## Trumbull County Common Pleas Court Domestic Relations Division

## CHILD/SPOUSAL SUPPORT INFORMATION SHEET

(Note: You must attach appropriate order & IV-D application for processing)

CUSTODIAL	PARE	NT/PAY	EE:										
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CHILD(REN)											30 30 30 30 30 30 30	70 20 E	
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	irst		Middle		Last								FEMALE
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(OVER)

NAME:		D.O.B	/	/	RACE	•				
First Middle	Last									
********	*****	******	*****	*****	*****	*****				
EFFECTIVE DATE:	TOT	AL AMOUNT	OF ORI	DER: \$						
CHILD SUPPORT AMOUNT:	Oktooblaki kikili daradi qalaadin kindimina yaasaa, ayaqoonii garaasaa sababb	SPOUSAL SUPPORT AMOUNT:								
ARREARGE AMOUNT:	OR	DERED AMO	O TNU	N ARREA	RS:					
FREQUENCY OF WAGES:		_JUDGE ASS	IGNED:							
NON-CUSTODIAL PARENT'S ATTO	RNEY:		P\$(M-0,10,10,10,10,10,10,10,10,10,10,10,10,10	PH	IONE:					
CUSTODIAL PARENT'S ATTORNE		PHONE:								
	DICAL INSUR				******	******				
PARTY ORDERED TO INSURE CHII	LD(REN): CUST	ODIAL PARE	ENT	NON-C	CUSTODIA	L				
WHO IS PRIMARY INSURER?: CUS	TODIAL PAREN	1T1	VON-CU	STODIAL	PARENT					
PRIMARY INSURANCE COMPANY:	and the Microscope of Schiologic Spirit Spir			PHC	NE:	440-billionilisekkihary intransventranssassassassassassassassassassassassass				
ADDRESS										
POLICY No.	_ GROUP No		3849,8 <sup>4</sup> 4,8 <sub>29</sub> , 10-24, 11-44	H.M.O.	or TRAD	ITIONAL				
POLICY COVERAGE: VISION	HOSPITAL	DOCTOR	D	ENTIST _	DRU	GS				
CLAIMS ADDRESS IF DIFFERENT:		one construction de del all'allement construction de la description de la descriptio	ra Drawbalan com un comunicativi de balanca	1241;		<del>n O n O hasalina a a a a a a a a a a a a a a a a a a </del>				
PHONE:						MATERIA SERVICIO DE LA CONTRACTORIO DE LA CONTRACTO				
OTHER PARTY ORDERED TO MAIN										
INSURANCE COMPANY:			Malikako un'nakki noma kako nombo (2007-1014)							
ADDRESS:										
POLICY No:										
POLICY COVERAGE: VISION	HOSPITAL	DOCTO	3	DENTIST	ΓΓ	RUGS				
CLAIMS ADDRESS IF DIFFERENT: _		-								
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