

CHILD SUPPORT DISCLOSURE FORM

Employee Name: _____ Birth Date: _____

Address: _____ SS#: _____

City : _____ State: _____ Zip Code: _____

Minnesota law requires individuals to disclose information about court-ordered support obligations when they are hired for employment. Authority is found in Minnesota Statutes, sections 518.611, subd. 8., and 518.171, subd.2a.

Please answer the following as required by law:

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you owe court-ordered support that your employer is required to withhold from your income?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you owe court-ordered medical support payments that your employer is required to withhold from your income?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you court-ordered to provided health and dental insurance coverage for your dependents?

If you answered "YES", you must provide the following information for each obligation:

1. Amount of support you are ordered to pay:

\$ _____ per _____ for current support

\$ _____ per _____ for medical support

\$ _____ per _____ for arrearages

2. Date of the court order: Month _____ Day _____ Year _____

3. Location order was entered: County: _____

State: _____

4. Names and birth dates of Child (ren) for whom you owe support:

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Employee Signature: _____ Date: _____