CHILD SUPPORT CASE INFORMATION

DCSS 0116 (09/14/04)

SECTION 1: EMPLOYEE INFORMATION

NAME

SOCIAL SECURITY NUMBER

HOME ADDRESS

DATE OF BIRTH

CITY | STATE | ZIP CODE

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

CITY | STATE | ZIP CODE

TELEPHONE NUMBER

( )

SECTION 2: COURT ORDER INFORMATION

COURT DOCKET/CASE NUMBER

COUNTY NAME

LCSA CASE NUMBER

EMPLOYER PAY FREQUENCY

☐ MONTHLY ☐ SEMI-MONTHLY ☐ BI-WEEKLY ☐ WEEKLY ☐ OTHER (explain):

AMOUNT OF WITHHOLDING (PER PAY FREQUENCY)

DATE OF WITHHOLDING

EMPLOYER CONTACT NAME

CONTACT TELEPHONE NUMBER

( )

FEIN/SEIN NUMBER(S)

SECTION 3: PAYEE INFORMATION

DRAFT

PAYEE NAME:

SOCIAL SECURITY NUMBER*

TELEPHONE NUMBER

( )

DATE OF BIRTH*

PAYEE MAILING ADDRESS

CITY | STATE | ZIP CODE

METHOD OF PAYMENT ☐ CHECK ☐ DIRECT DEPOSIT (complete the rest of this section)

FIPS CODE: | ROUTING NUMBER: | NAME OF FINANCIAL INSTITUTION: | ACCOUNT NUMBER:

SECTION 4: OTHER PAYEE INFORMATION (*COMPLETE IF APPLICABLE)

PAYEE NAME:

SOCIAL SECURITY NUMBER*

TELEPHONE NUMBER

( )

DATE OF BIRTH*

PAYEE MAILING ADDRESS

CITY | STATE | ZIP CODE

METHOD OF PAYMENT ☐ CHECK ☐ DIRECT DEPOSIT (complete the rest of this section)

FIPS CODE: | ROUTING NUMBER: | NAME OF FINANCIAL INSTITUTION: | ACCOUNT NUMBER:

PLEASE COMPLETE THE BACK.

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SECTION 5: CHILD(REN) INFORMATION

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER