

NON-CUSTODIAL PARENT PAYMENT FORM

First Name _____

Last Name _____

Social Security Number _____

Docket Number _____

Issuing County _____

Payment Amount _____

Name of the Custodial Parent _____

Address of the Custodial Parent _____

City _____ **State** _____ **Zip** _____

You must send your child support payment to:

Illinois State Disbursement Unit
P. O. Box 5400
Carol Stream, IL 60197-5400

Make your check or money order payable to: **Illinois State Disbursement Unit**