

SUPREME COURT OF THE STATE OF NEW YORK

COUNTY OF _____

-----X

Plaintiff,

Index No. _____

-against-

**SUPPORT COLLECTION UNIT
INFORMATION SHEET**

Defendant.

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The following information is required pursuant to Section 240(1) of the Domestic Relations Law:

PLAINTIFF: _____

Address: _____

Date of Birth _____ SS #: _____

DEFENDANT: _____

Address: _____

Date of Birth _____ SS #: _____

Date and Place of Marriage: _____

Plaintiff **OR** *Defendant* is the custodial parent and *is* **OR** *is not* receiving public assistance.

UNEMANCIPATED CHILDREN: Name Date of Birth

SUPPORT: Maintenance \$_____ *per week* **OR** *bi-weekly* **OR** *Semi-monthly* **OR** *per month*

Child Support \$_____ *per week* **OR** *bi-weekly* **OR** *Semi-monthly* **OR** *per month*

Total Support \$_____ *per week* **OR** *bi-weekly* **OR** *Semi-monthly* **OR** *per month*

Support payments are to be made to the Support Collection Unit for the benefit of *Plaintiff* **OR** *Defendant* **OR** *Third Party*.

If third party, list name and address: _____

Non-custodial parent's employer: _____

Address: _____

Dated: _____