

Child maintenance enquiry

Your NINO/reference number

Please answer the following questions. Use CAPITAL LETTERS at all times and keep your answers within the boxes provided. If you are filling this in for our client, please complete section 14 – Representative details.

1. Your details

Your full name	Title	Forenames	Surname
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Any other name you use <i>If you are using another name at the same time</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
The name you want to use for correspondence with the Child Support Agency <i>If different</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your date of birth / / Sex Male Female *Please tick the relevant box*

Your National Insurance number *if known*

Letters	Numbers			Letter
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>

Your home address

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/> Postcode

The address you would like your letters sent to
If different to your home address

<input type="text"/>
<input type="text"/>
<input type="text"/>

Please tell us if your address changes.

<input type="text"/> Postcode

Home phone number *including STD code*

<input type="text"/>	<input type="text"/>
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Work phone number *including STD code*

<input type="text"/>	<input type="text"/>
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Mobile phone number

<input type="text"/>

What is the best time to contact you? Where would you like us to contact you?

Only complete this section if you are a member of the armed services.

Your BFPO number	<input type="text"/>	HM Forces Service number	<input type="text"/>
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2. Parentage and existing maintenance arrangements

Which children named in the enclosed letter do you accept that you are the natural or adoptive parent of?

- All
- None
- Some *please give names*

Go to Section 17.

Do you have an existing maintenance arrangement for any of the children named in the enclosed letter?

Yes No *Please tick the relevant box.*

Do you have an existing maintenance arrangement for any other child or children?

Yes No *Please tick the relevant box.*

If you have ticked Yes to either question, please send us a copy of the agreement.

Do you currently receive *Please tick the relevant box*

- Income Support **Go to section 4.**
- Income-based Jobseeker's Allowance **Go to section 4.**
- Pension Credit **Go to section 4.**
- None of these **Go to section 4.**

If you have a partner, do they currently receive *Please tick the relevant box*

- Income Support **Please give details below.**
- Income-based Jobseeker's Allowance **Please give details below.**
- Pension Credit **Please give details below.**
- None of these **Go to section 4.**

We use partner to mean a person you are married to, a civil partner of, or living with as if you are married to them or a civil partner of them.

Only complete if your partner receives Income Support, Income-based Jobseeker's Allowance or Pension Credit. Otherwise go to section 4.

Your partner's name

<i>Title</i>	<i>Forenames</i>	<i>Surname</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Is your partner known by any other name?

<i>Title</i>	<i>Forenames</i>	<i>Surname</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Your partner's National Insurance number *if known*

<i>Letters</i>	<i>Numbers</i>	<i>Letters</i>	<i>Numbers</i>	<i>Letters</i>	<i>Numbers</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you are unsure which type of Jobseeker's Allowance you receive, please refer to the letter which tells you about your award, or contact your local Jobcentre Plus (benefits) office.

4. Student details

Are you a student on a
Please tick the relevant boxes

Full time course? Yes No
Part time course? Yes No

If you have ticked Yes, please give details of your course below.

Name of school, college or university

Address

Course name

Type of course

e.g. NVQ, Degree, HND, A-levels

Please send us verification that you are studying for this course.

5. Children who live with you now – child 1

Please give details of any children under 19 years old who live with you now. If there are no children living with you, go to section 6.

Child's full name Forenames Surname Date of birth / /

National Insurance number *if over 16 years old* Letters Numbers Letter Sex Male Female *Please tick the relevant box*

Who is getting Child Benefit for this child? You Your partner Neither *Please tick the relevant box*

If Child Benefit is paid to your partner, please give their full name below.

Partner's name Title Forenames Surname

Child 2

Child's full name Forenames Surname Date of birth / /

National Insurance number *if over 16 years old* Letters Numbers Letter Sex Male Female *Please tick the relevant box*

Who is getting Child Benefit for this child? You Your partner Neither *Please tick the relevant box*

If Child Benefit is paid to your partner, please give their full name below.

Partner's name Title Forenames Surname

Child 3

Child's full name Forenames Surname Date of birth / /

National Insurance number *if over 16 years old* Letters Numbers Letter Sex Male Female *Please tick the relevant box*

Who is getting Child Benefit for this child? You Your partner Neither *Please tick the relevant box*

If Child Benefit is paid to your partner, please give their full name below.

