_____ Case No.:_____

Petitioner/ Plaintiff

County: _____

Vs.

Date: _____

_____

Respondent/ Defendant

CHILD SUPPORT DATA SHEET

OBLIGOR INFORMATION	OBLIGEE INFORMATION
Last Name: **First Name:** **Middle In.:**	**Last Name:** **First Name:** **Middle In.:**
Complete Residential Address: **E-mail Address (if applicable):**	**Complete Residential Address:** **E-mail Address (if applicable):**
Complete Mailing Address:	**Complete Mailing Address:**
Date of Birth:	**Date of Birth:**
Driver's License No.:	**Driver's License No.:**
*** Social Security No.:**	**Social Security No.:**
Home Phone No.:	**Home Phone No.:**
Employer(s) Name/ Company:	**Employer(s) Name/ Company:**
Employer(s) Address:	**Employer(s) Address:**
Employer(s) ID No.:	**Employer(s) ID No.:**
Work Phone No.:	**Work Phone No.:**
Military Service: YES ☐ NO ☐	**Military Service: YES ☐ NO ☐**

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.