

**DISTRICT ATTORNEY'S CHILD  
SUPPORT COMPLAINT FORM**

Date of Complaint: \_\_\_\_\_

If the child or children are over the age of eighteen, then we cannot accept the case for prosecution. Is the child or children under the age of 18 years? \_\_\_\_ Yes \_\_\_\_ No

One of the following must apply, or we cannot accept the case for prosecution. Please place a check mark in the blank beside all that apply to this case and underline which county:

\_\_\_\_\_ Custodial parent and children live in either Pike, Lincoln or Walthall County

\_\_\_\_\_ Court order is from either Pike, Lincoln or Walthall County

\_\_\_\_\_ Defendant lives **and** has lived in either Pike, Lincoln or Walthall County for at least the past six months. (We must be able to PROVE that he or she lives in our jurisdiction.)

Have there been any payments made in any amount during the past six months? \_\_\_\_\_  
If **any** payment has been made in the past 6 months, we cannot accept the case for prosecution.

Custodial Parent's Name: \_\_\_\_\_

County of Residence: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone#: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work phone: \_\_\_\_\_

\_\_\_\_\_  
Absent Parent's Name (Defendant): \_\_\_\_\_

Date of Court Order: \_\_\_\_\_ Monthly Child Support Amount: \_\_\_\_\_

Number of Children: \_\_\_\_\_

List below names, dates of birth, and ages of children:

Names:	Dates of Birth:	Ages:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have an open case with the Department of Human Services for collection of child support, regardless of whether or not they have collected anything? \_\_\_\_ Yes \_\_\_\_ No

Case #: \_\_\_\_\_ Case Worker: \_\_\_\_\_

Last Payment Made: Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Arrearage: \_\_\_\_\_

Does the defendant visit with the children? \_\_\_\_ Yes \_\_\_\_ No

Has money been paid directly to the children? \_\_\_\_ If so, when? \_\_\_\_\_ How much? \_\_\_\_\_

***I hereby certify that the information provided above is true and correct to the best of my knowledge. I understand that if any of the above information is found to be incorrect, it may affect the District Attorney's acceptance of my case for prosecution.***

\_\_\_\_\_  
Signature of Custodial Parent

\_\_\_\_\_  
Date

Other Information:

## Defendant Information

Name: \_\_\_\_\_

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

City, State and Zip: \_\_\_\_\_

Home Phone #: (    ) \_\_\_\_\_ Cell Phone #: (    ) \_\_\_\_\_

SSN:    -    -         DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Height:    '    "      Weight: \_\_\_\_\_ lbs.      Hair Color: \_\_\_\_\_      Eye Color: \_\_\_\_\_

Tattoos, Scars, or any other Identifying marks: \_\_\_\_\_

Current Spouse/Significant Other: \_\_\_\_\_

Is Defendant Disabled in any way? \_\_\_\_\_ If so, how? \_\_\_\_\_

Defendant's Employment: \_\_\_\_\_

Employment Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Hours Worked: \_\_\_\_\_

Vehicle (make, model, color): \_\_\_\_\_

Possible hangouts: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone #: (    ) \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone #: (    ) \_\_\_\_\_

Father's Address: \_\_\_\_\_

Does the defendant have a prior criminal record? \_\_\_\_\_ If so, when? \_\_\_\_\_

What charges? \_\_\_\_\_

Where/to whom did he/she report? \_\_\_\_\_

**\*\*Attach copies of court order and payment history\*\***