Plaintiff [NAME (First, Middle, Last) OF SPOUSE FILING	THE DIVORCE]			
vs.		Docket No:		
Defendant [NAME (First, Middle, Last) OF THE OTHER	SPOUSE]			
Title IV-D C	hild Suppo	rt Information		
Plaintiff:				
Name: [First Name]	[Middle N	ame1	[Last N	amel
Address:  [Street Address]		[City]	[State]	
	irth Date:[MM/DD			[Zip]
Driver's License Number:	_	/ <b>/YYYY]</b> Issuing State of Driver's L	[City]	[State]
Employer's Name:		_		
Gross income before anything is taken out: \$_		• •		<del></del>
Does s/he get health insurance at work?		caon week	Z WCCRS	
Does s/he have to pay for part of it?  Yes	_			
If yes, how much does s/he have to pay for it?		each $\square$ week	☐ 2 weeks	☐ month
Name of health insurance company:				
Address of health insurance company:				
Defendant:				
Name:[First Name]		ame]	[Last N	ame]
Address: [Street Address]		[City]	[State]	[Zip]
Phone: ( ) Bi	irth Date:	Birth Place:_		
Driver's License Number:	[MM/DD	ואיזין Issuing State of Driver's L	icense:	[State]
Employer's Name:		Employer's Phone: ( )		
Gross income before anything is taken out: \$_		each week	2 weeks	☐ month
Does s/he get health insurance at work?				
Does s/he have to pay for part of it?	☐ No			
If yes, how much does s/he have to pay for it?	\$	each 🗌 week	2 weeks	☐ month
Name of health insurance company:				
Address of health insurance company:				

IN THE \_\_\_\_\_ CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE

January 2017

## Children:

1.	First, middle, last name:		
	Date of birth (MM/DD/YYYY):	<u> </u>	
	Address where s/he lives:		
	City:		
2.	First, middle, last name:		
	Date of birth (MM/DD/YYYY):	<u> </u>	
	Address where s/he lives:		
	City:		Zip Code:
3.	First, middle, last name:		
	Date of birth (MM/DD/YYYY):	<u></u>	
	Address where s/he lives:		
	City:		
4.	First, middle, last name:		
	Date of birth (MM/DD/YYYY):		
	Address where s/he lives:		
	City:		Zip Code:

Important! If child support payments are made to the Central Child Support Receipting Unit, remember:

Send a payment coupon from the Department of Human Services with each payment. Don't have a coupon? Then this information **must** go with each payment:

- 1. Name and social security number of the parent who must pay child support.
- 2. Court Identifier Number:\_\_\_\_\_\_.
- 3. Docket Number: .

If you don't send this information with the payment, you may have to pay a penalty (T.C.A. §36-5-120).

Are you behind on child support payments (in arrears)? Then the payment that is set is the least you can pay. Your children's other parent can still try and collect by taking your income tax refund. Or s/he can get a lien to get the money if you sell any property. Or s/he can ask the Court to take your property to pay what you owe. If this happens, will it count toward what you owe for child support? It **ONLY** counts if it is paid to the **Central Child Support Receipting Unit**.

Is child support being taken out of your wages? Until your employer starts taking the payments out of your wages, you **must** make payments. Make payments directly to the **Central Child Support Receipting Unit**. What if your employer is not taking the full payment you owe out of your wages? Then you must pay the rest of the payment directly to the **Central Child Support Receipting Unit**.

**Warning!** If any of the information on this paper changes or is wrong, you must let the Court know right away. If you don't, a default judgment may be entered against you. The default judgment will be sent to the most recent residential or employer address on file with the Court or the Title IV-D agency. A default judgment means you are ordered to pay all the child support you owe at once. If any of the information changes, both the Plaintiff and Defendant must tell the Court and the IV-D Child Support Office within 10 days. Report the changes to the *Circuit Court Clerk, 1 Public Square, Room 302, P. O. Box 196303, Nashville, TN 37219-6303*; and the *Central Child Support Receipting Unit, P. O. Box 305200, Nashville, TN 37229*.