

PLEASE print or type all information.

Case No: Interstate Circle one Y N	Check if applicable: 9 Court Trustee Case	Check one: 9 New case/order 9 Modified Order File stamp Date of Order (above):
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Obligation Information	Support Amount	Frequency Code	Start Date	Payment Frequency Codes
Current Child Support due:	\$			(W) Weekly
Current Maintenance (Alimony) due:	\$			(B) Biweekly
Other Support Due:	\$			(M) Monthly
	\$			(SM) Semi-Monthly
	\$			(Q) Quarterly
	\$			(A) Annually
	\$			(SA) Semi-Annually
	\$			(L) Lump Sum

Information about the PAYING Parent

NAME (First, Middle Initial, Last):		
Social Security Number:	Date of Birth:	Phone:
Address:	City:	State: Zip:

Information about the parent or person RECEIVING support

NAME (First, Middle Initial, Last) :		
Social Security Number:	Date of Birth:	Phone:
Address:	City:	State: Zip:

Information about the Third Party Payee
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NAME (First, Middle Initial, Last)

Social Security Number:	Date of Birth:	Phone:
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Address:	City:	State:	Zip:
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Information about CHILD(REN) covered by this support order

NAME (First, and, Last)	Social Security Number:	Date of Birth:
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

Form Completed By: _____ Date: _____

Print Name (and title): Jayne A. Pearman, Attorney for Petitioner/Respondent

The completed form must be attached to the journal entry and filed with the Clerk if the District Court.