

IN THE DISTRICT COURT OF DOUGLAS COUNTY, KANSAS

In the Matter of _____)
and _____)
Case No. DG _____
Division _____

COURT TRUSTEE INFORMATION FORM

NOTICE: This form is to be filed upon each new or modified order of support. The Payor/Payee is also responsible for keeping the Court Trustee informed of any change in the basic information. Failure to do so may be an indirect civil contempt of court.

Please place an "x" where appropriate:

- Initial filing (fill out item Nos. 1 through 3)
Subsequent filing:
Address change (fill out item No. 1)
Name change (fill out item No. 1 & please include old name)
Employment change (fill out item Nos. 1, 2 & 3)
The Court has found good cause for keeping this information confidential.

I am the (check one): Payor Payee

1. Payor/Payee Information: Effective Date:
Name:
Address:
City/State/Zip:
Home phone: Cell phone:
E-Mail address:
Social Security No.: Date of Birth:

2. Employment Information:
Employer:
Address:
Phone: FAX
Contact person:

3. Name and address of corporate and/or payroll office if different from above:
Name:
Address:
Phone: FAX:
Contact person:

(Date) (Signature)