

**FACT SHEET-ALIMONY**

This sheet must be completed for alimony payments to be processed.

_____	_____	_____
Case Number	Court	Date of Judgment
_____Temporary	_____Final	_____Modification
		_____ Alimony
Begin Date of Payment	Amount of Payment	_____Monthly
		_____Semimonthly
		_____Weekly

**PAYEE INFORMATION**

\_\_\_\_\_ Last 3 digits of SSN: \_\_\_\_\_  
Name of Payee (recipient)

\_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing address Street or Box

\_\_\_\_\_ City State Zip Code

**PAYOR INFORMATION**

\_\_\_\_\_ Last 3 digits of SSN: \_\_\_\_\_  
Name of Payor

\_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing address Street or Box

\_\_\_\_\_ City State Zip Code

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_  
Attorney for: \_\_\_\_\_