

Georgia Department of Human Services

NON IV-D CASE REGISTRATION FORM

Non-Custodial (Paying) Parent	Custodial (Receiving) Parent
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
DOB: ___/___/___ SSN: _____	DOB: ___/___/___ SSN: _____
Telephone #: _____	Telephone #: _____

Non-Custodial Parent's Employer: _____

Address: _____

Employer's Telephone #: _____

Court Order Information

County/State of Order: _____ Civil Action Number: _____

Date Order Signed: ___/___/___ First Due Date: ___/___/___

Support Order Amount: \$ _____ per _____

Children for Whom Support Is Ordered

Child Name	DOB	SSN
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____

Mail the completed form to:

**Family Support Registry
P.O. Box 1800,
Carrollton, Georgia 30112-1800**