

Information for an Additional Noncustodial Parent (NCP)/Putative Father (PF)						Page ___ of ___
<i>If support for the child is sought from more than one NCP/PF at this time, an LDSS-4882B or a copy of Part II of the LDSS-4882 must be completed for each additional NCP/PF.</i>						
NCP/PF Name	First	Middle		Last	Suffix	
	Alias or Other Known Name			Maiden Name		
SSN	- -	ITIN	- -	Date of Birth	Month/Day/Year ____/____/____	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Race/Ethnic Affiliation	<input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Hispanic or Latina(o) <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White, non-Hispanic <input type="checkbox"/> Other			
Primary Language	What is the NCP/PF's primary language? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify) _____					
Description of the NCP/PF	Height __ ft. __ in.	Weight _____ lbs.	Eye Color	Hair Color	<input type="checkbox"/> Marks <input type="checkbox"/> Scars <input type="checkbox"/> Tattoos Describe:	
NCP/PF Father's Full Name	First	Middle		Last	Suffix	
NCP/PF Mother's Full Maiden Name	First	Middle		Last	Suffix	
NCP/PF's Place of Birth	City		State	Country		
Date of Last Contact	Month/Day/Year ____/____/____		Relationship of NCP/PF to Applicant	Note: This field is not applicable to FC cases.		
Mail Received in Care of (If other than NCP/PF)	First	Middle		Last	Suffix	
Mailing Address (Current or last known as of ____/____/____)	No. Street	Floor/Apt./Suite	City	State	Zip	Country
Residential Address (Current if different from Mailing)	No. Street	Floor/Apt./Suite	City	State	Zip	Country
Phone Numbers	Home ()		Cell ()		Work ()	
	Other ()		Contact Preference <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other		Best Time to Call <input type="checkbox"/> Daytime <input type="checkbox"/> Evening	
Email Addresses	Home		Work		Other	
Emergency Contact	First	Middle		Last	Suffix	
	No. Street		Floor/Apt./Suite	City		
	State	Zip	Phone Number ()		Email Address	

Information for an Additional Noncustodial Parent (NCP)/Putative Father (PF) (Cont'd)														
Incarceration Status	Is the NCP/PF incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Name of Facility			Inmate Number							
	Facility Address	City			State	Zip		Country						
Marital Status of NCP/PF to Someone Other than the Custodial Parent (CP) or Other NCP For Foster Care (FC) case	Was/is the NCP/PF married to someone other than the CP or Other NCP for a FC case? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If "Yes," answer the following "Marital Status of NCP/PF to Someone Other than the Custodial Parent (CP) or Other NCP for Foster Care (FC) case" questions. If "No" or "Unknown," go to "NCP/PF Employment Information" questions below.													
	Name of Spouse	First		Middle		Last		Suffix						
	Address	No.	Street		Floor/Apt./Suite		City		State	Zip	Country			
	Phone Number	()				Email Address								
	Place of Marriage	City				State	Zip		Country					
	Is the NCP/PF now separated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					Date of Separation ____ / ____ / ____								
	Is the NCP/PF legally separated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					Date of Legal Separation ____ / ____ / ____								
	Is a divorce pending? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown													
	Is the NCP/PF now divorced? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					Date of Divorce ____ / ____ / ____								
	Court Location	City				State	Zip		Country					
NCP/PF Employment Information	Is the NCP/PF employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Date Last Employed ____ / ____ / ____			Is the NCP/PF a member of a labor union/organization? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
	Name of Employer					Name of Labor Union/Organization								
	No.			Street		Floor/Apt./Suite		No.			Street		Floor/Apt./Suite	
	City			State	Zip		City			State	Zip			
	Country			Phone Number ()			Country			Phone Number ()				
	Job Title/Occupation						Job Title/Occupation							
NCP/PF Health Insurance Information	Does the NCP or PF's employer/organization offer or provide health insurance benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					Is the NCP or PF enrolled? <input type="checkbox"/> Yes (specify): <input type="checkbox"/> Individual coverage <input type="checkbox"/> Family coverage <input type="checkbox"/> No <input type="checkbox"/> Unknown								
	Additional Information about the NCP/PF													