SES 489
Rev. 11/09
07/00 Issue Obsolete
Rec. Ret. = 4CY

State Case Registry Data Form

Docket No. _____
Court/Parish _____

A. Obligor Information

Name _____ Sex _____ Date of Birth _____
First Middle Last

Social Security No. _____ Driver's License No. _____

Telephone No. _____

Mailing Address _____
P.O. Box City State/Zip Code

Residential Address (if different) _____

Employer _____ Employee telephone _____

Employer Address _____

Victim of Domestic Violence ☐ Yes ☐ No

B. Obligee Information

Name _____ Sex _____ Date of Birth _____
First Middle Last

Social Security No. _____ Driver's License No. _____

Telephone No. _____

Mailing Address _____
P.O. Box City State/Zip Code

Residential Address (if different) _____

Employer _____ Employee telephone _____

Employer Address _____

Victim of Domestic Violence ☐ Yes ☐ No

C. Children Information

(1) Name _____
First Middle Last

Sex _____ Date of Birth _____ Social Security No _____

Evidence of Child Abuse/Domestic Violence ☐ Yes ☐ No

(2) Name _____
First Middle Last

Sex _____ Date of Birth _____ Social Security No _____

Evidence of Child Abuse/Domestic Violence ☐ Yes ☐ No

(3) Name _____
First Middle Last

Sex _____ Date of Birth _____ Social Security No _____

Evidence of Child Abuse/Domestic Violence ☐ Yes ☐ No

In accordance with Section 466(a)(13) of the Social Security Act (42 U.S.C. 666(a)(13)), disclosure of social security numbers is required. The information may be used for purposes of establishing paternity and establishing, modifying, and enforcing support obligations. Social security numbers may also be released for reasons directly connected to programs within the Department of Social Services.