DATE:

**Please check one\* Please check one\***

Original Order  Worksheet for State Case Registry purpose only

Modified Order  Payments ordered through SDU (formerly CCSRU)

Terminated Order/Termination of IWO issued

Updated Information

**NON-IV-D DEMOGRAPHIC INFORMATON AND UPDATE WORKSHEET**

**(PLEASE PRINT LEGIBLY)**

**DOCKET ID** \*       **ORIGINAL ORDER DATE** \*

**COURT CODE** \*       **FAMILY VIOLENCE CODE** \* YES  OR NO

|  |
| --- |
| **OBLIGEE’S INFORMATON (party to receive payments):**  **LAST NAME** \*       **FIRST NAME** \*      **MIDDLE**  **SEX**       **SSN** \*      -      -      **DATE OF BIRTH** \*      **RELATIONSHIP TO CHILD** \*  **MAILING ADDRESS** \*    **CITY** \*      **STATE** \*      **ZIP** \*       **TELEPHONE#** |

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| **OBLIGOR’S INFORMATION (party to make payments):**  **LAST NAME** \*       **FIRST NAME** \*      **MIDDLE**    **SEX**      \_ **SSN** \*       **DATE OF BIRTH** \*      **RELATIONSHIP TO CHILD** \*  **MAILING ADDRESS**  **CITY** \*      **STATE** \*      **ZIP** \*      **TELEPHONE#**  **EMPLOYER**  **EMPLOYER ADDRESS**  **CITY NAME**       **STATE**       **ZIP**       **COUNTRY** |

|  |
| --- |
| **DEPENDENT INFORMATION:**  **CHILD#1:** **LAST NAME** \*      **FIRST NAME** \*      **MIDDLE**  **SEX**       **SSN** \*      **DATE OF BIRTH** \*  **CHILD#2:** **LAST NAME** \*      **FIRST NAME** \*      **MIDDLE**  **SEX**       **SSN** \*      **DATE OF BIRTH \*** |

**COURT CLERK’S FAX NUMBER:** (731)644-2527

**TCSES CASE NUMBER**:

**\*FIELDS REQUIRED**

**NOTES**: Additional dependents can be entered on a separate page and faxed. Docket numbers and court code must be re-entered for additional dependents. Parties’ information need not be re-entered.