

WORK SEARCH REPORT

NAME: _____ **CASE #** _____

INSTRUCTIONS: Pursuant to a Seek Work Order please complete and sign each form and bring in a copy to the local child support agency (LCSA) at: 1005 VISTA WAY, STE A, RED BLUFF, and CA 9608 at the time of your court ordered work search review. Please keep a copy of this form for your records and to use for future court hearings.

PERIOD REPORTED: FROM _____ **TO** _____

Pay Date(s)	Employer Name and Address	Contact Person (Name and Phone)	Contact Results or Hours Worked	Rate of Gross Income

declare under penalty of perjury under the laws of the State of California that this report is true and correct.

SIGNATURE

DATE

CURRENT ADDRESS	TELEPHONE NUMBER
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