KPC
Kansas Payment Center

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. The case number format is as follows:

	County	Year	Case Type	Case Number
Example: SN00D 000123	(WY)	(00)	(D)	(000123)

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: _____

Revised date: 6/20/06