Defendant. The following information is required pursuant to Section Law: PLAINTIFF: Address: Date of Birth SS #: Date of Birth SS #: Date of Birth SS #: Date of Birth Date of Birth Date of Birth SS #: Date and Place of Marriage: Date and Place of Marriage: Date and Place of Marriage:	Index No.
The following information is required pursuant to Secti Law: PLAINTIFF: Address: Date of Birth SS #: Date of Birth SS #: Date and Place of Marriage: Plaintiff OR Defendant is the custodial parent and assistance. UNEMANCIPATED CHILDREN: Name Defendant OR Defendant is the custodial parent and control of the support \$\frac{1}{2} \text{ per week} \text{ OR } \frac{1}{2} \text{ bi-value} Support Payments are to be made to the Support Collection Uniformation or Condant OR Third Party. If third party, list name and address: Non-custodial parent's employer: Defendant Or Defendant De	UPPORT COLLECTION UNIT
The following information is required pursuant to Secti Law: PLAINTIFF:	INFORMATION SHEET
PLAINTIFF:	
Address:	on 240(1) of the Domestic Relations
Address:	
Date of Birth SS #: DEFENDANT:	
Address:	
Date of Birth SS #: Date and Place of Marriage: Plaintiff OR Defendant is the custodial parent and assistance. UNEMANCIPATED CHILDREN: Name D ORT: Maintenance \$ per week OR bi-w Child Support \$ per week OR bi-w Total Support \$ per week OR bi-v Support payments are to be made to the Support Collection Un Support OR Third Party. If third party, list name and address: Non-custodial parent's employer:	
Date and Place of Marriage:	
□ Plaintiff OR □ Defendant is the custodial parent and □ assistance. UNEMANCIPATED CHILDREN: Name □ Der week OR □ bi-week OR □ bi-week OR □ bi-week OR □ bi-total Support \$ □ per week OR □ bi-total Support \$ □ per week OR □ bi-total Support payments are to be made to the Support Collection Uniferdant OR □ Third Party. If third party, list name and address: Non-custodial parent's employer:	
assistance. UNEMANCIPATED CHILDREN: Name D ORT: Maintenance \$ per week OR bi-w Child Support \$ per week OR bi- Total Support \$ per week OR bi- Support payments are to be made to the Support Collection Un Sendant OR Third Party. If third party, list name and address: Non-custodial parent's employer: Name D Per week OR bi-w Description of the Support Collection Un Support payments are to be made to the Support Collection Un Sendant OR Third Party.	
Child Support \$	ate of Birth
Total Support \$	eekly OR 🛘 Semi-monthly OR 🖵 per
Support payments are to be made to the Support Collection Un Sendant OR Third Party. If third party, list name and address: Non-custodial parent's employer:	weekly OR 🛘 Semi-monthly OR 🗘 pe
Tendant OR ☐ Third Party. If third party, list name and address: Non-custodial parent's employer:	veekly OR \square Semi-monthly OR \square pe
Tendant OR ☐ Third Party. If third party, list name and address: Non-custodial parent's employer:	
If third party, list name and address: Non-custodial parent's employer:	t for the benefit of \Box <i>Plaintiff</i> OR
Non-custodial parent's employer:	
Address:	
Dated:	

SUPREME COURT OF THE STATE OF NEW YORK