

PRE-HEARING CHECKLIST

NCP: _____

DOCKET DT: _____

FGN: _____

Blank Order Attached: ☐

of CHIs: _____

Agreed Order Attached: ☐

Current Services to Family:

BP: _____

☐ TANF

☐ MEDL

☐ D/C

CP: _____

☐ FOSTER CARE

☐ OJA

Service:

NCP ☐ CM/RM ☐ EZ Messenger ☐ ATTY: _____

CP ☐ CM/RM ☐ EZ Messenger ☐ ATTY: _____

Filed:

☐ NOIR ☐ MEDMOD ☐ AN

☐ MOD ☐ CONTEMPT ☐ Other _____

Why: _____

_____ MOD:

Income Attached:

☐ NCP

☐ CP

Proposed GLS Attached ☐

Current Obligation: \$ _____ per month.

Proposed Obligation: \$ _____ per month.

_____ AN/NOIR/CONTEMPT:

Balance of existing judgment: \$ _____ dated from _____ to _____

New Arrears: \$ _____ dated from _____ to _____

Total Interest: \$ _____ dated from _____ to _____

URA Balance: \$ _____

A/C Attached: ☐ (Balances Match)

Owed to CP: \$ _____

Owed to State: \$ _____ State: _____

_____ MED:

What is available:

☐ NCP Employer

☐ CP Purchased: _____

☐ Other: _____

Currently being provided: _____ COST \$ _____

_____ DOCS:

☐ Remove SSNs

☐ OAH Numbers

☐ DISTRICT CT Numbers