



Department of
Human Services

DATE: _____

Please check one*

- Original Order
- Modified Order
- Terminated Order/Termination of IWO issued
- Updated Information

Please check one*

- Worksheet for State Case Registry purpose only
- Payments ordered through SDU (formerly CCSRU)

COMPLETE AND FAX WORKSHEET ONLY TO: (615) 524-3102

NON-IV-D DEMOGRAPHIC INFORMATION AND UPDATE WORKSHEET
(PLEASE PRINT LEGIBLY)

DOCKET ID * _____
COURT CODE * 4714905

ORIGINAL ORDER DATE * _____
FAMILY VIOLENCE CODE * YES OR NO

OBLIGEE'S INFORMATION (party to receive payments):

LAST NAME * _____ FIRST NAME * _____ MIDDLE _____
SEX _____ SSN * _____ - _____ - _____ DATE OF BIRTH * _____ RELATIONSHIP TO CHILD * _____
MAILING ADDRESS * _____
CITY * _____ STATE * _____ ZIP * _____ TELEPHONE# _____

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: 615-691-5964

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.