Partner's name Title Forenames Surname

Child 4

Child's full name Forenames Surname Date of birth / /

National Insurance number *if over 16 years old* Letters Numbers Letter Sex Male Female *Please tick the relevant box*

Who is getting Child Benefit for this child? You Your partner Neither *Please tick the relevant box*

If Child Benefit is paid to your partner, please give their full name below.

Partner's name Title Forenames Surname

If there are any other children living in your household, please give their details in section 15 – Further information, or continue on a separate sheet.

6. Shared care details

Shared care means the times when the children named in the enclosed letter stay overnight with you.

How many nights each week on average, does each child named in the enclosed letter stay **overnight** with you?

Child's name	Never or less than once a week	1 night a week	2 nights a week	3 nights a week	4 or more nights a week

Please give details of any other periods not included above e.g. school holidays, occasional stay etc. *or exact details if you have ticked **Never or less than once a week** above.*

Please provide any evidence you may have to support this e.g. a diary, calendar or written agreement.

7a. Your work details

- Are you Employed **Fill in this section.**
Please tick the relevant box self-employed **Go to section 9.**
both employed and self-employed **Fill in this section.**
unemployed **Go to section 11.**
receiving Pension Credit **Go to section 14.**
-

If you have more than one employer, please fill in section 7b with details of your second job.

Job title *for your main employment*

Date you started this employment

 / /

Date this employment ends *if temporary*

 / /

Employer's name

The address you work at

 Postcode

You must tell us the address of your Personnel/Payroll section if it is different to the address you work at.

Personnel/Payroll address *if different from above*

 Postcode

Employer's phone number *including STD code*

Staff number *if known*

7b. Your work details – continued

Please give details of your second job if you have one. If not, go to section 8.

Job title

Date you started this employment

Date this employment ends *if temporary*

Employer's name

The address you work at

You must tell us the address of your Personnel/Payroll section if it is different to the address you work at.

Personnel/Payroll address *if different from above*

Employer's phone number *including STD code*

Staff number *if known*

If you have any more employment details to give us, please continue at section 15 – Further information, or on a separate sheet.

8. Your income details

How often are you paid? *Please tick the relevant box*

- Weekly Please send us your last 5 pay-slips. Fortnightly Please send us your last 3 pay-slips.
4 Weekly Please send us your last 2 pay-slips. Calendar monthly Please send us your last 2 pay-slips.
Other Please send us your pay-slips covering the last 8 weeks.

How much is your gross pay?

Your gross pay is the amount you get before any deductions such as National Insurance contributions, Income Tax etc. are taken off.

If the gross amount on your pay-slips is different from your normal gross pay, please send us some extra pay-slips.

Have you received any bonus, commission or profit related pay in the last 52 weeks? Yes No *Please tick the relevant box*

When was this paid?

How much did you get?

Is this included in the pay-slips you are sending us?

Yes No *Please tick the relevant box*

If No, please send us confirmation of the amount you got e.g. letter from your employer, contract of employment.

Do you get any expenses?

Yes No *Please tick the relevant box*

What are these expenses for?

e.g. for travel to work

Are these included on the pay-slips you are sending us?

Yes No *Please tick the relevant box*

If No, please send us confirmation of the amount you got, e.g. letter from your employer, contract of employment.

Are these expenses subject to Income Tax?

Yes No Don't know *Please tick the relevant box*

If you have more than one job, please give details of the income from your other jobs at section 15 – Further information. Remember to send us pay-slips from all your jobs.

9. Your self-employment details

If you are not self-employed, please go to Part 10.

Business name

Business address

Postcode

Do you have a copy of your most recent self-assessment form or tax calculation notice?

Please tick the relevant box

Yes **Please send us a copy for each business.**

No

You can get one from your local Inland Revenue office.

If you do not have a copy, please tell us why.

10. Tax credit details

Do you or your partner receive any of the following Tax Credits? *Please tick the relevant boxes and state the **weekly amount** of each tax credit received*

Working Tax Credit	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	£ <input type="text"/>	From	<input type="text"/>	To	<input type="text"/>
Child Tax Credit - including Child Care element of Working Tax Credit	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	£ <input type="text"/>	From	<input type="text"/>	To	<input type="text"/>
Child Care element of Working Tax Credit (paid with your child tax credit)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	£ <input type="text"/>	From	<input type="text"/>	To	<input type="text"/>
Who is the main earner in your household?	You	<input type="checkbox"/>	Your partner	<input type="checkbox"/>	Please send us a copy of your tax credit award letter				

11. Your other income

Please give us details of all other income you receive for example from a pension or benefit. **If none, go to section 12.**

Type of income	Amount of Income	Income Tax	How often is it paid?	Currency <i>for example Sterling or Euro</i>	Who is it paid for?

