

# FORM K

\_\_\_\_\_ : **FOURTEENTH JUDICIAL DISTRICT COURT**  
 Vs. No. \_\_\_\_\_ Div. \_\_\_\_\_ HO \_\_\_\_\_ : **PARISH OF CALCASIEU**  
 \_\_\_\_\_ : **STATE OF LOUISIANA**  
 \_\_\_\_\_ : \_\_\_\_\_  
**FILED** **DEPUTY CLERK OF COURT**

**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 \_\_\_\_\_ Employer telephone \_\_\_\_\_  
 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 \_\_\_\_\_ Employer telephone \_\_\_\_\_  
 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.**