

# REGISTRATION STATEMENT

Responding IV-D Case No. \_\_\_\_\_

Initiating IV-D Case No. \_\_\_\_\_

Responding Docket No. \_\_\_\_\_

Initiating Docket No. \_\_\_\_\_

**Case Summary** (Background of this Matter: Court / Administrative Actions)

Date of Support Order

State and County Issuing Order

Tribunal Case No.

Support Amount/Frequency  
Computation

Date of Last Payment

Amount of Arrears

Period of

\$

\$

\_\_\_\_\_ thru \_\_\_\_\_  
Date Date

II. Mother Information  
Full Name and Aliases  
(First, Middle, Last)

Obligor

Oblige

Address (Street, City, State, Zip)

Employer (Name, Street, City, State, Zip)

SSN: \_\_\_\_\_

III. Father Information  
Full Name and Aliases  
(First, Middle, Last)

Obligor

Oblige

Address (Street, City, State, Zip)

Employer (Name, Street, City, State, Zip)

SSN: \_\_\_\_\_

IV. Caretaker (If Not a Parent)  
Full Name and Aliases  
(First, Middle, Last)

Relationship 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 property not exempt from execution:

Other:

**VI. Verification / Certification**

Under penalties of perjury, all information and facts concerning the arrearage accrued under this order are true to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Party seeking Registration

\_\_\_\_\_  
Records Custodian

\_\_\_\_\_  
Sworn to and Signed Before Me This  
Date, County/State

\_\_\_\_\_  
Notary Public, Court/Agency Official and Title

\_\_\_\_\_  
Commission Expires