

CIRCUIT COURT OF JACKSON COUNTY, MISSOURI

INFORMATION STATEMENT TO THE DEPARTMENT OF JUDICIAL RECORDS FOR PROCESSING OF MAINTENANCE AND SUPPORT PAYMENTS

DATE OF DECREE/ORDER

DATE	MONTH	DAY	YEAR
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CASE NO.
CASE TYPE

PAYABLE TO AGENCY: () NAME OF AGENCY

**PAYEE:
(Person
Receiving
Payments)**

1. NAME (LAST)	(FIRST)	(M.I.)	(T)
2. SOCIAL SEC NO <u>(ALL 9 DIGITS REQUIRED)</u>	3. BIRTH DATE (MONTH) (DAY) (YEAR)		
4. ADDRESS (STREET)		(CITY)	(STATE) (ZIP)
5. HOME PHONE	6. EMPLOYER (COMPANY NAME)		
7. EMPLOYER'S ADDRESS (STREET)		(CITY) (STATE) (ZIP)	8. EMPLOYER'S PHONE
9. ARE YOU NOW RECEIVING AFDC? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CASE NO. _____			
10. ARE YOU NOW RECEIVING SERVICES FROM A IV-D AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IV-D CASE NO. _____			

11. RELATED CASE NUMBER _____

**PAYOR:
(Person
Making
Payments)**

1. NAME (LAST)	(FIRST)	(M.I.)	(T)
2. SOCIAL SEC NO <u>(ALL 9 DIGITS REQUIRED)</u>	3. BIRTH DATE (MONTH) (DAY) (YEAR)		
4. ADDRESS (STREET)		(CITY)	(STATE) (ZIP)
5. HOME PHONE	6. WAS IMMEDIATE INCOME WITHHOLDING ORDERED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
7. EMPLOYER (COMPANY NAME)		8. EMPLOYER'S PHONE	
9. EMPLOYER'S ADDRESS (STREET)		(CITY) (STATE) (ZIP)	

THE ABOVE INFORMATION IS REQUIRED TO MAINTAIN PROPER RECORDS, PURSUANT TO LOCAL RULE 100.5.1.1, IN ANY ACTION IN WHICH THE COURT ENTERS AN ORDER THAT MAINTENANCE OR SUPPORT BE MADE TO THE COURT ADMINISTRATOR AS TRUSTEE, THE ATTORNEY OR PARTY OBTAINING SUCH ORDER SHALL PREPARE AND FILE INFORMATION STATEMENT FORM CIRCT 1408, WITH THE COURT ADMINISTRATOR'S OFFICE. A TRUST WILL BE ESTABLISHED AT THE TIME THE ORDER IS ENTERED, **HOWEVER, PAYMENTS WILL NOT BE MAILED TO THE PAYEE WITHOUT THE FILING OF THIS FORM.**

I CERTIFY THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF PAYEE OR ATTORNEY FOR PAYEE

**ATTORNEY
for
PAYEE**

NAME OF ATTORNEY	
NAME OF FIRM	PHONE

**TOTAL
JUDGMENT**

\$		PER	MONTH OR WEEK
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FIRST PAYMENT DUE

MONTH	DAY	YEAR
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***STATE
DEBT**

\$		PER	MONTH OR WEEK
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INITIAL LETTERS

JUDGMENT RENDERED IN

KANSAS CITY INDEPENDENCE

COUPONS

CHILD(REN)

1. NAME (LAST)	(FIRST)	(M.I.)	(T)	BIRTHDATE (MO) (DAY) (YR)	SOCIAL SECURITY NUMBER (ALL 9 DIGITS REQUIRED)
(1)				(1)	(1)
(2)				(2)	(2)
(3)				(3)	(3)
(4)				(4)	(4)

CHECK IF MORE THAN FOUR CHILDREN THEN CONTINUE BELOW

FOR
OFFICE
USE
ONLY

EFFECTIVE DATE	AMOUNT	FREQUENCY	TYPE OF CASE