a pending lawsuit? \_\_\_\_\_

Has Payor retired? \_\_\_\_\_ Receiving pension? \_\_\_\_\_ Receiving Social Security benefits? \_\_\_\_\_

What action do you wish to be taken at the Show Cause Hearing? \_\_\_\_\_

\_\_\_\_\_

*The following information is necessary for implementation of certain enforcement remedies:*

Payor's Sex: _____	Race: _____	Height: _____	Payor's Weight: _____	Eye Color: _____	Hair Color: _____
Any Scars/Tattoos? _____	Payor's DOB: _____	Payor's SSN: _____			

I am applying for child support services available under the child support enforcement program of Title IV-D of the Social Security Act.

\_\_\_\_\_  
DATE \_\_\_\_\_ YOUR SIGNATURE \_\_\_\_\_

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FOC RESPONSE: Check One  A Show Cause Hearing has been scheduled as requested.

A Show Cause Hearing has not been scheduled at this time: \_\_\_\_\_

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

\_\_\_\_\_  
Date \_\_\_\_\_ Judicial Service Officer \_\_\_\_\_