

Please **PRINT** all information

KIDS ORDER SUMMARY

Form prepared by:

Name _____

Case # _____ FA / PA _____

DAYTIME phone number: (____) _____

IV-D / KIDS Case # _____

Date of hearing: _____

Presiding Official: _____

MOTHER Name _____ SSN _____ DOB ____ / ____ / ____

Address _____
Street City State ZIP Code + 4

FATHER Name _____ SSN _____ DOB ____ / ____ / ____

Address _____
Street City State ZIP Code + 4

CHILD(REN) - Please provide name(s), date(s) of birth and Social Security number (if available)

Person who will RECEIVE support payments: **MOTHER** **FATHER** **OTHER:** _____
[CIRCLE one]

Person who will PAY support payments: [CIRCLE one] **MOTHER** **FATHER**

[CHECK ONE] [] issue income assignment notice [] PAYER will make payments to WSCTF

Payer's **EMPLOYER:** Name _____

Address _____
Street City State ZIP Code + 4

Telephone No. (____) _____ FAX No. (____) _____

SUPPORT ORDERS:

Periodic payments:

Child Support \$ _____ per month, effective _____ [] per cont. order

Family Support \$ _____ per month, effective _____ [] per cont. order

Maint. / Sec 71 \$ _____ per month, effective _____ [] per cont. order

Repay _____ \$ _____ per month, effective _____ [] per cont. order

Other lump sum amounts owed:

Past Support \$ _____

Arrearages \$ _____ as of _____

Birth Expenses: \$ _____

Other: [specify] \$ _____

[CHECK ONE] [] **NO ORDERS** [] MOTHER [] FATHER [] BOTH PARTIES
ordered to provide medical insurance coverage for minor child(ren).

Other: _____