

# Kansas Payment Center - Child Support Order Information Sheet

**PLEASE print or type all information.**

Case Number: _____  Interstate: <small>Circle One</small> Y      N	Check if applicable:  <input type="checkbox"/> Court Trustee Case	Check one: <input type="checkbox"/> New Case/order <input type="checkbox"/> Modified order Filestamp Date of Order (above): _____															
Obligation Information Current Child Support due:  Current Maintenance (Alimony) due:  Other Support due: _____	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Support Amount</th> <th style="text-align: left; border-bottom: 1px solid black;">Frequency Code</th> <th style="text-align: left; border-bottom: 1px solid black;">Start Date</th> </tr> </thead> <tbody> <tr> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>\$</td> <td></td> <td></td> </tr> </tbody> </table>	Support Amount	Frequency Code	Start Date	\$			\$			\$			\$			Payment Frequency Codes  (W) Weekly (B) Biweekly (M) Monthly (SM) Semi-Monthly (Q) Quarterly (A) Annually (SA) Semi-Annually (L) Lump Sum
Support Amount	Frequency Code	Start Date															
\$																	
\$																	
\$																	
\$																	

**Information about the PAYING Parent**

NAME (First, Middle Initial, Last):			
Social Security Number:	Date of Birth:	Phone:	
Address:	City:	State:	Zip:

**Information about the Parent or Person RECEIVING support:**

NAME (First, Middle Initial, Last):			
Social Security Number:	Date of Birth:	Phone:	
Address:	City:	State:	Zip:

**Information about the Third Party Payee**

NAME (First, Middle Initial, Last):			
Social Security Number:	Date of Birth:	Phone:	
Address:	City:	State:	Zip:

**Information about CHILD(REN) covered by this support order**

Name (First and Last):	Social Security Number:	Date of Birth:
1.		
2.		
3.		
4.		

Form Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name (and title): \_\_\_\_\_

**The completed form must be attached to the journal entry and filed with the Clerk of the District Court.**