

F 3.405(P)

KANSAS PAYMENT CENTER - CHILD SUPPORT ORDER INFORMATION SHEET

Kansas Payment Center, P.O. Box 758599, Topeka, KS 66675-8599

As per Supreme Court Administrative Order No. 168 (amended), all new or modified non-IVD support orders filed in the Kansas district courts must be accompanied by this child support order information sheet.

Purpose: Federal law requires Kansas to process child support through a single location in the state. **To insure that processing of child support payments is not delayed, the Kansas Payment Center must have all information listed on the form below.**

Who submits the completed form: The payee's attorney shall submit a child support order information sheet with any new or modified non-IVD support orders filed with the Clerk of the District Court.

Case Number: You must give the full, accurate case number, or payments may be delayed. The case number may be copied from the child support order.

Date: _____

Case Number: _____

Payer's Name: _____ **Date of Birth:** _____ **Gender:** Male/Female
SSN: _____ ***If SSN not known, give reason for unavailability of SSN:** _____

Address, City, State, Zip: _____

Payee's Name: _____ **Date of Birth:** _____ **Gender:** Male/Female
SSN: _____ ***If SSN not known, give reason for unavailability of SSN:** _____

Address, City, State, Zip: _____

Debt Type:	CS	Obligatory Frequency:	Weekly
(Circle one)	MN	(Circle one)	Bi-Weekly
	OT		Semi-Monthly
			Monthly

Obligation Amount: \$ _____ **Start Date:** _____

Child #1: Name _____ **Date of Birth:** _____ **Gender:** Male/Female
SSN: _____ **(If SSN known, please provide).**

Child #2: Name _____ **Date of Birth:** _____ **Gender:** Male/Female
SSN: _____ **(If SSN known, please provide).**

Child #3: Name _____ **Date of Birth:** _____ **Gender:** Male/Female
SSN: _____ **(If SSN known, please provide).**

Third Party Payee: _____ **Date of Birth:** _____ **Gender:** Male/Female
SSN: _____ **(If SSN not known, give reason for unavailability of SSN)**

Address, City, State, Zip: _____

***Absent extenuating circumstances as determined by the Kansas Payment Center, Payers' and Payees' Social Security Numbers must be provided on this form.**
Revised date: 6/20/06