

TEMPORARIES NOW

We place people first

Child Support Questionnaire

Name _____

Date _____

Address _____

City _____

State _____

Zip _____

Phone _____

Social Security Number _____

Are you under an income withholding order for child support?

Yes

No

Signature _____

The above questionnaire is required by Virginia Code § 60.2-114.1, effective July 1, 1993. It applies to individuals who either work in Virginia or reside in Virginia. Please call 1-800-257-9986 if you require any additional information (1-800-552-7096 TDD / For the hearing impaired).

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