

SUPREME COURT OF THE STATE OF NEW YORK

COUNTY OF _____

-----X

Plaintiff,

Index No. _____

-against-

**SUPPORT COLLECTION UNIT
INFORMATION SHEET**

Defendant.

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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: _____

