



**CHILD SUPPORT ORDER INFORMATION SHEET**

**As per Supreme Court Administrative Order No. 168 (amended), all new or modified non-IVD support orders filed in the Kansas district courts must be accompanied by this child support order information sheet.**

**Purpose:** Federal law requires Kansas to process child support through a single location in the state. **To insure that processing of child support payments is not delayed, the Kansas Payment Center must have all information listed on the form below.**

**Who submits this information sheet:** The payee's attorney shall submit a child support order information sheet with any new or modified non-IVD support orders filed with the Clerk of the District Court.

**Case Number:** You must give the full, accurate case number, or payments may be delayed. The case number may be copied from the child support order.

**Date:** \_\_\_\_\_ **Trustee Fee:**  Active or  Inactive (please check one)

**Case Number:** \_\_\_\_\_

**Payer's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Gender:**  Male  Female **SSN:** \_\_\_\_\_ **\*If SSN or**

**DOB not known, give reason for unavailability:**

**Address, City, State, Zip** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Phone Numbers (mark primary):**  Home (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_

**Payee's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Gender:  Male  Female      SSN: \_\_\_\_\_ \*If SSN or  
DOB not known, give reason for unavailability:

Address, City, State, Zip \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Numbers (mark primary):  Home (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_

Debt Type:	Amount	Start Date	Obligation Frequency:
<input type="checkbox"/> CS	_____	_____	<input type="checkbox"/> Weekly
<input type="checkbox"/> MN	_____	_____	<input type="checkbox"/> Bi-weekly
<input type="checkbox"/> OT	_____	_____	<input type="checkbox"/> Semi-Monthly
			<input type="checkbox"/> Monthly

**Child #1: Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
Gender:  Male  Female  
**SSN:** \_\_\_\_\_

**Child #2: Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
Gender:  Male  Female  
**SSN:** \_\_\_\_\_

**Child #3: Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
Gender:  Male  Female  
**SSN:** \_\_\_\_\_

**Child #4: Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
Gender:  Male  Female  
**SSN:** \_\_\_\_\_

**Child #5: Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
Gender:  Male  Female  
**SSN:** \_\_\_\_\_

**Child #6: Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
Gender:  Male  Female  
**SSN:** \_\_\_\_\_

List additional children on a separate sheet.

**Third Party Payee:** \_\_\_\_\_

Provide the following if payee is an individual:

Gender:  Male       Female      **Date of Birth:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ (**\*If SSN or DOB not known, give reason for unavailability**)

Address, City, State, Zip: \_\_\_\_\_

**\*Absent extenuating circumstances as determined by the Kansas Payment Center, Payers' and Payees' Social Security Numbers and Dates of Birth must be provided on this form.**

**Form Completed By:** \_\_\_\_\_