REGISTRATION STATEMENT

| Responding IV-D Case No | | Initiating IV-D Case No | |
|---|--|----------------------------|--|
| | | | |
| 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 [Full Name and Aliases (First, Middle, Last) |] Obligor [] Obligee Address (Street, City, State, Zip) | | Employer (Name, Street, City, State, Zip) |
| SSN: | | | |
| III. Father Information [Full Name and Aliases (First, Middle, Last) |] Obligor [] Obligee Address (Street, City, State, Zip) | | Employer (Name, Street, City, State, Zip) |
| SSN: | | | |
| | lationship to Child(ren) Address (Street, City, State, Zip) | | |
| SSN: V. Additional Case Information This order is registered in the following | states: | | |
| Description and location of any proper | ty not exempt from execution: | | |
| Other: | | | |
| | | | true to the best of my knowledge and belief. |
| Date | [] Party seeking R | egistration [] F | Records Custodian |
| Sworn to and Signed Before Me This Date, County/State | Notary Public, Court | /Agency Official and Title | e Commission Expires |

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