INCOME DEDUCTION INFORMATION SHEET

* This sheet is to be sent to the non custodial parent≤ employer and Child Support Enforcement IDO Registry, P.O. Box 38070, Atlanta, GA 30334, along with the Income Deduction Order.

Superior Co	ourt Case Number		
Name and	address of custodial p	parent.	
	SS#	DOB	
Name and	address of non-custod	lial parent.	
	 SS#	DOB	
		S	
			
Name(s) ar	nd Dates of Birth(s) of C	Child(ren).	
		DOB	