

Indiana State Central Collection Unit (INSCCU)
Child Support Remittance Form

PLEASE PRINT (complete first and last name)

Payor

Payor Social Security#
(Last 4 Digits)

Address

ISETS Case #
(no spaces or dashes)

City, State Zip

Telephone

Court Cause Number

Payment Amount

Custodial Party Name

If one check or money order is submitted for multiple cases, a separate form is required for each case.
This form can be found at www.INSCCU.com

Mail Payments to: INSCCU
P.O. Box 7130
Indianapolis, IN 46207-7130



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