

CHILD SUPPORT STATISTICAL INFORMATION

DOCKET NO. _____

TCSES NO. _____

FAILURE TO APPROPRIATELY UPDATE THIS INFORMATION OR GIVING FALSE INFORMATION COULD LEAD TO BEING CITED FOR CONTEMPT OF COURT OR HAVING A DEFAULT JUDGMENT ENTERED AGAINST YOU. It is further ordered by the Court that both parties update the following information with any changes within 10 days of the change to the WILSON COUNTY CIRCUIT COURT CLERK, P.O. BOX 518, LEBANON, TN 37088-0518.

Father's Information

Full Name: _____
Residential Address: _____
Mailing Address: _____
(if different from above) _____
Employer's Name: Employer's Address: _____
Gross Annual Income: Health Insurance Company: Health Insurance Address: _____

SSN: _____
Phone: _____
Birthplace: _____
Birth date: _____
City: _____
State: _____
Drivers License # _____
Phone: _____
Available through Employer?
 Yes No
Cost to Employee (if any) _____

Mother's Information

Full Name: _____
Residential Address: _____
Mailing Address: _____
(if different from above) _____
Employer's Name: Employer's Address: _____
Gross Annual Income: Health Insurance Company: Health Insurance Address: _____

SSN: _____
Phone: _____
Birthplace: _____
Birth date: _____
City: _____
State: _____
Drivers License # _____
Phone: _____
Available through Employer?
 Yes No
Cost to Employee (if any) _____

Child(ren)'s Information

(1) Child's Full Name: _____
Residential Address: _____
(2) Child's Full Name: _____
Residential Address: _____
(3) Child's Full Name: _____
Residential Address: _____
(4) Child's Full Name: _____
Residential Address: _____

SSN: _____
Birth date: _____
SSN: _____
Birth date: _____
SSN: _____
Birth date: _____
SSN: _____
Birth date: _____