

Juvenile Court Support Office
Information Worksheet

Case Number: _____

SETS Number: _____

List Child(ren), Date(s) Of Birth, And Social Security Number(s)

OBLIGOR SWO

OBLIGEE SWO

_____	Name	_____
_____	SSN	_____
_____	Date Of Birth	_____
_____	Current Address	_____
_____	City, State, Zip	_____

TERMINATION _____

TERMINATION _____

Withholding Organization

Withholding Organization

Name: _____

Name: _____

Address: _____

Address: _____

Account Number: _____

Account Number: _____

**GROUP HEALTH INSURANCE COVERAGE
FOR DEPENDANT CHILDREN**

Available through

_____	Insurance Company	_____
_____	Address	_____
_____	City, State, Zip	_____
_____	Policy Number	_____

_____	Employer and Address	_____
_____	of the party responsible for	_____
_____	providing Health Care	_____
_____	if different than	_____
_____	withholding organization	_____

_____ % of Uninsured Ordinary _____

_____ % Other Order/ Agreement _____

**PLEASE ENSURE ALL PRINTED INFORMATION IS CURRENT, AND
ACCURATE.**