

## Information Sheet for Setting Up a Payment Processing Case

The information requested on this sheet is needed for the Arkansas Child Support Clearinghouse to establish a case record to receive and disburse child support payments and maintain a record of payments.

Please complete all information to the best of your knowledge and submit it, along with a copy of the Arkansas order for child support, to:

**AR Child Support Clearinghouse**  
**Attn: New Case Set-Up**  
**PO Box 8128**  
**Little Rock, AR 72203**

**Email: AR.SDU@ocse.arkansas.gov**  
**Fax: 501-683-7920**

This form must be accompanied by a copy of the file-marked court order.

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### Payee Parent/Custodial Party Information (the person who will receive child support)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ Email: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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### Payor Parent/Noncustodial Parent Information (the person who will pay child support)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ Email: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer Name and Phone Number: \_\_\_\_\_

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### Children's Information

First and Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN \_\_\_\_\_

First and Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN \_\_\_\_\_

First and Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN \_\_\_\_\_

First and Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN \_\_\_\_\_

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Name of person completing this form (please print): \_\_\_\_\_

If you are not a party to the child support case, please state your relationship to the parties: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_