



FORM 13

IN THE CIRCUIT COURT OF CHRISTIAN COUNTY, MISSOURI

Judge or Division:	Case Number:
Petitioner:	Date of Decree/Judgment:
	MACSS Case ID:
vs.	
Respondent:	

\_\_\_\_\_  
(Date file stamp)

**Information Statement to the Circuit Court  
For the Processing for Maintenance and Child Support Payments  
(Confidential Record)**

<b>Payee: (Person Receiving Payments)</b>	Name: _____ Last First M.I
	SSN: _____
	DOB: _____
	Optional: MACSS Member Number (to be completed by the court): _____
	Address: _____ _____
	Home Phone: _____
Related case number: _____	

Name: \_\_\_\_\_  
Last First M.I.

SSN \_\_\_\_\_  
DOB: \_\_\_\_\_

Optional: MACSS Member Number (to be completed by the court): \_\_\_\_\_

Payor  
Address: \_\_\_\_\_

Employer (Company) Name:  
\_\_\_\_\_

Employer  
Address: \_\_\_\_\_

Optional: Employer MACSS Number (to be completed by the court): \_\_\_\_\_

Has Wage Withholding been issued?  Yes  No If no, why not?  
\_\_\_\_\_

**Judgment Information:**

\$\_\_\_\_\_ per \_\_\_\_\_ for child support; Effective Date (Date 1<sup>st</sup> Payment Due)

\$\_\_\_\_\_ per \_\_\_\_\_ for spousal support (maintenance); Effective Date \_\_\_\_\_

\$\_\_\_\_\_ per \_\_\_\_\_ for periodic arrearage payments toward arrearage judgment of \$\_\_\_\_\_

\$\_\_\_\_\_ per \_\_\_\_\_ for state debt judgment of \$\_\_\_\_\_

Has Medical Insurance Been ordered?  Yes  No If yes, who is ordered to pay?

\_\_\_\_\_

If no, why? \_\_\_\_\_

- Parties agree no insurance ordered.
- Child covered in another order.
- Pre Court no health insurance ordered.
- Order silent, no mention of medical insurance in order.

Children:

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

DOB: \_\_\_\_\_

Optional: MACCSS Member Number (to be completed by the court): \_\_\_\_\_

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

DOB: \_\_\_\_\_

Optional: MACCSS Member Number (to be completed by the court): \_\_\_\_\_

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

DOB: \_\_\_\_\_

Optional: MACCSS Member Number (to be completed by the court): \_\_\_\_\_

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

DOB: \_\_\_\_\_

Optional: MACCSS Member Number (to be completed by the court): \_\_\_\_\_

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

DOB: \_\_\_\_\_

Optional: MACCSS Member Number (to be completed by the court): \_\_\_\_\_

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

DOB: \_\_\_\_\_

Optional: MACCSS Member Number (to be completed by the court): \_\_\_\_\_

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

DOB: \_\_\_\_\_

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

DOB: \_\_\_\_\_

Optional: MACCSS Member Number (to be completed by the court): \_\_\_\_\_

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

DOB: \_\_\_\_\_

Optional: MACCSS Member Number (to be completed by the court): \_\_\_\_\_

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

DOB: \_\_\_\_\_

Optional: MACSS Member Number (to be completed by the court): \_\_\_\_\_



Check if more than ten children and attach additional sheet

I certify the information above is correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Preparer

**Instructions to Clerk**

**Maintain the closed portion(s) of the record in a sealed manila envelope within the file. The file can be maintained with other open records. If a request is made to review the open portion of the file, the envelope can be removed from the file. Access to the record must be restricted to avoid access to the closed portion of the record.**