CURRENT EMPLOYER INFORMATION FORM

Case Number: _____ ATLAS Number: _____
Name of Party Who Will Pay Child Support: _____
That Party's Social Security Number: _____

Name of That Party's Current Employer: _____
Payroll Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____

Name of That Party's Previous Employer (if known): _____
Payroll Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____

Your Name: _____ Today's Date: _____

Leave this section blank.
WA/FSC
TYPE OF W/A _____
DATE _____
TYPE OF ORDER _____
EMPLOYER STATUS _____
ENTERED BY _____
NEW W/A _____ SUB _____
AG _____ DCSE _____