

**AGREED ENTRY  
CHILD SUPPORT INFORMATION SHEET**

<b>1.</b>	<b>PAYOR INFORMATION (one making support payments)</b> Name: _____ Social Security No. (last 4) xxx-xx-_____ Address: _____ _____ Telephone _____ Driver's License No. _____ Date of Birth _____  Employer's Name: _____ Employer's Address: _____  Are you currently paying another agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state who: _____ Case No. _____
<b>2.</b>	<b>PAYEE INFORMATION (one receiving support payments)</b> Name: _____ Social Security No. (last 4) xxx-xx-_____ Address: _____ _____ Telephone _____ Driver's License No. _____ Date of Birth _____  Are you on Welfare? <input type="checkbox"/> Yes <input type="checkbox"/> No Your Attorney's Name: _____  Employer's Name: _____ Employer's Address: _____ Are you currently paying another agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3.</b>	<b>HEALTH INSURANCE INFORMATION</b> Who is ordered to provide health insurance coverage: <input type="checkbox"/> Payor? <input type="checkbox"/> Payee? Insurance Company Name: _____ Name of Health Plan: _____ Address: _____ Customer Service Phone No. : _____ Insurance Group Number: _____ I.D. Number: _____

4. CHILD/REN'S NAME/S	DATE OF BIRTH	SOCIAL SECURITY NO.
		XXX-XX-
		XXX-XX-
		XXX-XX-
		XXX-XX-

**I/We hereby certify that the above information is correct to the best of my/our knowledge.**

\_\_\_\_\_  
**Payor's Signature**

\_\_\_\_\_  
**Payee's Signature**

**You may write any additional information on the back of this form, if you wish.**