

**VERMILLION COUNTY CHILD SUPPORT INFORMATION SHEET**

**CAUSE NO: 83C01-** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**PERSON RECEIVING SUPPORT PAYMENTS**

Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Other Names: \_\_\_\_\_ M/F \_\_\_\_\_ Race \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Soc. Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**PERSON PAYING SUPPORT**

Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Other Names: \_\_\_\_\_ M/F \_\_\_\_\_ Race \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Soc. Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**CHILD(REN) INFORMATION**

Name: \_\_\_\_\_ M/F \_\_\_\_\_ Race \_\_\_\_\_

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Soc. Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ M/F \_\_\_\_\_ Race \_\_\_\_\_

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Soc. Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ M/F \_\_\_\_\_ Race \_\_\_\_\_

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Soc. Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ M/F \_\_\_\_\_ Race \_\_\_\_\_

Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Soc. Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**IF YOUR ADDRESS/PHONE # CHANGES AT ANYTIME, CALL 765-492-5350 TO UPDATE!**