

Cause Number \_\_\_\_\_

Existing Account?      Yes      No

Order Type: Divorce   Enforcement   Modification

Date of Hearing: \_\_\_\_\_



Account Number \_\_\_\_\_

Modified Order?      Yes      No

Order Status: (circle one)   Temporary   Final

Date of Order: \_\_\_\_\_

**NCP (non-custodial party)**

Obligor: \_\_\_\_\_

Home Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Soc. Sec. No: \_\_\_\_\_ DOB: \_\_\_\_\_

Drivers License No: \_\_\_\_\_ ST: \_\_\_\_\_

Relationship to Child (ren): \_\_\_\_\_ Sex: M / F

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Income Withholding: YES \_\_\_\_\_ NO \_\_\_\_\_

**CP (custodial party)**

Obligee: \_\_\_\_\_

Home Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Soc. Sec. No: \_\_\_\_\_ DOB: \_\_\_\_\_

Drivers License No: \_\_\_\_\_ ST: \_\_\_\_\_

Relationship to Child (ren): \_\_\_\_\_ Sex: M / F

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Family Violence: YES \_\_\_\_\_ NO \_\_\_\_\_

CHILD'S NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX
			M / F
			M / F
			M / F
			M / F

Regular Child Support: \$ \_\_\_\_\_ (monthly, semi-monthly, biweekly, weekly) beginning \_\_\_\_\_, 20 \_\_\_\_\_

Changes as children emancipate: \$ \_\_\_\_\_ (monthly, semi-monthly, biweekly, weekly) \$ \_\_\_\_\_ (monthly, semi-monthly, biweekly, weekly)

\$ \_\_\_\_\_ (monthly, semi-monthly, biweekly, weekly) \$ \_\_\_\_\_ (monthly, semi-monthly, biweekly, weekly)

One time child support payment: \$ \_\_\_\_\_ due \_\_\_\_\_, 20 \_\_\_\_\_

Accrual Suspension: from \_\_\_\_\_ through \_\_\_\_\_ every \_\_\_\_\_ beginning \_\_\_\_\_

Child Support Arrears Payment: \$ \_\_\_\_\_ (monthly, semi-monthly, biweekly, weekly) beginning \_\_\_\_\_, 20 \_\_\_\_\_

Total Child Support Arrears: \$ \_\_\_\_\_ Calculated as of: \_\_\_\_\_, 20 \_\_\_\_\_

Medical Support: \$ \_\_\_\_\_ (monthly, semi-monthly, biweekly, weekly) beginning \_\_\_\_\_, 20 \_\_\_\_\_

Total Medical Support Arrears: \$ \_\_\_\_\_ Calculated as of: \_\_\_\_\_, 20 \_\_\_\_\_

Medical Support Arrears Payment: \$ \_\_\_\_\_ (monthly, semi-monthly, biweekly, weekly) beginning \_\_\_\_\_, 20 \_\_\_\_\_

Medical Insurance:      Obligor provides      Obligee provides      Both Responsible      Not addressed

Spousal Support: \$ \_\_\_\_\_ (monthly, semi-monthly, biweekly, weekly) beginning \_\_\_\_\_, 20 \_\_\_\_\_

Total Spousal Support Arrears: \$ \_\_\_\_\_ Calculated as of: \_\_\_\_\_, 20 \_\_\_\_\_

NCP Attorney/Bar#	Phone	CP Attorney/Bar#	Phone

Form prepared by: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_