

Figure: 1 TAC §55.121

Record of Support Order

This completed form must be submitted to the county's clerk of the court to set up the child support account. (See Texas Family Code §105.008)

Note to Clerks: Send the completed form to the State Case Registry/County Contact Team by fax 877-924-6872, e-mail csd-sdu@oag.texas.gov, or mail to TxCSDU, P.O. Box 659400, San Antonio, TX 78265, or use the TXCSES Web Portal to provide this information in lieu of forwarding the document to the TXSDU. In Dallas, El Paso, Harris, Tarrant, Taylor and Travis counties, the completed form must be sent to the Domestic Relations Office.

| Order Information | | | | | | | | | | |
|---|---------------------------------------|---|--------------------------------------|--------|-------------------------|-----------------------------------|--|--|--|--|
| County Name: | | Court Number: | | | Cause Number: | | | | | |
| Attorney General C | ase Number: | Date of Hearing: | : | | Order S | Sign Date: | | | | |
| Order Type: | | Payment Location: | | | | | | | | |
| _ '` _ | Modified Order | | State Disbursement Unit (SDU) Other: | | | | | | | |
| By signing below, the p the family. (Note: Hand | | | d suppo | | | IV-D services, for the benefit of | | | | |
| Signature: | | Date: | | | | | | | | |
| Typed/printed name: | | | | | | | | | | |
| Signing person's relationship to the case: Custodial Parent (CP) CP attorney Non-Custodial Parent (NCP) NCP attorney | | | | | | | | | | |
| Note to Counties: If the document is signed above, and the Record of Support Order information was entered in the TXCSES Web Portal, the document must be forwarded to the Office of the Attorney General by e-mail to csd-fax051@oag.texas.gov or by fax to (512) 781-7206. In counties that forward the Record of Support Order directly to the State Case Registry/County Contact Team, no further action is required. In Dallas, El Paso, Harris, Tarrant, Taylor and Travis counties, the document must be forwarded to the Domestic Relations Office. | | | | | | | | | | |
| Harris, Tarrant, Taylor and | | gee/Payee/Custo | | | | | | | | |
| Esmily Violence | | · / · · · · · · · · · · · · · · · · · · | | | | u violonos) | | | | |
| | (Check if individual below is a victi | | | | | | | | | |
| Name: | | Date of Birth: | | | Social Security Number: | | | | | |
| Address: | | City: | | | State: | Zip: | | | | |
| Sex: | Male | Female | ver's License Number: | | | | | | | |
| Home Phone: | Work Phone: | Cell Phone: | | Email: | | | | | | |
| Relationship to Child(ren): | | | | | | | | | | |
| Employer Name: | | | | | | | | | | |
| Address: | | City: | | | State: | Zip: | | | | |



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| Obligor/Payor/Non-Custodial Parent Information Family Violence Protection (FV) (Check if individual below is a victim of family violence) | | | | | | | | | | |
|--|------------------------|----------------------------|-----------------|---------------|-------------------------|-------------------------|--|--|--|--|
| Name: | | Date of Birth: | | | | Social Security Number: | | | | |
| Address: | | City: | | | State: | Zip: | | | | |
| Sex: | Male | Female Driver's | | | nse Number | :: | | | | |
| Home Phone: | ome Phone: Work Phone: | | Cell Phone: Ema | | ail: | | | | | |
| Relationship to Child(ren): | | | | | | | | | | |
| Employer Name: | | | | | | | | | | |
| Address: | | City: | | | State: | Zip: | | | | |
| Dependent Information | | | | | | | | | | |
| Family Violence Protection (FV) (Check if dependent below is a victim of family violence) | | | | | | | | | | |
| Name: | | Sex: Male Female Date of | | | of Birth: | Social Security Number: | | | | |
| Family Violence Protection (FV) (Check if dependent below is a victim of family violence) | | | | | | | | | | |
| Name: | | Sex: Male Female Date o | | | of Birth: | Social Security Number: | | | | |
| Family Violence Protection (FV) (Check if dependent below is a victim of family violence) | | | | | | | | | | |
| Name: | | Sex: Date Male Female | | | of Birth: | Social Security Number: | | | | |
| Family Violence Protection (FV) (Check if dependent below is a victim of family violence) | | | | | | | | | | |
| Name: | | Sex: Male Female Date of | | of Birth: | Social Security Number: | | | | | |
| If there are more children, attach an additional page listing the above information for each additional child. | | | | | | | | | | |
| Attorney Information | | | | | | | | | | |
| Obligee Attorney: | Phone: | | Ob | oligor Attorn | ey: | Phone: | | | | |
| | | | | | | | | | | |
| Prepared by: | Phone: | | | Date: | | | | | | |
| | | | | | | | | | | |
| County Name: | | Court Number: | | | Cause N | Cause Number: | | | | |