IMPORTANT NOTICE TO COURT CLERKS FOR ALL NON-IV-D ORDERS: THIS FORM, RATHER THAN THE CHILD SUPPORT ORDER, SHOULD BE MAILED BY THE COURT TO THE STATE CASE REGISTRY, P.O. BOX 15101, ALBANY, NY 12212-5101

New York State Case Registry Filing Form *

For Use With Child Support Orders and Combined Child and Spousal Support Orders Payable To Other Than A Child Support Collection Unit*

*Domestic Relations Law § 240(5) and Family Court Act § 440(5) direct that such orders be promptly provided to the State Case Registry. The Office of Temporary and Disability Assistance has indicated that the information sought on this form satisfies the requirement to maintain a record of the order pursuant to Social Services Law § 111-b(4-a)(a)(2) and no order is to be filed unless specifically requested.

Note: Full Social Security Numbers are required on this form. Redaction is not allowed.

Name of Court:				County Name:		Index Number:	
Child Support Payor: Child Support Payee:	(first)	(last)	(middle initial)	Social Security #: (Payor)		Date of Birth: (Payor)	
	(first)	(last)	(middle initial)	Social Security #: (Payee)		Date of Birth: (Payee)	
Child #1 Nam	ie: (first)	(last)	(middle initial)	Social Security #: (Child #1)		Date of Birth: (Child #1)	
Child #2 Nam	ne: (first)	(last)	(middle initial)	Social Security #: (Child #2)		Date of Birth: (Child #2)	
Child #3 Nam	ne: (first) n, please use additional f	(last) `orm.)	(middle initial)	Social Security #: (Child #3)		Date of Birth: (Child #3)	
The order exp	ires on: the	youngest child's	21 st birthday, or		(MM/DD/YYY)	
	ILY VIOLENC Temporary or Final O If yes, which party	rder of Protection	been granted on behalf o Payee	f either party?	Yes	No	Do not know
Has a	request for confider If yes, which party	•	been granted on behal Payee	f of either party?	Yes	No	Rev. 08/2012

INSTRUCTIONS FOR COMPLETING THE NEW YORK STATE CASE REGISTRY FILING FORM

Field	Instruction			
Name of Court	Enter either "Supreme Court" or "Family Court."			
County Name	Enter the name of the County entering the support order.			
Index/Docket Number	Enter the Index Number (Supreme Court) or Docket Number (Family Court).			
Child Support Payor	Enter, at a minimum, the first and last name of the child support payor. If there is more than one child support payor, please use a separate form to record the information for the additional child support payor.			
Social Security Number (Payor)	Enter the <u>full</u> Social Security number of the child support payor. Enter "None" if the court record indicates that the individual has not been issued a Social Security number. Enter "Not on Record" if the Social Security number is not in the court record. Redaction is <u>not</u> allowed. An entry of "N/A," "not available," or "not applicable" is <u>not</u> allowed.			
Date of Birth (Payor)	Enter the date of birth of the child support payor in the format MM/DD/YYYY.			
Child Support Payee	Enter, at a minimum, the first and last name of the child support payee. An entry of "guardian" or other title is <u>not</u> allowed. If there is more than one child support payee, please use a separate form to record the information for the additional child support payee.			
Social Security Number (Payee)	Enter the <u>full</u> Social Security number of the child support payee. Enter "None" if the court record indicates that the individual has not been issued a Social Security number. Enter "Not on Record" if the Social Security number is not in the court record. Redaction is <u>not</u> allowed. An entry of "N/A," "not available," or "not applicable" is <u>not</u> allowed.			
Date of Birth (Payee)	Enter the date of birth of the child support payee in the format MM/DD/YYYY.			
Child Name	Enter, at a minimum, the first and last name of each child covered by the order. If more than three (3) children are covered by the order, please use a separate form to record the information for the additional children.			
Social Security Number (Child)	Enter the <u>full</u> Social Security number of each child covered by the order. Enter "None" ir the court record indicates that the individual has not been issued a Social Security number. Enter "Not on Record" if the Social Security number is not in the court record. Redaction is <u>not</u> allowed. An entry of "N/A," "not available," or "not applicable" is <u>not</u> allowed.			
Date of Birth (Child)	Enter the date of birth of each child covered by the order in the format MM/DD/YYYY.			
Order Expiration	Provide the expiration date for the child support order. You may either check the first box to indicate that the order expires on the youngest child's 21 st birthday, or you may check the second box and provide any alternative date provided for under the terms of the support order. Provide the expiration date in the format MM/DD/YYYY.			
Family Violence Inquiry	Check the appropriate box to indicate whether a Temporary or Final Order of Protection has been granted on behalf of either party to the order. If "yes" is selected, check the appropriate box to indicate which party has been granted the Order of Protection.			
inqui y	Check the appropriate box to indicate whether a request for confidentiality of address has been granted on behalf of either party. If "yes" is selected, check the appropriate box to indicate the party on whose behalf the confidentiality authorization was made.			