CHILD SUPPORT INFORMATION SHEET

Please include all information known.

In T	HE	COURT OF		COUNTY,	COUNTY, MISSISSIPPI	
	JUD	ICIAL DISTRICT, CITY O	F			
ocket No File Yr.	Chronological No.	Clark's Local ID	Docket No. if Filed Prior to 1/1/94			
	_					
Last	First	M.I.	Jr/Sr	Date of Birth	Social Security No.	
ddress:			()			
				Telephone No.	Drivers License No.	
Employer Name and Address:					() Employer Telephone No.	
					Employer Telephone No.	
Last	First	M.I.	Maiden	Date of Birth	Social Security No.	
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OR ADDITIONAL CHILDRE	N, PLEASE ATTACH ADDITIO	ONAL FORMS.				
IANDATED DUDGUANT TO						
ANDATED PURSUANT TO						
Federal Social Security Act Title IV-D, §§ 454(26)(A) and 454A(e)(4);			Information will be sent to the			
3 404(20)(A) and 404A(C)(4);			ADMINISTRATIVE DEFICE OF COLIDES AND			

Miss. Code Ann. §43-19-31(I)(III) (Supp. 1999)

Information will be sent to the ADMINISTRATIVE OFFICE OF COURTS AND MDHS CHILD SUPPORT ENFORCEMENT DIVISION