

CHILD SUPPORT CASE INFORMATION - NON IV-D

DCSS 0116 (02/04/05)

SECTION 1: EMPLOYER INFORMATION

EMPLOYER NAME	EMPLOYER CONTACT NAME	CONTACT TELEPHONE NUMBER ()
EMPLOYER ADDRESS		FEIN/SEIN NUMBER(S)
CITY	STATE	ZIP CODE

SECTION 2: 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 3: COURT ORDER INFORMATION

COURT DOCKET/CASE NUMBER	COUNTY COURT NAME	CCSAS CASE NUMBER
EMPLOYER PAY FREQUENCY <input type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> OTHER (explain):		
AMOUNT OF WITHHOLDING (PER PAY FREQUENCY)	DATE OF WITHHOLDING	

SECTION 4: PAYEE INFORMATION

PAYEE NAME:	SOCIAL SECURITY NUMBER	
PAYEE MAILING ADDRESS	DATE OF BIRTH	
CITY	STATE	ZIP CODE
TELEPHONE NUMBER ()		
METHOD OF PAYMENT <input type="checkbox"/> CHECK <input type="checkbox"/> DIRECT DEPOSIT (If using direct deposit, complete the rest of this section.)		
NAME OF FINANCIAL INSTITUTION	ROUTING NUMBER	ACCOUNT NUMBER

SECTION 5: OTHER PAYEE INFORMATION (*COMPLETE IF APPLICABLE)

PAYEE NAME:	SOCIAL SECURITY NUMBER*	
PAYEE MAILING ADDRESS	DATE OF BIRTH*	
CITY	STATE	ZIP CODE
TELEPHONE NUMBER ()		
METHOD OF PAYMENT <input type="checkbox"/> CHECK <input type="checkbox"/> DIRECT DEPOSIT (If using direct deposit, complete the rest of this section.)		
NAME OF FINANCIAL INSTITUTION	ROUTING NUMBER	ACCOUNT NUMBER

PLEASE COMPLETE THE BACK

