

CASE NO. _____

COUNTY _____

DATE _____

PLAINTIFF/PETITIONER

vs.

CHILD SUPPORT DATA SHEET

DEFENDANT/RESPONDENT

OBLIGOR INFORMATION		OBLIGEE INFORMATION	
Last name:		Last name:	
First Name:	Middle In.:	First name:	Middle In.:
Complete Residential Address:		Complete Residential Address:	
Complete Mailing Address (If other than above):		Complete Mailing Address (If other than above):	
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 US citizen, so indicate and provide the obligor's alien registration number, passport number and home country's social security or national health number.