

## 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