

Non-Monetary Receipt

Fax, Email or Mail the completed form to:

Fax to CSE Finance: (402) 742-8303

Email to CSE Finance: Dhhs.NonMonCSE@nebraska.gov

Mail to: Child Support Enforcement Finance

PO Box 94728

Lincoln, NE 68509-4728

| | | | | |
|----------------------|----------------------|----------------------|---------------------------------|--------------------------------------|
| First Name | Middle Name | Last Name | Suffix | Payor SSN |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Eff Date | <input type="text"/> | Receipt Amt | <input type="text"/> | |
| Rcvd Date | <input type="text"/> | Pay Source | Direct Pay <input type="text"/> | Satisfaction <input type="text"/> |
| FIPS | <input type="text"/> | Court Case Nbr | <input type="text"/> | |
| Judgment Code | <input type="text"/> | Judgment Group | <input type="text"/> | Guideline Group <input type="text"/> |

Comments

Submitter's name _____

County _____

Contact Number _____

Date _____

PLEASE SEND SUPPORTING DOCUMENTATION WITH THIS FORM