

**Cause Number** \_\_\_\_\_

**Account Number** \_\_\_\_\_

**AG Case Number** \_\_\_\_\_

**Modified Order?**     Yes     No

**Existing Account?**     Yes     No

**OBLIGEE:** \_\_\_\_\_

Soc. Sec. No: \_\_\_\_\_ DOB: 00/00/0000

Drivers License No: \_\_\_\_\_ ST: Texas

Home Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_ Sex: M / F

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

**OBLIGOR:** \_\_\_\_\_

Soc. Sec. No: \_\_\_\_\_ DOB: 00/00/0000

Drivers License No: \_\_\_\_\_ ST: Texas

Home Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_ Sex: M / F

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

**Income Withholding:** YES \_\_\_\_\_ NO \_\_\_\_\_

CHILD'S NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	SEX
			M / F
			M / F
			M / F

**Order Type:** (circle one) Divorce Paternity SAPCR Enforcement Modification    **Order Status:** (circle one) Temporary Final

**Protective Order Entered:** (circle one) Yes No

**Regular Child Support:** \$ \_\_\_\_\_ (monthly, semi-monthly, biweekly, weekly) beginning \_\_\_\_\_, 20 \_\_\_\_\_

**Decreases as children emancipate?:** \$ \_\_\_\_\_ (monthly, semi-monthly, biweekly, weekly) \$ \_\_\_\_\_ (monthly, semi-monthly, biweekly, weekly)  
\$ \_\_\_\_\_ (monthly, semi-monthly, biweekly, weekly) \$ \_\_\_\_\_ (monthly, semi-monthly, biweekly, weekly)

**One time child support payment?:** \_\_\_\_\_ due \_\_\_\_\_, 20 \_\_\_\_\_

**Accrual Suspension:** from \_\_\_\_\_ through \_\_\_\_\_ every \_\_\_\_\_ beginning \_\_\_\_\_

**Total Child Support Arrears:** \_\_\_\_\_ Calculated as of: \_\_\_\_\_, 20 \_\_\_\_\_

**Child Support 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 \_\_\_\_\_

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

**Total Medical Support Arrears:** \_\_\_\_\_ Calculated as of: \_\_\_\_\_, 20 \_\_\_\_\_

**Medical Support Arrears Payment:** \$ \_\_\_\_\_ (monthly, semi-monthly, biweekly, weekly) beginning \_\_\_\_\_, 20 \_\_\_\_\_

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

**Cash Spousal Support:** \$ \_\_\_\_\_ (monthly, semi-monthly, biweekly, weekly) beginning \_\_\_\_\_, 20 \_\_\_\_\_

**Total Spousal Support Arrears:** \_\_\_\_\_ Calculated as of: \_\_\_\_\_, 20 \_\_\_\_\_

**Spousal Support Arrears Payment:** \$ \_\_\_\_\_ (monthly, semi-monthly, biweekly, weekly) beginning \_\_\_\_\_, 20 \_\_\_\_\_

**Date of Hearing:** \_\_\_\_\_    **Date of Order** \_\_\_\_\_

Obligee Attorney	Phone	Obligor Attorney	Phone

**Form prepared by:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_, 20 \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Remarks:** \_\_\_\_\_

**Receipt of Form Acknowledged by:** \_\_\_\_\_ **Signed this** \_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

*Attach additional forms if there are more children for this cause*