

PORTAGE COUNTY CHILD SUPPORT ENFORCEMENT AGENCY
 SUPPORT PAYMENT REGISTRATION
 449 SOUTH MERIDIAN STREET, 3RD FLOOR
 RAVENNA, OHIO 44266

DATE _____ COURT NO. _____

I PAYOR INFORMATION (ONE MAKING SUPPORT PAYMENTS)

NAME: _____ SSN: _____

ADDRESS: _____
 NUMBER STREET CITY STATE ZIP

PHONE # _____ YOUR ATTY'S NAME _____

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS: _____
 NUMBER STREET CITY STATE ZIP

Are you currently paying another agency? Yes No If yes,

please state who: _____ Case No. _____

Health Insurance Name: _____

Address: _____
 NUMBER STREET CITY STATE ZIP

DRIVER'S LICENSE # _____ DATE OF BIRTH ____ / ____ / ____

II PAYEE

NAME: _____ SSN: _____

ADDRESS: _____
 NUMBER STREET CITY STATE ZIP

PHONE NO. _____ Is he/she on Welfare? _____

His/Her Atty's Name _____ Phone No. _____

DRIVER'S LICENSE # _____ DATE OF BIRTH ____ / ____ / ____

III

Child's Name	Date of Birth	SSN

I/we hereby certify that the above information is correct to the best of my/our knowledge.

*You may write any additional information on the back of this form, if you wish.

 (Payor's Signature)

 (Payee's Signature)