

INCOME DEDUCTION ORDER INFORMATION SHEET

Instructions: Complete this form, and then send it with the Income Deduction Order to the Employer/Payor and to the FSR at the following address: Child Support Enforcement, IDO Registry/FCSU, P.O. Box 857, Jonesboro, GA 30237-0857

Superior Court of Gwinnett County Case Number: _____

Parent Paying Child Support (Obligor)

Name: _____

Address: _____

Telephone: _____

Soc. Sec. No. _____

Date of Birth: _____

Employer: _____

Employer Address: _____

Employer Telephone: _____

Parent Receiving Child Support (Obligee)

Name: _____

Address: _____

Telephone: _____

Soc. Sec. No. _____

Date of Birth: _____

I hereby certify that the amount of past due child support owed as of _____, 200____, is \$_____.

Parent Signature

Court Order Information

County/State of Order: _____

Date Order Signed: _____

First Due Date: _____

Support Amount: \$_____ per _____

Civil Action No. _____

Total Amount Past Due: \$_____

Past Due Amt. Through (Date): _____

Repayment Amt: \$_____ per _____

Children Covered by Order -

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____