

Child Support Information Sheet

Sensitive/Confidential Information

Cause Number _____ Court Number _____

OAG Case Number (if available) _____

OBLIGOR (PAYOR) INFORMATION

Last Name: _____

First Name: _____

Middle Name: _____

Home Address: _____ Apt _____

City: _____ State: _____ Zip Code: _____

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

Phone: (H) _____ (W) _____

Email Address: _____

Drivers License No: _____ ST: _____

Relationship to Child(ren): _____

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Obligor Family Violence Indicator (FV)
Check if individual above or child(ren) are victims of family violence.

OBLIGEE (PAYEE) INFORMATION

Last Name: _____

First Name: _____

Middle Name: _____

Home Address: _____ Apt _____

City: _____ State: _____ Zip Code: _____

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

Phone: (H) _____ (W) _____

Email Address: _____

Drivers License No: _____ ST: _____

Relationship to Child(ren): _____

Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Obligee Family Violence Indicator (FV)
Check if individual above or child(ren) are victims of family violence.

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

OBLIGATION SUMMARY

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

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

Medical Insurance: Obligor provides _____ Obligee provides _____ Both Responsible _____ Not addressed _____

Spousal and/or Arrears Support: \$ _____ (monthly, semi-monthly, biweekly, weekly) Begin Date: _____, 20 _____

*Obligor Attorney	Phone	*Obligee Attorney	Phone

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

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