

Child Support Order Transmittal Form

This form is to be completed and given to the Clerk of the Court, with a copy of the order attached.

CHILD SUPPORT PAYMENTS MUST BE MADE PAYABLE TO THE
DEPARTMENT OF HEALTH AND WELFARE
AND SENT TO
CHILD SUPPORT RECEIPTING, P.O. BOX 70008, BOISE, ID, 83707

Case # _____ County _____ Date of Order _____

Plaintiff's full name _____ () male () female

Social Security # _____ Date of Birth _____ Phone number _____

Mailing Address _____

Residence address (if different than mailing) _____

Employer Name and Address _____

Plaintiff's Attorney: _____ Phone _____ City/State _____

Defendant's full name _____ () male () female

Social Security # _____ Date of Birth _____ Phone number _____

Mailing Address _____

Residence address (if different than mailing) _____

Employer Name and Address _____

Defendant's Attorney: _____ Phone _____ City/State _____

Children for whom support is ordered in this order:

Child's Full Name	Social Security #	Date of Birth	Sex
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If support is ordered for more than six children, please attach a separate sheet of paper with the information.

Is there an Income Withholding Order? () Yes () No (If yes, please attach a copy)

Print name of person who completed this form: _____ Phone _____

Clerk: Send transmittal form and order copy to: State Case Registry, ATTN: Linda Jolly, PO Box 83720, Boise ID 83720-0036