

**STATE OF NORTH CAROLINA  
JUDICIAL BRANCH OF GOVERNMENT**

**CSC INVESTMENT FACT FORM**

G.S. 7A-111

County Name

Case Number

**RECIPIENT INFORMATION**

Last Name

First Name

MI

Address

City

State

Zip

Phone

Social Security Number

Birthday (if a minor)

**PARENT/GUARDIAN OR NEAREST RELATIVE INFORMATION (If Recipient Is A Minor)**

Last Name

First Name

MI

Address

City

State

Zip

Phone

**SOURCE OF FUNDS (As Applicable)**

Name

Address

City

State

Zip

Phone

**COMMENTS/OTHER APPLICABLE INFORMATION**

**NOTE:** Please notify the Clerk of Superior Court of any address changes.