

NON-CUSTODIAL PARENT PAYMENT FORM

First Name _____

Last Name _____

Social Security # (Optional) _____

Docket Number _____

Issuing County _____

Payment Amount _____

Name of Custodial Parent _____

You must send your 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**

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