

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

\_\_\_\_\_) )  
 Plaintiff, \_\_\_\_\_) Case No. \_\_\_\_\_  
 \_\_\_\_\_) )  
 vs. \_\_\_\_\_) CSED FGN \_\_\_\_\_  
 \_\_\_\_\_) )  
 Defendant.

**SUMMARY OF SUPPORT ORDER**

COMPLETED BY: The Summary of Support Order form must be completed and signed by the attorney who prepares the Order or the Plaintiff or Defendant, if neither is represented by counsel.

Nature of Action Order:  Final  Temporary  
 Divorce  Paternity  Juvenile  Modification  Enforcement  Other

On \_\_\_\_\_ the following Order was entered:  
Date

1. \_\_\_\_\_, Obligor (payor), \_\_\_\_\_ of the child(ren), is to pay  
Name Relationship  
 \_\_\_\_\_, Obligee (payee), \_\_\_\_\_ of the child(ren).  
Name Relationship
2. \$ \_\_\_\_\_ to be paid every \_\_\_\_\_. First payment is due on \_\_\_\_\_.  
Amount (M, W, B,S) Date
3. For the following child(ren): If more than 5 children are included, please complete and attach an additional form.

First Name	Middle Name	Last Name	Birth Date	Sex	Social Security No.

4. Obligor also pays: If more than 2 additional types of support, please complete and attach an additional form.  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

5. An income assignment is immediately ordered.  Yes  No Obligor's Employer is:  
 \_\_\_\_\_  
Employer Name Mailing address City State Zip

6. Health insurance for child(ren) provided by:  Obligor  Obligee  None  Other Party \_\_\_\_\_

7. Additional Obligor information: \_\_\_\_\_  
Birthdate Sex Social Security No. Drivers License No.

Address of Record for Service of Process (43 O.S. 112A) [may be different from physical address] City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

8. Additional Obligee information:  
 \_\_\_\_\_  
Birthdate Sex Social Security No. Drivers License No.

Address of Record for Service of Process (43 O.S. 112A) [may be different from physical address] City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

9. Additional Biological Parent Information: \_\_\_\_\_  
Name Birthdate Sex Social Security No.

DATE: \_\_\_\_\_ PREPARED BY: \_\_\_\_\_

INSTRUCTIONS for COMPLETING  
THE SUMMARY of SUPPORT ORDER FORM for CHILD SUPPORT ORDERS

Purpose. This form is required pursuant to 43 O.S. § 112A, 43 O.S. §§ 120 and 413. The Summary of Support Order form must be completed by the attorney who prepares the Order or one of the parties if neither is represented by counsel. The form must be submitted and incorporated as a part of all Child Support Orders. Social Security Numbers must be provided [42 U.S.C. § 666(a)(13), 43 O.S. § 112]. The Child Support Enforcement Division will use it for child support enforcement purposes as defined in Title IV-D of the Social Security Act.

Distribution of form. The original copy shall be filed with the Child Support Order and remain in the Court file. The Court Clerk cannot accept and file the Child Support Order unless this form is incorporated with the Order. The District Court Clerk will submit a copy of the completed form to the CSED, Central Case Registry, P.O. Box 528805, Oklahoma City, OK 73152-8805.

**Completing the Form:**

STYLE: Enter the County in which the Order was entered.

Enter the Plaintiff's name as it appears on the Order.

Enter the Defendant's name as it appears on the Order.

Enter the District Court Case Number as it appears on the Order.

Enter the Child Support Enforcement Division Family Group Number (FGN) case number, if known.

Nature of Action: Enter a check in the proper box signifying if this Order is Final or Temporary and the type or reason for the Order. Entry of Order: Enter date the Order was entered.

1. Enter the name of the Obligor (the person who is to pay support). Enter the relationship (e.g., father or mother) of the Obligor to the child(ren) in the Order. Enter the name of the Obligee (the person to whom support is to be paid). Enter the relationship (e.g., mother, father, grandmother, grandfather, aunt, uncle, cousin, or foster parent) of the Obligee to the child(ren) in the Order.
2. Enter the current child support amount. Enter the frequency of payment—monthly, weekly, biweekly, or semi-monthly. Enter the date the first payment is due.
3. Enter the full name, birth date, sex, and Social Security Number of all children listed in the Order. If more than 5 children are included, an additional form must be completed and attached.
4. Enter a description and payment amount of any other type of support or payment listed in the Order such as birth expenses, medical payments, interest, support alimony, fees or costs. If more than 2 additional types of support, an additional form must be completed and attached.
5. Check the box to show if the Order provides for immediate income assignment. Enter the name, mailing address, City, State and Zip Code of the Obligor's employer.
6. If health insurance is provided for the children in the Order, check the box(es) indicating who is to provide the insurance. If Other Party, enter the name of the other party.
7. Enter the Obligor's birth date, sex, Social Security Number, Driver's License number, and Address of Record (AOR) for service of process as required by 43 O.S. 112A (effective 7/1/01). AOR is an address which can be released to parties and custodians for service of process in support, visitation or custody actions. AOR may be different from the physical (home) address.
8. Enter the Obligee's birth date, sex, Social Security Number, Driver's License number, and Address of Record (AOR) for service of process as required by 43 O.S. 112A (effective 7/1/01). AOR is an address which can be released to parties and custodians for service of process in support, visitation or custody actions. AOR may be different from the physical (home) address.
9. If a Biological Parent is neither the Obligor or Obligee, enter the Biological Parent full name, birth date, sex, and Social Security Number.

DATE: Enter the date this form is completed. PREPARED BY: The signature of the person preparing this form.