



CHILD SUPPORT DIVISION

Figure: 1 TAC §55.121

Record of Support

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="checkbox"/> New Order	<input type="checkbox"/> Modified Order
Payment Location:	<input type="checkbox"/> SDU	<input type="checkbox"/> County <input type="checkbox"/> 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="checkbox"/> Male <input type="checkbox"/> 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="checkbox"/> Male <input type="checkbox"/> 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).



CHILD SUPPORT DIVISION

Figure: 1 TAC §55.121

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="checkbox"/> Male <input type="checkbox"/> 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="checkbox"/> Male <input type="checkbox"/> 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="checkbox"/> Male <input type="checkbox"/> 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="checkbox"/> Male <input type="checkbox"/> 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: _____

Additional Child Support Information

FOR USE BY THE HUNT COUNTY DISTRICT CLERK TO GENERATE/MODIFY
CHILD SUPPORT ACCOUNTS WITH THE TEXAS CHILD SUPPORT DISBURSEMENT UNIT

Cause # _____ Judicial District Court

_____ Temporary _____ Final _____ Modification

Date first payment due: _____ Amount: \$ _____

Frequency: (Monthly, Weekly, etc.) _____

- FULL Social Security number is MANDATORY for set up
- Custodial and Non-Custodial parents will be identified by their SS#
- An Order for Child Support must be signed by a Judge before an account will be generated
- File this request to:

Stacey Landrum
Hunt County District Clerk
(903) 408-4172

File in Person: **2507 Lee Street, Suite #204**
Greenville, Texas 75401

File by Mail: **P.O. Box 1437**
Greenville, Texas 75403-1437