

**OUT OF WORK FORM**

Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Other Party(ies) Name \_\_\_\_\_

Account No. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Company \_\_\_\_\_

Date of layoff/termination (Circle One) \_\_\_\_\_

Date of expected return to work \_\_\_\_\_

Date applied for unemployment \_\_\_\_\_

Amount of unemployment to be received per week \$ \_\_\_\_\_

Is your support payment lower when you are out of work (Per your order)?  Yes  No

Are you on a wage assignment?  Yes  No

Will you be continuing to make your payments on a regular basis during your absence from work?  Yes  No

If No, when will you be able to make your next payment? \_\_\_\_\_

Other (Explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**When you return to work, please make an appointment with an enforcement officer.**

\_\_\_\_\_  
Signature

Please attach a copy of lay-off notice and unemployment benefit determination.