

Child Support Gaming Winnings – Transmittal Form

Gaming operator information:

Name of gaming entity: _____

Address of gaming entity: _____

Name and telephone number of contact person at gaming entity:

Name: _____

Telephone Number: _____

Information about winner:

Name: _____

Social Security Number provided to gaming entity: _____

Address provided to gaming entity: _____

Amount of winnings being remitted: \$ _____

Send this transmittal form and funds to:

State Disbursement Unit – Special Account
PO Box 7425
Bismarck, ND 58507-7425

Contact Child Support with questions:

701-328-5440

childsupport@nd.gov