

GENERAL TESTIMONY

INTERNATIONAL FORM

NAME OF PETITIONER: _____

Petitioner is: ☐ Obligee ☐ Caretaker Other than Parent
☐ Obligor ☐ Court Appointed Caretaker

NAME OF RESPONDENT: _____

Respondent is: ☐ Obligee ☐ Caretaker Other than Parent
☐ Obligor ☐ Court Appointed Caretaker

File Stamp

To: _____ Other Country Reference Number: _____

From: _____ U.S. Referene Number: _____

Telephone:
e-mail:

Fax:

_____ being duly sworn, under penalties of perjury, testifies as follows:

Name (First, Middle, Last)

1. Personal Information About Child(ren)'s Mother

Full Name (First, Middle, Last; include nickname, alias)

Mother is: ☐ Obligee ☐ Obligor

Home Address ☐ Confirmed _____ (date)

National Identity No./ U.S.
Social Security No.

Date of Birth

Home Phone

Work Phone

If the mother is the obligor, provide her employer's name
& address:

Occupation, Trade or Profession

☐ Confirmed _____ (date)

Present Marital Status

☐ Married ☐ Single ☐ Living with Non-Marital Partner

☐ Divorced ☐ Legally Separated ☐ Separated ☐ Unknown

Full Name (First Middle Last; include nickname, alias)		
Father is: <input type="checkbox"/> Obligee <input type="checkbox"/> Obligor		
Home Address <input type="checkbox"/> Confirmed_____ (date)	National Identity No./Social Security No.	Date of Birth
	Home Phone	Work Phone
If the father is the obligor, provide his employer's name & address: <input type="checkbox"/> Confirmed_____ (date)	Occupation, Trade or Profession	
Present Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Living with Non-Marital Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Separated <input type="checkbox"/> Unknown		

Full Name (First Middle Last; include nickname, alias)			
Caretaker's Relation to Child is:			
Home Address [] Confirmed_____ (date)	National Identity No.	Date of Birth	7. Sex
	Home Phone	Work Phone	
Date Child(ren) began residing with caretaker:			

☐ Never married to each other

☐ Married on _____ in _____
Date County/State/Nation

☐ Married by common law for the period _____ in _____
Dates County/State/Nation

☐ Divorced on _____ in _____
Date County/State/Nation

☐ Legally separated on _____ in _____
Date County/State/Nation

☐ Separated on _____

☐ Divorce pending in _____

☐ Other _____

- The name and location of the tribunal in divorce, legal separation or support order actions:

5. Dependent Child(ren) in this Action (List only obligor's (named on page 1) child(ren).

Reproduce this section if there are more than 2 children.

The child(ren) named below began residing in initiating nation on _____

Month/Year

Full Name (First, Middle, Last)	Date of Birth Sex:
Address	Paternity Established? [] Yes [] No
	Support order Established [] Yes [] No
National Identity #/ U.S. Social Security #	Lives with Petitioner? [] Yes [] No

Full Name (First, Middle, Last)	Date of Birth Sex:
Address	Paternity Established? [] Yes [] No
	Support order Established [] Yes [] No
National Identity #/ U.S. Social Security #	Lives with Petitioner? [] Yes [] No

Non-Disclosure: Would the health, safety or liberty of the petitioner or child(ren) be unreasonably put at risk by the disclosure of any of the above identifying information? [] No [] Yes, If Yes, attach a "non-disclosure finding" which may be an existing order or finding, which may be made ex parte, that the health, safety or liberty of the petitioner or child(ren) would be unreasonably at risk. If such an order or finding exists the tribunal shall order that the address of the child or party or other identifying information not be disclosed in a pleading or other document filed in this proceeding.

6. Medical Insurance

- Are the obligee and dependent children listed in Section 5 covered by medical insurance provided by the obligor, or his/her current employer? [] Yes [] No [] Unknown
- Do any of the obligor's children have special needs or extraordinary medical expenses not covered by insurance? [] No [] Yes, If Yes please indicate the child involved and the type of special needs/extraordinary medical expenses and the related costs. Attach proofs.
- Medical coverage for the obligee and dependent children listed in Section 5 is presently provided by:
- The monthly cost paid by the obligee for medical insurance for the obligor's children is_____.
- Obligee can purchase needed medical insurance at a monthly cost of:

7. Direct Payment/ Possession Information

- \$ Has the obligor ever made direct payments to the obligee: ☐ No ☐ Yes, if "Yes" please attach an affidavit from the obligee which states the dates and amounts of direct payments received.
- Did the child(ren) reside with the obligor at any time during the period for which support is sought, except during periods of visitation specified by a tribunal's order? ☐ No ☐ Yes, If "Yes", Identify the period during which the children resided with the obligor: From: _____ Through: _____
- Does a support order exist? ☐ No ☐ Yes. Complete section 7 "Detailed Payment Information about Existing Support Order"

7a. Basis for Modification

Is the petitioner requesting the modification of an order ☐ No ☐ Yes, a modification of an order is being requested and the basis for the request for a modification is indicated below.

