

## STATE DISBURSEMENT UNIT REQUIRED INFORMATION

If a Child or Medical Support Order is entered, then it is vital the below information be submitted so an account may 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 will then DESTROY this form.

Cause No. \_\_\_\_\_

Domestic Violence? Yes \_\_\_\_\_ No \_\_\_\_\_

Child/Medical Support Amount Due \$\_\_\_\_\_ per \_\_\_\_\_ beginning \_\_\_\_\_

PAYOR Name:	Date of Birth:	Gender:	
Social Security No.	Driver's License No. (include state)	Home Phone number:	
<b>COMPLETE</b> Mailing Address:			
PAYOR Name:	Date of Birth:	Gender:	
Social Security No.	Driver's License No. (include state)	Home Phone number:	
<b>COMPLETE</b> Mailing Address:			
Child's Name:	Gender:	Social Security No.	Date of Birth:
Child's Name:	Gender:	Social Security No.	Date of Birth:
Child's Name:	Gender:	Social Security No.	Date of Birth:
Child's Name:	Gender:	Social Security No.	Date of Birth:
Child's Name:	Gender:	Social Security No.	Date of Birth: