

# SUPPLEMENTAL INFORMATION FOR CHILD SUPPORT COMPROMISE OF ARREARS PROGRAM (COAP)

**INSTRUCTIONS:** This is the Supplemental Information form that must be completed by anyone applying for a compromise (reduction) of child support arrears. Please complete both sides of this form, attaching additional pages if necessary.

## PART I: NON-CUSTODIAL PARENTS ASSETS (If you need more room you may attach extra pages)

1. DO YOU OWN A CAR, BOAT, MOTORCYCLE, TRAILER, ETC.?  YES  NO If YES, complete the following:

VEHICLE TYPE	VEHICLE #1	VEHICLE #2	VEHICLE #3	VEHICLE #4
MAKE				
MODEL / YEAR				
LICENSE NO./STATE				
VALUE OF VEHICLE	\$	\$	\$	\$
HOW MUCH DO YOU OWE FOR THE VEHICLE?	\$	\$	\$	\$

2. DO YOU OWN ANY REAL ESTATE?  YES  NO If YES, complete the following:

ARE YOU THE SOLE OWNER?	PROPERTY #1 <input type="checkbox"/> YES <input type="checkbox"/> NO	PROPERTY #2 <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU SHARE OWNERSHIP WITH ANOTHER PERSON(S), COMPANY, OR BUSINESS?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT % DO YOU OWN? _____ %	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT % DO YOU OWN? _____ %
HOW IS TITLE OF PROPERTY HELD?		
IS THIS WHERE YOU LIVE ALL THE TIME? (Your Primary Residence)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS: (Street, Apt. or Unit No.) (City, State, Zip Code)		
TYPE (Residential, Commercial, etc.)		
DOES THIS PROPERTY PRODUCE INCOME FOR YOU?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW MUCH A MONTH? \$	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW MUCH A MONTH? \$
VALUE OF PROPERTY	\$	\$
WHAT DO YOU OWE?	\$	\$

3. DO YOU HAVE ANY BANK ACCOUNTS?  YES  NO If YES, complete the following:

BANK/CREDIT UNION	BANK ACCOUNT #1	BANK ACCOUNT #2	BANK ACCOUNT #3	BANK ACCOUNT #4
BRANCH				
ADDRESS				
ACCOUNT NO.				
BALANCE	\$	\$	\$	\$
TYPE OF ACCOUNT	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

4. DO YOU HAVE ANY CASH, MUTUAL FUNDS, SECURED NOTES, STOCKS, OR BONDS?  YES  NO If YES, complete the following:

LOCATION	FINANCIAL ASSET #1	FINANCIAL ASSET #2	FINANCIAL ASSET #3	FINANCIAL ASSET #4
TYPE				
VALUE OF ASSET	\$	\$	\$	\$

**5. DO YOU HAVE ANY LIFE INSURANCE POLICIES WITH A CASH SURRENDER OR LOAN VALUE?**

YES  NO If YES, complete the following:

LOCATION	LIFE INSURANCE POLICY #1	LIFE INSURANCE POLICY #2	LIFE INSURANCE POLICY #3	LIFE INSURANCE POLICY #4
TYPE				
CASH VALUE	\$	\$	\$	\$

**6. DOES ANYONE OWE YOU MONEY?**

YES  NO If YES, complete the following:

AMOUNT OWED TO YOU	Loan #1	Loan #2	Loan #3	Loan #4
HOW OFTEN DO YOU GET A PAYMENT Example: Weekly, Monthly, etc.				
HOW MUCH IS EACH PAYMENT?	\$	\$	\$	\$
WHEN WILL LOAN BE PAID OFF?				

**PART II: LIST OF NON-CUSTODIAL PARENT'S ASSETS**

**7. ARE YOU INVOLVED IN ANY BUSINESS PARTNERSHIP OR OTHER BUSINESS INTEREST?**

YES  NO If YES, complete the following:

DOES THIS PROVIDE AN INCOME FOR YOU?	BUSINESS INTEREST #1 <input type="checkbox"/> YES <input type="checkbox"/> NO	BUSINESS INTEREST #2 <input type="checkbox"/> YES <input type="checkbox"/> NO	BUSINESS INTEREST #3 <input type="checkbox"/> YES <input type="checkbox"/> NO	BUSINESS INTEREST #4 <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, HOW MUCH MONEY DO YOU GET PER MONTH NOT ALREADY LISTED ON PAGE 2?	\$	\$	\$	\$
NAME OF BUSINESS				
VALUE OF BUSINESS	\$	\$	\$	\$
WHAT PERCENT OF THE BUSINESS DO YOU OWN?	%	%	%	%

**8. DO YOU HAVE ANY OTHER ASSETS NOT ASKED ABOUT ABOVE THAT ARE WORTH \$2,500 OR MORE?**

YES  NO If YES, complete the following:

LOCATION	1	2	3	4
TYPE OF ASSET				
VALUE OF ASSET	\$	\$	\$	\$

**PART III: FINANCIAL HARDSHIP**

Do you have any other unusual or extra expenses that were not identified on this form that will be a financial hardship for you?  YES  NO If "YES", please describe the circumstances and estimate the amount.

CIRCUMSTANCES	AMOUNT \$	IS THIS AMOUNT: <input type="checkbox"/> ONE TIME ONLY <input type="checkbox"/> MONTHLY- DATE IT WILL END _____

**PART IV: YOUR OFFER FOR A COMPROMISE OF ARREARS**

Please indicate the exact amount of your offer.

Amount - \$ \_\_\_\_\_

How will you get the money to pay your compromise? Check all that apply.

GIFT  LOAN  OTHER (Explain) \_\_\_\_\_

**DECLARATION**

***I declare under penalty of perjury under the laws of the State of California that the foregoing and the attached information are true and correct.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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