

## CHILD SUPPORT ORDER

|                                      |                                |                     |
|--------------------------------------|--------------------------------|---------------------|
| <b>Vermont Family Court</b><br>_____ | County<br><u>SELECT COUNTY</u> | Docket Number _____ |
|--------------------------------------|--------------------------------|---------------------|

|                          |           |       |
|--------------------------|-----------|-------|
| IN THE MATTER OF : _____ | Plaintiff | _____ |
|                          | VS.       |       |
|                          | Defendant | _____ |

|  |                  |                     |                           |             |                |
|--|------------------|---------------------|---------------------------|-------------|----------------|
| <i>OBLIGOR (Person Who Must Pay Support)</i> |                  |                     | <i>OBLIGOR'S EMPLOYER</i> |             |                |
| Last Name _____                              | First Name _____ | Initial _____       | Name _____                |             |                |
| Street Address _____                         |                  |                     | Street Address _____      |             |                |
| City _____                                   | State _____      | Zip Code _____      | City _____                | State _____ | Zip Code _____ |
| Telephone Number _____                       |                  |                     | Telephone Number _____    |             |                |
| Social Security Number _____                 |                  | Date of Birth _____ |                           |             |                |

|  |                  |                     |                           |             |                |
|--|------------------|---------------------|---------------------------|-------------|----------------|
| <i>OBLIGEE (Person Who Receives Support)</i> |                  |                     | <i>OBLIGEE'S EMPLOYER</i> |             |                |
| Last Name _____                              | First Name _____ | Initial _____       | Name _____                |             |                |
| Street Address _____                         |                  |                     | Street Address _____      |             |                |
| City _____                                   | State _____      | Zip Code _____      | City _____                | State _____ | Zip Code _____ |
| Telephone Number _____                       |                  |                     | Telephone Number _____    |             |                |
| Social Security Number _____                 |                  | Date of Birth _____ |                           |             |                |

| CHILDREN WHO ARE SUBJECT TO THIS ORDER: |                  |          |                     |             |                              |
|---|------------------|----------|---------------------|-------------|------------------------------|
| Last Name _____                         | First Name _____ | M. _____ | Date of Birth _____ | Grade _____ | Social Security Number _____ |
| Last Name _____                         | First Name _____ | M. _____ | Date of Birth _____ | Grade _____ | Social Security Number _____ |
| Last Name _____                         | First Name _____ | M. _____ | Date of Birth _____ | Grade _____ | Social Security Number _____ |
| Last Name _____                         | First Name _____ | M. _____ | Date of Birth _____ | Grade _____ | Social Security Number _____ |
| Last Name _____                         | First Name _____ | M. _____ | Date of Birth _____ | Grade _____ | Social Security Number _____ |
| Last Name _____                         | First Name _____ | M. _____ | Date of Birth _____ | Grade _____ | Social Security Number _____ |