

Information Sheet for Setting Up a Payment Processing Case

The information requested on this sheet is needed for the Arkansas Child Support Clearinghouse to establish a case record to receive and disburse child support payments and maintain a record of payments.

Please complete all information to the best of your knowledge and submit it, along with a copy of the Arkansas order for child support, to:

AR Child Support Clearinghouse
Attn: New Case Set-Up
PO Box 8128
Little Rock, AR 72203

Email: AR.SDU@ocse.arkansas.gov
Fax: 501-683-7920

This form must be accompanied by a copy of the file-marked court order.

Payee Parent/Custodial Party Information (the person who will receive child support)

Name: _____

Mailing Address: _____

Phone: (Cell) _____ (Home) _____ Email: _____

SSN: _____ Date of Birth: _____

Payor Parent/Noncustodial Parent Information (the person who will pay child support)

Name: _____

Mailing Address: _____

Phone: (Cell) _____ (Home) _____ Email: _____

SSN: _____ Date of Birth: _____

Employer Name and Phone Number: _____

Children's Information

First and Last Name: _____ Date of Birth: _____ SSN _____

First and Last Name: _____ Date of Birth: _____ SSN _____

First and Last Name: _____ Date of Birth: _____ SSN _____

First and Last Name: _____ Date of Birth: _____ SSN _____

Name of person completing this form (please print): _____

If you are not a party to the child support case, please state your relationship to the parties: _____

Phone number: _____ Email address: _____