

CSEA INFORMATION SHEET

Case No. DR , Sandusky County Common Pleas Court

Parties

Plaintiff/petitioner

Defendant/petitioner

Name _____

Address _____

City, State & ZIP _____

Social Security No. _____

Date of birth _____

Employment

Name _____

Address _____

City, State & ZIP _____

Pay Period

Monthly

Semi-monthly

Bi-weekly

Weekly

Monthly

Semi-monthly

Bi-weekly

Weekly

Minor Children

Name _____

Address _____

City, State & ZIP _____

Social Security No. _____

Date of birth _____

Name _____

Address _____

City, State & ZIP _____

Social Security No. _____

Date of birth _____

Name _____

Address _____

City, State & ZIP _____

Social Security No. _____

Date of birth _____

If either party has **healthcare insurance** for the minor children through employment, or by virtue of a spouse's employment, such information shall be set forth on the reverse side hereof.

Dated: _____ Signature of party submitting form _____

Note: This form is to be delivered to the Clerk of Courts when the first Support Order is filed. The Clerk will forward this form to the CSEA with the Support Order; it is not a public record and it will **not** be filed in the case. The parties must promptly report any changes in the foregoing information to the CSEA.