REGISTRATION STATEMENT

Responding IV-D Case No. _____ **Initiating IV-D Case No.** _____

Responding Docket No. _____ **Initiating Docket No.** _____

I. Case Summary (Background of this Matter: Court / Administrative Actions)

Date of Support Order | State and County Issuing Order | Tribunal Case No.

Support Amount/Frequency | Date of Last Payment | Amount of Arrears | Period of Computation

$ | $ _____ thru _____
Date | Date

II. Mother Information [ ] Obligor [ ] Obligee

Full Name and Aliases (First, Middle, Last) | Address (Street, City, State, Zip) | Employer (Name, Street, City, State, Zip)

SSN:

III. Father Information [ ] Obligor [ ] Obligee

Full Name and Aliases (First, Middle, Last) | Address (Street, City, State, Zip) | Employer (Name, Street, City, State, Zip)

SSN:

IV. Caretaker (If Not a Parent) Relationship to Child(ren) _____

Full Name and Aliases (First, Middle, Last) | Address (Street, City, State, Zip)

SSN:

V. Additional Case Information

This order is registered in the following states:

Description and location of any property not exempt from execution:

Other:

VI. Verification / Certification

Under penalties of perjury, all information and facts concerning the arrearage accrued under this order are true to the best of my knowledge and belief.

_____ Date

_____ [ ] Party seeking Registration [ ] Records Custodian

_____ Sworn to and Signed Before Me This Date, County/State

_____ Notary Public, Court/Agency Official and Title

_____ Commission Expires