



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)**

<b>Payee: (Person Receiving Payments)</b>	Name: _____ Last _____ First _____ M.I. _____ SSN: _____ DOB: _____  Optional: MACSS Member Number (to be completed by the court): _____  Address: _____  Home Phone: _____  Related case number: _____
<b>Payor: (Person Making Payments)</b>	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 1<sup>st</sup> 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): \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

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.**