

**OFFICE OF CHADWICK J. TAYLOR, DISTRICT ATTORNEY**  
**FAMILY LAW DIVISION**  
**Non-Support Referral Forms**

**1. Contact the District Attorney's office at (785) 233-8200, X4330.** Please contact our office and schedule a brief interview (approximately 30 minutes) so that important information regarding your case may be documented. Please bring this completed form, and *certified* copies of birth information, support orders, collection efforts, and other helpful documentation.

**2. Record background and contact information**

**Applicant's Name:** \_\_\_\_\_ **Status as to Child:**  Mother  Father  Other

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work/Cell Phone:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **D/L #:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**3. Record information regarding the person obligated to pay child support (obligor).**

**Obligor's Name:** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Sex:**  Male  Female **DOB:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work/Cell Phone:** \_\_\_\_\_

**Work Name:** \_\_\_\_\_ **Supervisor Name:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**4. Record information regarding the obligor's children.** (use back of paper for all additional children)

**Name of Child:** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Sex:**  Male  Female **DOB:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Name of Child:** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Sex:**  Male  Female **DOB:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Name of Child:** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Sex:**  Male  Female **DOB:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**5. Record information regarding the civil court support order.**

**Civil Case Jurisdiction:** \_\_\_\_\_ **Case Number:** \_\_\_\_\_

**Current Payment Order:** \_\_\_\_\_ per \_\_\_\_\_

**Current Arrearage:** \_\_\_\_\_ as of \_\_\_\_\_

**Last Payment Amount:** \_\_\_\_\_ when? \_\_\_\_\_

**Prior Efforts:**  SRS/State  KS Payment Center  Trustee  Other State  Letters  Contempt  Garnishment

**Other Efforts:** \_\_\_\_\_

**List Other Involved Parties/Agencies and Contact Information (if known):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**List Needs Of Child That Are Not Being Met Due To Obligor's Failure To Pay**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**6. Bring this completed form and copies of all documentation to the District Attorney's Office.** Your information will be reviewed, and a decision will be made and communicated to you quickly.