



CHILD SUPPORT DIVISION

Record of Support

Figure: 1 TAC §55.121

This form is used by counties to provide the record of support data needed by the state case registry as required by the Texas Family Code § 105.008. (Counties may use the TXCSES Web Portal to provide this information in lieu of completing this form.) Send the completed form to the State Case Registry/County Contact Team by fax 877-924-6872, e-mail csd-sdu@texasattorneygeneral.gov, or mail to TxCSDU, P.O. Box 659400, San Antonio, TX 78265.

Order Information

County Name:	Court Number:	Cause Number:
Attorney General Case Number:	Date of Hearing:	Order Sign Date:
Order Type:	<input type="radio"/> New Order	<input type="radio"/> Modified Order
Payment Location:	<input type="radio"/> SDU	<input type="radio"/> County <input type="radio"/> Other

Obligee/Custodial Parent Information

<input type="checkbox"/> Family Violence Protection (FV) <i>(Check if individual below is a victim of family violence)</i>			
Name:	Date of Birth:	Social Security Number:	
Address:	City:	State:	Zip:
Sex:	<input type="radio"/> Male <input type="radio"/> Female	Driver's License Number:	
Home Phone:	Work Phone:	Cell Phone:	Relationship to Child(ren):
Employer Name:			
Address:	City:	State:	Zip:

Obligor/Non-Custodial Parent Information

<input type="checkbox"/> Family Violence Protection (FV) <i>(Check if individual below is a victim of family violence)</i>			
Name:	Date of Birth:	Social Security Number:	
Address:	City:	State:	Zip:
Sex:	<input type="radio"/> Male <input type="radio"/> Female	Driver's License Number:	
Home Phone:	Work Phone:	Cell Phone:	Relationship to Child(ren):
Employer Name:			
Address:	City:	State:	Zip:

Post Office Box 12017, Austin, Texas 78711-2017 Tel: (512)460-6000 1-800-252-8014
email: csd-sdu@texasattorneygeneral.gov or visit the Office of the Attorney General's website
(www.texasattorneygeneral.gov).



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Dependent Information			
<input type="checkbox"/> Family Violence Protection (FV) <i>(Check if dependent below is a victim of family violence)</i>			
Name:	Sex: <input type="radio"/> Male <input type="radio"/> Female	Date of Birth:	Social Security Number:
<input type="checkbox"/> Family Violence Protection (FV) <i>(Check if dependent below is a victim of family violence)</i>			
Name:	Sex: <input type="radio"/> Male <input type="radio"/> Female	Date of Birth:	Social Security Number:
<input type="checkbox"/> Family Violence Protection (FV) <i>(Check if dependent below is a victim of family violence)</i>			
Name:	Sex: <input type="radio"/> Male <input type="radio"/> Female	Date of Birth:	Social Security Number:
<input type="checkbox"/> Family Violence Protection (FV) <i>(Check if dependent below is a victim of family violence)</i>			
Name:	Sex: <input type="radio"/> Male <input type="radio"/> Female	Date of Birth:	Social Security Number:
<i>Attach additional forms if there are more children for this cause</i>			

Attorney Information			
Obligee Attorney:	Phone:	Obligor Attorney:	Phone:

Form prepared by: _____

Phone: _____

Date: _____