

STATE DISBURSEMENT UNIT REQUIRED INFORMATION

If a Child or Medical Support is entered then it is vital the below information be submitted so an account can be established at the State Disbursement Unit. For an account to be properly identified and payments posted as accurately and quickly as possible, ALL of the below information is needed. The District Clerk's office will use this information to set up the account at the SDU and then will DESTROY this form.

NON CUSTODIAL PARENT

Last Name:

First Name:

Middle Name:

DOB: / / Gender:

Social Security #:

Phone #: Type:

Driver's License #: State:

Address:

CHILD'S NAME

Last:

First:

Middle:

DOB: / / Gender:

Social Security #:

CHILD'S NAME

Last:

First:

Middle:

DOB: / / Gender:

Social Security #:

CAUSE NUMBER:

DOMESTIC VIOLENCE?:

CUSTODIAL PARENT

Last Name:

First Name:

Middle Name:

DOB: / / Gender:

Social Security #:

Phone #: Type:

Driver's License #: State:

Address:

CHILD'S NAME

Last:

First:

Middle:

DOB: / / Gender:

Social Security #:

CHILD'S NAME

Last:

First:

Middle:

DOB: / / Gender:

Social Security #:

PAYMENT START DATE:

AMOUNT:\$ FREQUENCY: