

PLAINTIFF/PETITIONER

VS.

DEFENDANT/RESPONDENT

Case No. _____

COUNTY _____

DATE _____

CHILD SUPPORT DATA SHEET

OBLIGOR INFORMATION	OBLIGEE INFORMATION
Last Name:	Last Name:
First Name: Middle In.:	First Name: Middle In.:
Complete <u>Residential</u> Address:	Complete <u>Residential</u> Address:
Complete Mailing Address (<i>If other than Above</i>)	Complete Mailing Address (<i>If different than above</i>)
Date of Birth:	Date of Birth:
Driver's License No.	Driver's License No.
*Social Security No.	Social Security No.
Home Phone Number:()	Home Phone Number:()
Employer(s) Name/Company	Employer(s) Name/Company:
Employer(s) Address	Employer(s) Address:
Employer(s) ID Number:	Employer(s) ID Number:
Work Phone Number:()	Work Phone Number:()

CHILD/CHILDREN INFORMATION

LAST	FIRST	MIDDLE INITIAL	DATE OF BIRTH	SOCIAL SECURITY NUMBER
1.				
2.				
3.				
4.				
5.				

(If more space is needed, attach an additional sheet.)

* If obligor is not a U.S. Citizen, so indicate and provide the obligor's alien registration number, passport number and home country's social security or national health number.