

Georgia Department of Human Services

NON IV-D CASE REGISTRATION FORM

(Used in private child support cases)

Submit this form to the Family Support Registry

(Pursuant to O.C.G.A. § 19-6-33.1)

Complete ALL fields – otherwise, the case cannot be registered and money cannot be distributed.

Non-Custodial (Paying) Parent	Custodial (Receiving) Parent
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
DOB: ____/____/____ Gender: [] M [] F	DOB: ____/____/____ Gender: [] M [] F
SSN: _____-____-____ Race: _____	SSN: _____-____-____ Race: _____
Ethnicity: [] Hispanic [] Non-Hispanic	Ethnicity: [] Hispanic [] Non-Hispanic
Telephone #: _____	Telephone #: _____

Non-Custodial Parent's Employer: _____

Address: _____

Employer's Telephone #: _____

Court Order Information

County/State of Order: _____ **Civil Action Number:** _____

Date Order Signed: ____/____/____ **First Due Date:** ____/____/____

Child Support Order Amount: \$ _____ per _____

Court adjudicated arrears amount: \$ _____ as of ____/____/____

Is this an order modifying child support? [] Yes [] No

Children for Whom Child Support Is Ordered

Child's full name	DOB	Gender	SSN	Race	Ethnicity (Hispanic or Non-Hispanic)
_____	____/____/____	[] M [] F	____-____-____	_____	_____
_____	____/____/____	[] M [] F	____-____-____	_____	_____
_____	____/____/____	[] M [] F	____-____-____	_____	_____
_____	____/____/____	[] M [] F	____-____-____	_____	_____

Mail OR Fax this completed form along with a copy of the Income Deduction Order that was signed by a judge. Please DO NOT Mail AND Fax the documents or else it will delay the distribution of child support.

**Mail to: Family Support Registry
P. O. Box 1800
Carrollton, Georgia 30112-1800**

Fax to: 770-836-2701 (Do not mail the documents if you fax them.)