

**Georgia Department of Human Services**

**PRIVATE CHILD SUPPORT ORDER REGISTRATION FORM**

(Used in private Non-IV-D collection and disbursement only child support cases)

**Submit only this form with private child support order and Income Deduction Order as directed below.**

(Pursuant to O.C.G.A. § 19-6-33.1)

**Complete ALL fields – otherwise, the case cannot be registered and money cannot be disbursed.**

**Use this form also to update case information. (If known, include existing STARS Case #: \_\_\_\_\_)**

<b>Date Form Prepared:</b>	<b>Contact Person's Name, Email &amp; Telephone: (If attorney, please include bar #.)</b>
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Non-Custodial (Paying) Parent	Custodial (Receiving) Parent
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
DOB: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F	DOB: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F
SSN: _____ Race: _____	SSN: _____ Race: _____
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Telephone #: _____	Telephone #: _____

Non-Custodial Parent's Employer: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

**Court Order Information**

County/State of Order: \_\_\_\_\_ Civil Action Number: \_\_\_\_\_

Date Order Signed by Judge: \_\_\_\_\_ Is this an order modifying child support?  Yes  No

Is this a Divorce Order?  Yes  No Child Support Order **Monthly** Amount: \$ \_\_\_\_\_

First Due Date: \_\_\_\_\_ Date current child support will end per court order: \_\_\_\_\_

Amount of Family Support Registry (FSR) fee in order (O.C.G.A. §19-6-33.1(j)): \_\_\_\_\_

Court ordered arrears amount: \$ \_\_\_\_\_ As of Date: \_\_\_\_\_

Court ordered arrears **Monthly** repayment amount: \$ \_\_\_\_\_

Spousal Support Order Amount (if included in order): \_\_\_\_\_ **(Notice:** If no accompanying child support payment is to be made, spousal support must be paid directly to the ex-spouse (rather than the FSR), pursuant to O.C.G.A. §19-6-33.1(e)(1).)

**Children for Whom Child Support Is Ordered**

Child's full name	DOB	Gender	SSN	Race	Ethnicity (Hispanic or Non-Hispanic)
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

**Mail OR Fax this completed form along with a copy of the Child Support Order, and Income Deduction Order that was signed by a judge. Please DO NOT Mail AND Fax the documents as that will delay case registration & distribution of child support.**

**Mail to: Family Support Registry  
P. O. Box 1800  
Carrollton, Georgia 30112-1800**

**OR---Fax documents to: 770-836-2701 (If you fax the documents, do not also send them by mail.)**