

STATE DISBURSEMENT UNIT REQUIRED INFORMATION

If Child or Medical Support is to be entered, it is vital the below information be submitted so an account can be established at the State Disbursement Unit. For an account to be properly identified and payments posted as accurately and quickly as possible, ALL of the below information is needed. The District Clerk's office will use this information to set up the account at the SDU and then will DESTROY this form.

Cause No. _____

Domestic Violence? Yes _____ No _____

Child/Medical Support Amount Due \$ _____ per _____ beginning _____

PAYOR Name:	Date of Birth:	Gender
Social Security No.	Driver's License No.. (include state)	Home phone number:
COMPLETE Mailing Address:		
PAYEE Name:	Date of Birth:	Gender
Social Security No.	Driver's License No. (include state)	Home phone number:
COMPLETE Mailing Address:		
Child's Name:	Social Security No.	Date of Birth:
Child's Name:	Social Security No.	Date of Birth:
Child's Name:	Social Security No.	Date of Birth:
Child's Name:	Social Security No.	Date of Birth:
Child's Name:	Social Security No.	Date of Birth: