

REQUEST FOR INCOMING WITHHOLDING

CUSTODIAL PARENT DATA

Name: _____

Address: _____

Phone #: _____ Email Address _____

PLEASE BE ADVISED THAT YOUR ADDRESS MUST BE CURRENT WITH THE CLERK'S OFFICE OTHERWISE YOU WILL NOT RECEIVE YOUR CHILD SUPPORT PAYMENTS OR NOTIFICATION OF ENFORCEMENT ACTIVITIES. PLEASE COMPLETE THIS FORM IN ITS ENTIRETY FOR FASTER SERVICE. THANK YOU.

NON-CUSTODIAL PARENT DATA

Name: _____

Social Security #: _____ Date of Birth: _____ Phone # _____

Address: _____

(P.O. Boxes cannot be used) Include city, state and zip code

Email Address: _____

NON-CUSTODIAL EMPLOYER INFORMATION

NOTE: IF YOU WORK THROUGH A TEMPORARY AGENCY, YOU MUST REPORT THAT AGENCY AS YOUR EMPLOYER.

Employer: _____

Address: _____

(Include city, state and zip code)

Phone: _____ Fax: _____ Start Date: _____

Is this employer a temporary service? _____ Is the above address where the order should go? _____

IF THE INCOMING WITHHOLDING ORDER NEEDS TO GO TO A DIFFERENT ADDRESS, PLEASE PROVIDE WHERE THE ORDER SHOULD GO:

Employer: _____

Address: _____

(Include city, state and zip code)

Phone: _____ Fax: _____

CHILDREN'S INFORMATION

Child's Full Name	Birth Date	Social Security Number	Is this child receiving Medicaid?
-------------------	------------	------------------------	-----------------------------------

Child's Full Name	Birth Date	Social Security Number	Is this child receiving Medicaid?
-------------------	------------	------------------------	-----------------------------------

Child's Full Name	Birth Date	Social Security Number	Is this child receiving Medicaid?
-------------------	------------	------------------------	-----------------------------------

FOR OFFICE USE ONLY:

ISETS # _____ Reported by CP/NCP Taken by: _____ Date: _____