

SUPPORT INFORMATION FORM

COURT CASE NUMBER: _____

PERSON WHO RECEIVES SUPPORT

PERSON WHO PAYS SUPPORT

Name _____

Name _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Date of Birth _____ Sex _____

Date of Birth _____ Sex _____

Social Security # _____ Race _____

Social Security # _____ Race _____

Phone # _____

Phone # _____

CHILDREN IN THIS COURT CASE

Child's Full Name	Date of Birth	sex	Race	Social Security Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I affirm, under the penalty for perjury, that the above information is true to the best of my knowledge.

Date: _____

Signature: _____

PLEASE COMPLETE THIS FORM TO: **CLERK OF THE WHITLEY CIRCUIT COURT**
101 W VAN BUREN ST ROOM 10
COLUMBIA CITY, IN 46725