

Georgia Department of Human Services

PRIVATE CHILD SUPPORT ORDER REGISTRATION FORM

(Used in private Non-IV-D collection and disbursement only child support cases)

This form can be downloaded at <https://georgiacourts.gov/iwo/>.

Submit only this form with private child support order and Income Withholding Order as directed below.

(Pursuant to O.C.G.A. § 19-6-33.1)

Complete ALL fields – otherwise, the case cannot be registered, and money cannot be disbursed.

Use this form also to update case information. (If known, include existing STARS Case #: _____)

Date Form Prepared: _____	Contact Person's Name, Email & Telephone: (If attorney, please include bar #.) _____
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Non-Custodial (Paying) Parent	Custodial (Receiving) Parent
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
DOB: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F	DOB: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F
SSN: _____ Race: _____	SSN: _____ Race: _____
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Telephone #: _____	Telephone #: _____

Non-Custodial Parent's Employer: _____

Address: _____

Telephone #: _____

Court Order Information

County/State of Order: _____ Civil Action Number: _____

Date Order Signed by Judge: _____ Is this an order modifying child support? Yes No

Is this a Divorce Order? Yes No Child Support Order **Monthly** Amount: \$ _____

First Due Date: _____ Date current child support will end per court order: _____

Amount of Family Support Registry (FSR) fee in order (O.C.G.A. §19-6-33.1(j)): _____

Court ordered arrears amount: \$ _____ As of Date: _____

Court ordered arrears **Monthly** repayment amount: \$ _____

Spousal Support Order Amount (if included in order): _____ **(Notice: If no accompanying child support payment is to be made, spousal support must be paid directly to the ex-spouse (rather than the FSR), pursuant to O.C.G.A. §19-6-33.1(e)(1).)**

Children for Whom Child Support Is Ordered

Child's full name	DOB	Gender	SSN	Race	Ethnicity (Hispanic or Non-Hispanic)
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____

Mail OR Fax this completed form along with a copy of the Child Support Order, and Income Withholding Order that was signed by a judge. Please DO NOT Mail AND Fax the documents as that will delay case registration & distribution of child support.

**Mail to: Family Support Registry
P. O. Box 1800
Carrollton, Georgia 30112-1800**

OR---Fax documents to: 770-836-2701 (If you fax the documents, do not also send them by mail.)