



## CHILD SUPPORT INFORMATION

All listed Weighmasters **MUST** complete this section. Please select ONE option.

**ONLY GOVERNMENT AGENCIES: CITY, STATE AND COUNTY EMPLOYEES ARE EXEMPT FROM COMPLETING THIS FORM**

PLEASE MARK THE APPROPRIATE RESPONSE (FAILURE TO MARK ONE OF THE THREE WILL RESULT IN DENIAL OF THE APPLICATION).

\_\_\_\_\_ I AM NOT SUBJECT TO A COURT ORDER FOR THE SUPPORT OF A CHILD.

\_\_\_\_\_ I AM SUBJECT TO A COURT ORDER FOR THE SUPPORT OF ONE OR MORE CHILDREN AND AM IN COMPLIANCE WITH THE ORDER OR AM IN COMPLIANCE WITH A PLAN APPROVED BY THE DISTRICT ATTORNEY OR OTHER PUBLIC AGENCY ENFORCING THE ORDER FOR THE REPAYMENT OF THE AMOUNT OWED PURSUANT TO THE ORDER; OR

\_\_\_\_\_ I AM SUBJECT TO A COURT ORDER FOR THE SUPPORT OF ONE OR MORE CHILDREN AND AM NOT IN COMPLIANCE WITH THE ORDER OR A PLAN APPROVED BY THE DISTRICT ATTORNEY OR OTHER PUBLIC AGENCY ENFORCING THE ORDER FOR THE REPAYMENT OF THE AMOUNT OWED PURSUANT TO THE ORDER.

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
DATE