

IN THE DISTRICT COURT OF _____ COUNTY
STATE OF OKLAHOMA

_____)	
Petitioner/plaintiff)	
_____)	Case no: _____
and)	CSED FGN: _____
_____)	(Child Support Enforcement Division
Respondent/defendant	case number)

Summary of Support Order

Mail to: CSED, Central Case Registry, PO Box 528805, Oklahoma City, OK 73152-8805

This form must be completed and presented to the judge before the judge signs your order. The Child Support Enforcement Central Case Registry needs this information to send child support payments. This form will **NOT** be put on file in the Courthouse. [43 O.S. § 120]

- The judge made the following order: Temporary or Final on _____ (date). Active Protective Order? Yes No
- What kind of case was just heard by the judge? Divorce; Paternity; Juvenile; Modification of earlier order; Enforcement of earlier order; or Other kind of case, explain: _____
- The judge ordered _____ (name), the father or mother of the child(ren) to pay \$ _____ per month to _____ (name), the father, mother, or other caretaker or guardian. The judge said the money is to be paid on the _____ day of each month (date).
- The first payment was ordered to be paid on _____ (date).
- Please fill in the boxes below about each child that the judge ordered support to be paid for in this court order. If there are more than eight children, please complete another form like this one. Federal law says you must provide the information below. [42 U.S.C. § 666(a)(13)] It will only be used to collect child support.

Child's first name	Child's middle name	Child's last name	Date of birth	Male/ female	Social Security number

6. An income assignment is immediately ordered: Yes No
 The employer of the person ordered to pay support is:

Employer name			Phone
Mailing address	City	State	Zip code

7. Child(ren) health insurance provided by father mother other (name/address)____
 8. _____ (name of person) was also
 ordered to pay \$ _____ per month for _____ (payment type)
 \$ _____ per month for _____ (payment type)

9. **Additional information:**

Obligor (The person ordered to pay support, the noncustodial parent):

Date of birth	M/F	Social Security no.	Daytime phone	Employer phone
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Obligee (The person receiving support, the custodial person):

Date of birth	M/F	Social Security no.	Daytime phone	Employer phone
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10. **Mailing Information:**

Obligor (The person ordered to pay support, the noncustodial parent): What is the mailing address to receive mail, to serve orders, and for notices to come to court? [Address of record – 43 O.S. § 112A]

Street or P.O. Box address	City	State	Zip code
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Obligee (The person receiving support, the custodial person): What is the mailing address to receive mail, to serve orders, and for notices to come to court? [Address of record – 43 O.S. § 112A]

Street or P.O. Box address	City	State	Zip code
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Obligee: Do payments go to a different address? Write it here:

Street or P.O. Box address	City	State	Zip code
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PREPARED BY

DATE **PRINT NAME** **PHONE**