

# 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: \_\_\_\_\_  
Driver's 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: \_\_\_\_\_  
Driver's 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 and/or Dental Support: \$ \_\_\_\_\_ (monthly, semi-monthly, biweekly, weekly) Begin Date: \_\_\_\_\_, 20\_\_\_\_  
Medical Insurance: Obligor provides Obligee provides Both Responsible Not addressed  
Dental 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\_\_\_\_