

Request for Child Support Printouts

Case Number: _____

Agency Name: _____

Person Requesting First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____

Phone Number: _____ Email Address: _____

Time Period From: _____ To: _____

Best Time and Way to Contact You: _____

Payor's Name: _____ DOB: _____ SSN: _____

Comments:

Once your record is located, we will contact you to determine how you would like to obtain it and provide payment. Thank you!

Govt Agency Request: ☐

Fees:	Certified Record	\$2.00 / document
	Faxed Document	\$2.00 / page
	Mailed Document	\$2.00 / document
	Court Record	\$1.00 / page
	Child Support Printout	\$1.00 / page

Submit