

**SUPREME COURT OF THE STATE OF NEW YORK**

**COUNTY OF \_\_\_\_\_**

-----X

Plaintiff,

Index No. \_\_\_\_\_

-against-

**SUPPORT COLLECTION UNIT  
INFORMATION SHEET**

Defendant.

-----X

The following information is required pursuant to Section 240(1) of the Domestic Relations Law:

PLAINTIFF: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS #: \_\_\_\_\_

DEFENDANT: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS #: \_\_\_\_\_

Date and Place of Marriage: \_\_\_\_\_

' Plaintiff OR ' Defendant is the custodial parent and ' is OR ' is not receiving public assistance.

UNEMANCIPATED CHILDREN:            Name            Date of Birth

SUPPORT: Maintenance \$ \_\_\_\_\_ ' per week OR ' bi-weekly OR ' per month

Child Support \$ \_\_\_\_\_ ' per week OR ' bi-weekly OR ' per month

Total Support \$ \_\_\_\_\_ ' per week OR ' bi-weekly OR ' per month

Support payments are to be made to ' Plaintiff OR ' Defendant OR ' Third Party.

If third party, list name and address: \_\_\_\_\_

Non-custodial parent's employer: \_\_\_\_\_

Address: \_\_\_\_\_

Dated: \_\_\_\_\_