Please send us confirmation of any other income you have received from a personal or occupational pension scheme in the last 6 months.

12. Other costs

Please give details of any payments you make towards a personal or private pension and send us confirmation of these. **If none, go to section 13.**

Amount	How often do you pay this?	Currency

13. Collection details

Do you want to pay your child maintenance weekly fortnightly 4-weekly calendar monthly *Please tick your preference*

Other please specify What day/date do you want to pay your maintenance on? / /
Please state either the day of the week or the date of the month

Paying your maintenance by direct debit has many advantages and is the way we recommend.

Bank/building society name

Address

Postcode

Account name

Sort code

Account number

Roll number *if applicable*

Reasons why you should pay by direct debit

- You don't need to buy stamps, use envelopes or stand in queues, making direct debit the cheapest way to pay.
- You don't have to remember to make your monthly payments because your bank/building society does all the work for you.
- You remain in total control of your money because you can cancel your direct debit at any time.
- You are given at least 10 working days notice of the amount which will be debited from your account, giving you plenty of time to query the amount or cancel the direct debit if you wish.
- Only direct debit payers have the opportunity to choose their preferred payment date.

If you do not choose to pay your maintenance by direct debit you can use one of the following methods. *Please tick your preference*

Standing Order *Please give us your bank/building society details above*

Voluntary Earnings Deduction *Your employer may want to take a further payment as an administration charge. You must discuss this with your employer.*

Employer's name

Your payroll cut off day / /

Please note that in certain circumstances we may have to decide which method of payment is to be used.

14. Representative details

Complete this section only if you are filling in this form for someone else.

Are you acting as a representative for the client? *Please tick the relevant box* Yes No **If no, go to section 15.**

What is your status? Practising solicitor other representative – for example partner or Citizens Advice Bureau
Acting under a power of attorney Receiver under Section 99 of the Mental Health Act 1983
Scottish mental health custodian Mental health appointee

Please give your details below. Please note that all correspondence will be sent to you instead of the client. The client does not need to sign the authority below unless you have ticked **Other Representative**.

Full name	<i>Title</i> <input type="text"/>	<i>Forenames</i> <input type="text"/>	<i>Surname</i> <input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	Postcode <input type="text"/>		
	Home phone number <i>including STD code</i>	<input type="text"/>	<input type="text"/>
	Mobile phone number	<input type="text"/>	
	Work phone number <i>including STD code</i>	<input type="text"/>	<input type="text"/>
What is the best time to contact you?	<input type="text"/>		Where would you like to be contacted? <input type="text"/>

Please send us confirmation of your authority to act for the client.

Please complete the authorisation below if you have ticked Other Representative

Client's authority

I agree to my representative filling in this form for me and for all your letters to be sent to them instead of me.

Client's signature _____

Date ____/____/____

15. Further information

Please use this part of the form to give us any other information you think might be useful. Otherwise go to Section 16.

A large, empty rectangular box with a thin black border, intended for the user to provide additional information. The box is currently blank.

16. Checklist

Please tick the relevant boxes to show which documents you are sending with this form. You should send the original documents. We will return them.

Court order or written maintenance agreement	<input type="checkbox"/>	Confirmation of any other income <i>i.e. from a personal or occupational pension scheme in the last 6 months</i>	<input type="checkbox"/>
Representative's authority to act on your behalf <i>e.g. Power of Attorney document</i>	<input type="checkbox"/>	Confirmation of the nights each of the children on the enclosed letter stay with you <i>e.g. diary or written agreement</i>	<input type="checkbox"/>
All the pay-slips we asked for in section 8	<input type="checkbox"/>	Your personal pension details	<input type="checkbox"/>
If self-employed, a copy of your last self-assessment form or tax calculation notice	<input type="checkbox"/>	Confirmation of the course you are studying	<input type="checkbox"/>

Please write your name and National Insurance number on any documents you send us.

17. Declaration

This request for information is made under child support law. Under child support law it is a criminal offence if a person fails to provide information when required to do so or knowingly provides false information.

The information I have given on this form is correct and complete.

Your signature

Date

18. What to do now

- Send us this form and anything else we have asked for.
- Remember to write your National Insurance number on all the forms and documents you are sending to us.

