Indiana State Central Collection Unit (INSCCU)

PLEASE PRINT (comp	lete first and last name)	Child Support	t Remittance Form	,
Payor			Payor Social Security	y#
Address			ISETS Case #	
City, State Zip			(no spaces or dashes)	
Telephone			Court Cause Numb	er
Payment Amount	t		Custodial Party Na	me
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
PLEASE PRINT (comp			Collection Unit (INSCC t Remittance Form	CU)
Payor			Payor Social Security	y#
Address			ISETS Case #	
City, State Zip			(no spaces or dashes)	
Telephone	one		Court Cause Number	
Payment Amount		Custodial Party Name		
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