

## KANSAS PAYMENT CENTER 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 KPC must have all information listed on the form below.

**Who submits the completed form:** The payee's attorney shall file the completed form along with the Journal Entry with the Clerk of the District Court per Kansas Supreme Court Administrative Order No. 154.

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

	County	Year	Case Type	Case Number
Example: SG 00D 000123	(SG)	(00)	(D)	(000123)

Please call your local Clerk of the District Court if you need additional information to complete this form.

**THIS FORM MUST BE ATTACHED TO THE ORDER AND FILED WITH THE CLERK OF THE DISTRICT COURT.**

<b>PLEASE print or type all information.</b>																																		
Case No.: SG _____  Interstate      Circle One ○ Y ○ N	<b>Check if applicable:</b>  <input type="checkbox"/> Court Trustee Case	<b>Check one:</b> New case / order Modified order  <b>Filestamp Date of Order (above):</b>																																
<b>Obligation Information</b>  <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Support</th> <th style="width: 10%; text-align: center;">Amount</th> <th style="width: 10%; text-align: center;">Frequency</th> <th style="width: 10%; text-align: center;">Code</th> <th style="width: 10%; text-align: center;">Start Date</th> </tr> </thead> <tbody> <tr> <td>Current Child support due:</td> <td style="text-align: center;">\$</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Current Maintenance (Alimony) due:</td> <td style="text-align: center;">\$</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Other support due:</td> <td style="text-align: center;">\$</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td></td> <td style="text-align: center;">\$</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>				Support	Amount	Frequency	Code	Start Date	Current Child support due:	\$	_____	_____	_____	_____	Current Maintenance (Alimony) due:	\$	_____	_____	_____	_____	Other support due:	\$	_____	_____	_____	_____		\$	_____	_____	_____	_____	<b>Payment Frequency Codes</b> (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																													
Current Child support due:	\$	_____	_____	_____	_____																													
Current Maintenance (Alimony) due:	\$	_____	_____	_____	_____																													
Other support due:	\$	_____	_____	_____	_____																													
	\$	_____	_____	_____	_____																													
<b>Information about the PAYING parent</b>																																		
NAME: (First, Middle Initial, Last):																																		
Social Security Number:	Date of Birth:	Phone:																																
Address:	City:	State:	Zip:																															
Name of Employer:		Employer's Phone:																																
Employer Address:	City:	State:	Zip:																															
<b>Information about the parent or person RECEIVING support</b>																																		
NAME: (First, Middle Initial, Last):																																		
Social Security Number:	Date of Birth:	Phone:																																
Address:	City:	State:	Zip:																															
Name of Employer:		Employer's Phone:																																
Employer Address:	City:	State:	Zip:																															
<b>Information about the Third Party Payee</b>																																		
NAME: (First, Middle Initial, Last):																																		
Social Security Number:	Date of Birth:	Phone:																																
Address:	City:	State:	Zip:																															
<b>Information about the CHILD(REN) covered by this support order:</b>																																		
NAME (First and Last)	Social Security Number:	Date of Birth:																																
1.																																		
2.																																		
3.																																		
4.																																		

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

**NOTE: NOTIFY THE COURT TRUSTEE'S OFFICE IF THE ABOVE INFORMATION CHANGES.**