

# NON-CUSTODIAL PARENT PAYMENT FORM

**First Name** \_\_\_\_\_  
**Last Name** \_\_\_\_\_  
**Social Security Number** \_\_\_\_\_  
**Docket Number** \_\_\_\_\_  
**Issuing County** \_\_\_\_\_  
**Payment Amount** \_\_\_\_\_  
**Name of the Custodial Parent** \_\_\_\_\_  
**Address of the Custodial Parent** \_\_\_\_\_  
\_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

You must send your child support payment to:

Illinois State Disbursement Unit  
P. O. Box 5400  
Carol Stream, IL 60197-5400

Make your check or money order payable to: **Illinois State Disbursement Unit**