



IN THE _____ JUDICIAL CIRCUIT COURT, _____, MISSOURI

Judge or Division:	Case Number:
Petitioner: vs.	Date of Decree/Judgment:
	MACSS Case ID:
Respondent:	

(Date File Stamp)

**Information Statement to the Circuit Court
for the Processing of Maintenance and Child Support Payments
(Confidential Record)**

Payee: (Person Receiving Payments)	Name: _____ Last _____ First _____ M.I. _____ SSN: _____ DOB: _____ Optional: MACSS Member Number (to be completed by the court): _____ Address: _____ Home Phone: _____ Related case number: _____	
	Payor: (Person Making Payments)	Name: _____ Last _____ First _____ M.I. _____ SSN: _____ DOB: _____ Optional: MACSS Member Number (to be completed by the court): _____ Payor Address: _____ Employer (Company) Name: _____ Employer Address: _____ Optional: Employer MACSS Number (to be completed by the court): _____ Has Wage Withholding been issued? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not? _____

Judgment Information:

\$ _____ per _____ for child support; Effective Date (Date 1st Payment Due) _____
\$ _____ per _____ for spousal support (maintenance); Effective Date _____
\$ _____ per _____ for periodic arrearage payments toward arrearage judgment of \$ _____
\$ _____ per _____ for state debt judgment of \$ _____

Payments are to be made to the Family Support Payment Center.

Payments are to be made directly to the custodial parent.

Has Medical Insurance been ordered? Yes No. If yes, who is ordered to pay? _____

If no, why?

- Parties agree no insurance ordered.
- Child covered in another order.
- Per Court no health insurance ordered.
- Order silent, no mention of medical insurance in order.

Children:

Name: _____ SSN: _____ DOB: _____

Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Optional: MACSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____ DOB: _____

Optional: MACSS Member Number (to be completed by the court): _____

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Optional: MACSS Member Number (to be completed by the court): _____

Check if more than ten children and attach additional sheet

I certify the information above is correct to the best of my knowledge.

Signature of Preparer

Instructions to Clerk

Maintain the closed portion(s) of the record in a sealed manila envelope within the file. The file can be maintained with other open records. If a request is made to review the open portion of the file, the envelope can be removed from the file. Access to the record must be restricted to avoid access to the closed portion of the record.