



CONFIDENTIAL

CHRISTOPHER M. NANCARROW

Clerk of the Allen Circuit and Superior Courts

Allen County Courthouse ♦ 715 S. Calhoun Street ♦ Fort Wayne, Indiana ♦ 46802

SUPPORT INFORMATION FORM

COURT CASE NUMBER: _____

PERSON WHO RECEIVES SUPPORT

PERSON WHO PAYS SUPPORT

Name _____

Name _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Date of Birth _____ Sex _____

Date of Birth _____ Sex _____

Social Security # _____ Race _____

Social Security # _____ Race _____

Phone # _____

Phone # _____

SEX M = Male
F = Female

RACE A = Asian
B = Black

C = Caucasian
R = Oriental

I = American Indian
S = Spanish American

W = Bi-Racial
O = Other

CHILDREN IN THIS COURT CASE

Child's Full Name	Date of Birth	Sex	Race	Social Security Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I affirm, under the penalty for perjury, that the above information is true to the best of my knowledge.

Date: _____

Signature: _____

Federal law requires the use of the ISETS system (Indiana Support Enforcement Tracking System) to process support court orders and to gather the information requested above. This data is required to accurately disburse checks and maintain payment histories. Thank you for your assistance.

Please complete this form and return it to:
CLERK OF THE ALLEN CIRCUIT COURT
SUPPORT OFFICE ROOM 200
715 S CALHOUN ST
FORT WAYNE, IN 46802-1881