



FORM 13

IN THE CIRCUIT COURT OF CHRISTIAN COUNTY, MISSOURI

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

(Date file stamp)

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

Payee: (Person Receiving Payments)	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 1st 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: _____

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: 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.