## **REGISTRATION STATEMENT**

Responding IV-D Case No		Initiating IV-D Case No			
Responding Docket No		Initiating Docket No			
Case Summary (Background of this Ma	atter: Court / Admini	strative Actions)			
Date of Support Order	State and County Issuing Order Tribunal Case No.				
Support Amount/Frequency Date of L	ast Payment	Amount of Arrears	Period of Computation thru		
\$		\$		Date	Date
II. Mother Information Full Name and Aliases (First, Middle, Last)	[ ] Obligor Address (Street, City	[ ] Obligee Employer (Name, Street, City, State, Zip)			
SSN:					
III. Father Information Full Name and Aliases (First, Middle, Last)	[ ] Obligor Address (Street, City	y, State, Zip)	[ ] Obligee Employer (f	Name, Street, Cit	ry State, Zip)
SSN:					
IV. Caretaker (If Not a Parent) Relationship Full Name and Aliases (First, Middle, Last)	o to Child(ren) Address (Street, City	y, Zip)			
SSN:					
V. Additional Case Information					
This order is registered in the following state	es:				
Description and location of any property not exempt from execution:					
Other:					
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 Re	gistration [	Records Custo	odian
Sworn to and Signed Before Me This Date, County/State	<u>=</u>	ort/Agency Official and Fitle	(	Commission Exp	ires

Registration Statement OMB No. 0970-0085