

PAYMENT OF INSURANCE INTERCEPT LEVY

- Please complete this form and send it along with any payments resulting from this levy.
- Issue a separate check for Child Support and make the check payable to the Rhode Island Family Court and mail it to the address below.
- Send a copy of this form to our office at the address below.
- **YOU MUST CONTACT THE RHODE ISLAND OFFICE OF CHILD SUPPORT SERVICES AT THE TIME OF SETTLEMENT FOR THE FINAL ARREARS AMOUNT BEFORE ISSUING A CHECK. RHODE ISLAND CHILD SUPPORT SERVICES CONTACT INFORMATION IS LISTED AT THE BOTTOM OF THIS PAGE.**

Claim No.: _____

SSN: _____

Docket No.: _____

Obligor Name: _____ DOB: ____/____/____

Obligor Address: _____

INSURANCE SETTLEMENT CALCULATION WORKSHEET

1. Insurance Settlement Amount	\$ _____
2. Less	
a. Attorney's fees	\$ _____
b. Attorney's Expenses	\$ _____
c. Verified, injury related medical bills (Actual paid medical bills)	\$ _____
Total \$ _____	

3. Net Proceeds Available for Levy	\$ _____
4. Past Due Child Support (from Notice)	\$ _____

Compare the amounts on Lines 3 and 4. If Past Due Child Support is **greater than** the Net Proceeds, remit the entire Net Proceeds to the Child Support Enforcement agency.

5. If Past Due Child Support is **less than** the Net Proceeds, subtract the Past Due Child Support from the Net Proceeds.

a. Remit the Past Due Child Support amount to the Child Support Enforcement agency.	\$ _____
b. Pay the balance to the Claimant (his attorney)	
(# 2 Total plus # 5)	\$ _____

Attorney Signature: _____ Attorney Print Name: _____

Amount of Payment: \$ _____ Date: _____

Insurance Company Remitter Signature: _____
Title: _____

Send Payment To:
Rhode Island Family Court
PO Box 5073
Hartford, CT 06102-5073

Send A Copy of This Form To:
Department of Human Services
Office of Child Support Services
77 Dorrance Street
Providence, RI 02903
Phone: (401) 458-4400

Please include docket number(s) on check

Docket No.: _____