

Child Support Information Sheet

Cause Number _____

Court Number _____

AG Case Number (if applicable) _____

Previously Issued? Yes No

Order Status: (circle one) **Temporary** **Final**

Modified Order? Yes No

Should Income Withholding be issued? Yes No

Existing Account? Yes No

OBLIGOR (PAYOR) INFORMATION

Last Name: _____

First Name: _____

Middle Name: _____ Title: _____

Home Address: _____ Apt/Suite _____

City: _____ State: _____ Zip Code: _____

Soc. Sec. No: _____ DOB: _____ Sex: M/F

Phone: (H) _____ (W) _____

Drivers License No: _____ ST: _____

County of Residence: _____

Relationship to Child(ren): _____

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Obligor Signature: _____

Date: _____, 20____

OBLIGEE (PAYEE) INFORMATION

Last Name: _____

First Name: _____

Middle Name: _____ Title: _____

Home Address: _____ Apt/Suite _____

City: _____ State: _____ Zip Code: _____

Soc. Sec. No: _____ DOB: _____ Sex: M/F

Phone: (H) _____ (W) _____

Drivers License No: _____ ST: _____

County of Residence: _____

Relationship to Child(ren): _____

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Obligee Signature: _____

Date: _____, 20____

CHILD'S NAME (First, Middle, Last)	DATE OF BIRTH (MM/DD/YYYY)	SEX	SOCIAL SECURITY NUMBER
		M / F	
		M / F	
		M / F	
		M / F	
		M / F	
		M / F	

OBLIGATION SUMMARY

Order Type: (circle one) Divorce Paternity SAPCR Enforcement Modification **Date Order Submitted/Signed** _____

Regular Child Support: \$ _____ (monthly, semi-monthly, biweekly, weekly) **Begin Date:** _____, 20____
CIRCLE ONE

Cash Medical Support: \$ _____ (monthly, semi-monthly, biweekly, weekly) **Begin Date:** _____, 20____
CIRCLE ONE

Medical Insurance: Obligor provides Obligee provides Both Responsible Not addressed
CIRCLE ONE

Cash Spousal Support: \$ _____ (monthly, semi-monthly, biweekly, weekly) **Begin Date:** _____, 20____
CIRCLE ONE

* Obligor Attorney	Phone	*Obligee Attorney	Phone

**Attorney/Obligor/Obligee may be contacted if questions occur during account establishment.*

Form prepared by: _____ **Phone:** _____ **Date:** _____, 20____