



**KANSAS PAYMENT CENTER – CHILD SUPPORT ORDER INFORMATION SHEET**

**As per Supreme Court Administrative Order No. 168 (amended), all new or modified non-IVD support orders filed in the Kansas district courts must be accompanied by this child support order information sheet.**

P.O. Box 758599  
Topeka, KS 66675-8599

**Purpose:** Federal law requires Kansas to process child support through a single location in the state. **To insure that processing of child support payments is not delayed, the Kansas Payment Center must have all information listed on the form below.**

**Who submits this information sheet:** The payee's attorney shall submit a child support order information sheet with any new or modified non-IVD support orders filed with the Clerk of the District Court.

**Case Number:** You must give the full, accurate case number, or payments may be delayed. The case number may be copied from the child support order.

Date: \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**Payer's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:** Male/Female  
**SSN:** \_\_\_\_\_ **\*If SSN not known, give reason for unavailability of SSN:**

Address, City, State, Zip: \_\_\_\_\_

**Payee's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:** Male/Female  
**SSN:** \_\_\_\_\_ **\*If SSN not known, give reason for unavailability of SSN:**

Address, City, State, Zip: \_\_\_\_\_

Debt Type: CS Obligation Frequency: Weekly  
(Circle one) MN (circle one) Bi-weekly  
OT Semi-Monthly  
Monthly

Obligation Amount: \$ \_\_\_\_\_ Start Date: \_\_\_\_\_

**Child #1:** Name: \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:** Male/Female  
**SSN:** \_\_\_\_\_ **(If SSN known, please provide)**

**Child #2:** Name: \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:** Male/Female  
**SSN:** \_\_\_\_\_ **(If SSN known, please provide)**

**Child #3:** Name: \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:** Male/Female  
**SSN:** \_\_\_\_\_ **(If SSN known, please provide)**

**Third Party Payee:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Gender:** Male/Female  
**SSN:** \_\_\_\_\_ **(\*If SSN not known, give reason for unavailability of SSN)**

Address, City, State, Zip: \_\_\_\_\_

**\*Absent extenuating circumstances as determined by the Kansas Payment Center, Payers' and Payees' Social Security Numbers must be provided on this form.**

**Form Completed By:** \_\_\_\_\_