- ☐ The earnings of the obligor have substantially increased or decreased.
- ☐ The earnings of the obligee have substantially increased or decreased.
- ☐ The needs of a party or of the child(ren) have substantially increased or decreased.
- ☐ The relevant national cost of living has changed.
- ☐ The child(ren) have extraordinary medical expenses not covered by insurance.
- ☐ The child(ren) receive (or have received) public assistance/welfare.
- ☐ There has been a substantial change in child care expenses.
- ☐ Other, Explain _____

8. Obligees' Public Assistance Information

If no public assistance is/was paid to the obligee, check here ☐ and skip to section 9.

- Is the obligee currently receiving public assistance? ☐ No ☐ Yes, and the monthly amount is: _____
- Period during which the obligee was paid public assistance:
From _____ to _____ by _____
First month/year last month/year jurisdiction (state/province/etc)
- Total amount of public assistance paid: _____ As of _____. (Date)
- Public medical assistance related to prenatal, postnatal, or general expenses was paid in the amount of _____ by _____.
Agency _____

9. Financial Information (As required by responding jurisdiction)

The amounts shown in the following tables are in ☐ US dollars
☐ other currency (specify): _____

GROSS MONTHLY INCOME:

	Petitioner	Petitioner's Current Spouse/Partner	Children for whom support is sought in this petition
Wages, salary			
Regularly received overtime,			

commissions, tips, bonuses			
Disability payments			
Retirement payments			
Unemployment/ redundancy payments			
Spousal maintenance			
Other income/payments (explain)			
Total Gross Monthly Income			

DEDUCTIONS FROM INCOME:

	Petitioner	Petitioner's Current Spouse/Partner	Children for whom support is sought
Medical Insurance			
National/Federal Income tax			
State/Province Income tax			
City/Local Income Tax			
Other Income Tax (explain)			
Mandatory Retirement			
Other (explain)			
Total: Deductions			

PRIOR YEAR'S GROSS INCOME

Year:			
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PETITIONERS MONTHLY HOUSEHOLD EXPENSES

	Petitioner	Child(ren) For Whom Support Is Sought
Rent/ Mortgage		
Utilities		
Food		
Medical Expenses/ Insurance		
Uninsured/ Extraordinary Medical Expenses		
Transportation		
Child Care		
Other Maintenance payments		
Other (explain)		
Total Monthly Expenses		

INFORMATION ABOUT THE PETITIONERS ASSETS

Real Estate	Address & description	Value
Pension/Retirement Plan or Account	Value & Location	
Savings Account	Balance & Location	
Checking Account	Balance & Location	
Other Financial Instruments	Value	

Vehicle/boat/plane (make/model/year)	Purchase Price/amount owned	Estimated value
Vehicle/boat/plane (make/model/year)	Purchase Price/amount owned	Estimated value

10. OTHER PERTINENT INFORMATION: (Attach additional sheets if necessary). (For example, information about current spouses/partners, their income, other dependants)

11. Attachments and Certification

The following are attached and incorporated by reference:

- ☐ The required number of copies of all maintenance orders for the case.
- ☐ Copy of the certified maintenance payment records.
- ☐ Copies of bills for prenatal, postnatal and general health care of mother and child.
- ☐ Assignment or subrogation of maintenance rights.
- ☐ Copy of child(ren)'s birth certificate(s).
- ☐ Acknowledgment of parentage.
- ☐ Genetic Test Results
- ☐ Other: _____

12A. Verification/Certification -- For Use By Other Country Only

Subject to the penalties for providing false information under the laws of _____
Name of country

pursuant to _____, the information and facts contained in this
Order, Decree, Statute, or Regulation Providing Penalty

GENERAL TESTIMONY are true and correct to the best of my knowledge and belief.

Date

Signature of Petitioner

If the legal citation for penalties for providing false information is not provided above, this document must be executed before a public official authorized to administer oath, affirmation, certification and verification.

Executed before
Me this Date

Public Official's printed name and title

(Seal)

Signature of Public Official

12B. Verification/Certification -- For Use By United States

Under the penalties of perjury, all information and facts contained in this GENERAL TESTIMONY are true and correct to the best of my knowledge and belief.

Date

Signature of Petitioner

Sworn to and signed before
Me this Date

Notary Public

Commission expires