PARTICIPANT CLIENT WORKSHEET

I. Client is the __ Custodial Party ___ Legal Guardian ___Biological Mother

Full Name:	
Address:	
Date of Birth:	Social Security #:
Phone Number:	Race: Sex:
Tribal Affiliation:	Relation to Children:

II. Child(ren) (Listed in the child support order related to the current IWO)

FULL NAME	M/F	AGE	SSN	TRIBAL AFFILIATION	Date of Birth