

CHILD SUPPORT INFORMATION FORM

CHILD FOR WHOM SUPPORT IS BEING COLLECTED

Name: _____ Case No. _____

DOB: _____ SSN: _____ Gender: Male Female Race: _____

Support Order: \$ _____, plus processing as to: _____

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Date of Order: _____ Effective: _____

Order by: *Judge Terre L. Vandervoort, Fairfield County Juvenile Court, Lancaster, Ohio 43130*

CUSTODIAN

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Social Security Number: _____ Date of Birth: _____ Race: _____

MOTHER'S INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Social Security Number: _____ Date of Birth: _____ Race: _____

Employer: _____ Hire Date: _____

Street: _____ Phone: (_____) _____

City: _____ State: _____ Zip: _____

Income: _____

FATHER'S INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Social Security Number: _____ Date of Birth: _____ Race: _____

Employer: _____ Hire Date: _____

Street: _____ Phone: (_____) _____

City: _____ State: _____ Zip: _____

Income: _____

MEDICAL INSURANCE INFORMATION:

Name of Insured: _____

Insurance Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Policy No: _____ Group No: _____ Plan Type: _____ Start Date: _____

Individuals covered: _____

INDIVIDUAL OR ATTORNEY SUBMITTING INFORMATION:

Individual

Attorney S. Ct. Reg. No.

Individual

Address

City State Zip

Telephone