Figure: 1 TAC §55.121

KEN PAXTON
ATTORNEY GENERAL of TEXAS
CHILD SUPPORT DIVISION

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.

Order Information

County Name:	Court Number:	Cause Number:
Attorney General Case Number:	Date of Hearing:	Order Sign Date:

Order Type: ☐ New Order ☐ Modified Order	Payment Location: ☐ State Disbursement Unit (SDU) Other:

Obligee/Payee/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 License Number:	
Home Phone:	Work Phone:	Cell Phone:	Email:
Relationship to Child(ren):			
Employer Name:			
Address:	City:	State:	Zip:

Figure: 1 TAC §55.121

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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 License Number:		
Home Phone:	Work Phone:	Cell Phone:	Email:
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 Birth:	Social Security Number:
☐ Family Violence Protection (FV) *(Check if dependent below is a victim of family violence)*			
Name:	Sex: ☐ Male ☐ Female	Date 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 Birth:	Social Security Number:
☐ Family Violence Protection (FV) *(Check if dependent below is a victim of family violence)*			
Name:	Sex: ☐ Male ☐ Female	Date 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:	Obligor Attorney:	Phone:

Prepared by:	Phone:	Date:

County Name:	Court Number:	Cause Number: