

# Child Support Order Summary Form

**This form must be completed and given to time Clerk or the Court, with a copy of the final order attached.  
SUPPORT PAYMENTS UNDER THIS ORDER MUST BE SENT TO THE STATE OF IDAHO,  
CHILD SUPPORT RECEIPTING, P.O. BOX 70008, BOISE, ID 83707**

Case # \_\_\_\_\_ County \_\_\_\_\_ Date of Order \_\_\_\_\_

Who is ordered to pay child support? (full name) \_\_\_\_\_  
How much? \$ \_\_\_\_\_ How often: \_\_\_\_\_ weekly \_\_\_\_\_ monthly Beginning date: \_\_\_\_\_

Special child support terms in this order (check all that apply): \_\_\_\_\_ Cost of living increases  
\_\_\_\_\_ Modification of a previous order \_\_\_\_\_ Decrease for visitation \_\_\_\_\_ Other \_\_\_\_\_

Is there an order for Wage Assignment? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please attach a copy of the Wage Assignment Order)

**Plaintiff's full name** \_\_\_\_\_ Male \_\_\_\_\_ Female

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing address \_\_\_\_\_

Residence address (if different than mailing) \_\_\_\_\_

Employer name and address \_\_\_\_\_

Plaintiff's attorney: \_\_\_\_\_ Phone \_\_\_\_\_ City/State \_\_\_\_\_

**Defendant's full name** \_\_\_\_\_ Male \_\_\_\_\_ Female

Social Security # \_\_\_\_\_ Date of birth \_\_\_\_\_ Phone number \_\_\_\_\_

Mailing address \_\_\_\_\_

Residence address (if different than mailing) \_\_\_\_\_

Employer name and address \_\_\_\_\_

Defendant's attorney: \_\_\_\_\_ Phone \_\_\_\_\_ City/State \_\_\_\_\_

**Children for whom support is ordered in this order:**

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

If support is ordered for more than four children, please attach a separate sheet of paper with the information.

Print name of person who completed this form: \_\_\_\_\_ Date: \_\_\_\_\_