

IN THE DISTRICT COURT OF \_\_\_\_\_ COUNTY  
STATE OF OKLAHOMA

_____ )	)	
Petitioner/plaintiff )	)	Case no: _____
and )	)	OCSS FGN: _____
_____ )	)	(Oklahoma Child Support Services
Respondent/defendant )	)	case number)

**Summary of Support Order**

**Mail to: OCSS, Central Case Registry, P.O. Box 248843, Oklahoma City, OK  
73124-8843 or fax to: (405) 522-8901**

This form must be completed and presented to the judge before the judge signs your order. The Oklahoma Child Support Services Central Case Registry needs this information to send child support payments. This form will **NOT** be put on file in the Courthouse. [43 O.S. § 120]

1. The judge made the following order:  Temporary or  Final on \_\_/\_\_/\_\_\_\_ (date).  
 What kind of case was heard by the judge?  Divorce;  Paternity;  
 Juvenile;  Modification of earlier order;  Enforcement of earlier order; or  
 Other type of case, explain: \_\_\_\_\_
2. **Active Protective Order?**  Yes  No
3. The judge made the following support orders:

	Amount	Payor	Begin date	End date
Child support				
Cash medical				
Fixed medical support				
Spousal support				
Arrearage payment				
Other: _____				
<b>Total:</b>				

4. The judge ordered  father, \_\_\_\_\_ (name),  
 or  mother of the child(ren), \_\_\_\_\_ (name),  
 to provide health insurance for the child(ren), OR  
 cash medical support in lieu of insurance because health insurance is not available at a reasonable cost. The judge said cash medical support should be discontinued when the child(ren) is enrolled in health insurance at a reasonable cost not to exceed \$\_\_\_\_\_.
5. Please fill in the boxes below about each child that the judge ordered support to be paid for in this court order. If there are more than four children, please complete another form. Federal law requires you to provide the information below. [42 U.S.C. § 666(a)(13)]

Child's first name	Middle name	Last name	Date of birth	Male/female	Social Security number

6. An income assignment is immediately ordered:  Yes  No

The employer of the person ordered to pay support is:

Employer name		Area code	Phone
Street or P.O. Box mailing address	City	State	Zip

7. Additional information:

**Obligor** (The person ordered to pay support, the noncustodial parent):

Date of birth	Male/Female	Social Security number
Daytime phone with area code		Employer phone with area code

**Obligee** (The person receiving support, the custodial person):

Date of birth	Male/Female	Social Security number
Daytime phone with area code		Employer phone with area code

8. Mailing information: Enter the mailing address to receive mail, to serve orders, and for notices to come to court. [Address of record – 43 O.S. § 112A]

**Obligor** (The person ordered to pay support, the noncustodial parent):

Street or P.O. Box mailing address	City	State	Zip
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**Obligee** (The person receiving support, the custodial person):

Street or P.O. Box mailing address	City	State	Zip
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Should payments go to a different address for the Obligee?  Yes  No

If yes, enter here:

Street or P.O. Box mailing address	City	State	Zip
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\_\_\_\_\_  
**Date**                      **Prepared by**                      \_\_\_\_\_  
**Print name**                      **Area code and phone number**