

Adams County Clerk's Office
112 S 2nd Street, Room A
Decatur IN 46733
Phone (260) 724-5309
Fax (260) 724-5313

Child Support Information Form

Federal law requires the use of the ISETS system (Indiana Support Enforcement Tracking System) to process support court orders and to gather the information requested below. This data is required to accurately disburse checks and maintain payment histories. Thank you for your assistance.

COURT CASE NUMBER: _____

Person who **RECEIVES** Support

Person who **PAYS** Support

Name _____

Name _____

Address _____

Address _____

City _____ State ____ Zip _____

City _____ State ____ Zip _____

Phone (_____) _____

Phone (_____) _____

Email _____

Email _____

DOB ____/____/____ Race _____

DOB ____/____/____ Race _____

SS# ____ - ____ - ____ Sex _____

SS# ____ - ____ - ____ Sex _____

SEX M = Male
F = Female

RACE A = Asian
B = Black

C = Caucasian
R = Oriental

I = American Indian
S = Spanish American

W = Bi-Racial
O = Other

Children in this Court Case

Child's Full Name – must include full middle name	Date of Birth	Social Security #	Sex	Race
	/ /	- -		
	/ /	- -		
	/ /	- -		
	/ /	- -		
	/ /	- -		

I affirm, under the penalty for perjury, that the above information is true to the best of my knowledge.

Date ____/____/____

Signature _____