

**TARRANT COUNTY CHILD SUPPORT OFFICE RECORD OF SUPPORT
CAUSE NUMBER _____**

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| OBLIGEE _____ Soc. Sec. No: _____ DOB: _____ Drivers License No: _____ ST: _____ Home Address: _____ _____ Phone: (H) _____ (W) _____ Relationship to Child(ren): _____ Employer: _____ Address: _____ _____ Income Withholding: Yes <input type="checkbox"/> No <input type="checkbox"/> | OBLIGOR _____ Soc. Sec. No: _____ DOB: _____ Drivers License No: _____ ST: _____ Home Address: _____ _____ Phone: (H) _____ (W) _____ County of Residence: _____ Relationship to Child(ren): _____ Employer: _____ Address: _____ _____ Family Violence: Yes <input type="checkbox"/> No <input type="checkbox"/> |
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| CHILD'S NAME | DATE OF BIRTH | SOCIAL SECURITY NUMBER | SEX |
|--------------|---------------|------------------------|-----|
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Order Type: (circle one) Divorce Paternity SAPCR Enforcement Modification **Order Status:** (circle one) Temporary Final

Regular Child Support: (monthly, semi-monthly, biweekly, weekly) beginning _____, 20
CIRCLE ONE

Decreases as children emancipate?: \$ _____ (monthly, semi-monthly, biweekly, weekly) beginning _____, 20
 \$ _____ (monthly, semi-monthly, biweekly, weekly) beginning _____, 20

One time child support payment?: _____ due _____, 20

Accrual Suspension: from _____ through _____ every _____ beginning _____

Cash Medical Support: \$ _____ (monthly, semi-monthly, biweekly, weekly) beginning _____, 20

Total Arrears: \$ _____ Calculated as of: _____, 20

Arrears Payment: \$ _____ (monthly, semi-monthly, biweekly, weekly) beginning _____, 20

Payment increases as children emancipate: Yes No **Lump Sum Arrearage Payment:** \$ _____ due _____, 20
 \$ _____ (monthly, semi-monthly, biweekly, weekly) \$ _____ due _____, 20 \$ _____ due _____, 20
 \$ _____ (monthly, semi-monthly, biweekly, weekly) \$ _____ due _____, 20 \$ _____ due _____, 20

Medical Insurance (circle one): Obligor provides Obligee provides Both Responsible Not Addressed

Date of Hearing: _____ Date of Order: _____

Obligee Attorney: _____ Obligor Attorney: _____

Phone: _____ Phone: _____

Form prepared by: _____ Phone: _____ Date: _____, 20

Signature: _____

Remarks: _____

Receipt of Form Acknowledged by: _____ Signed this _____ day of _____, 20 _____
 Associate Judge/Judge Presiding