



**KEN PAXTON**  
ATTORNEY GENERAL of TEXAS  
CHILD SUPPORT DIVISION

MC: ME  
Bar Code Area  
FS#:  
Central File Maintenance  
P.O. BOX 12048  
AUSTIN, TX 78711-2048

Date:

Dear Non-Custodial Parent,

Enclosed is a legal document called an "Affidavit of Direct Payments." This form is used to document child, medical, and dental support payments you (the non-custodial parent) made directly to the custodial parent (in any form), including payments received in the form of cash or check or from a Military Allotment, Trust Fund or Escrow Account.

Select the appropriate option on this form to indicate whether or not you have made any support payments directly to the custodial parent. If you have made support payments directly to the custodial parent, be sure to list the corresponding payment dates and amounts in the spaces provided at the bottom of this form.

A Notary Public must notarize this affidavit after witnessing you sign it. Do not sign this form until you are instructed to do so by the Notary Public. This form can be notarized by a Notary Public at your local child support office.

Please return the Affidavit of Direct Payments to the local office either

- by mail (in the enclosed, postage-paid envelope) or
- in person.

As mentioned above, this form must be completed, signed and notarized before it can be processed.

**Note:** You will not receive credit for any support payments listed on this form until credit for these payments is agreed to by the custodial parent or approved by the court.

**Reminder:** Child, medical, and dental support payments are to be made to the State Disbursement Unit at the address below:

SDU  
P.O. Box 659791  
San Antonio, TX 78265-9791

If you have any questions concerning this form, please contact your local child support office.



**KEN PAXTON**  
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 CHILD SUPPORT DIVISION

**NON-CUSTODIAL PARENT'S AFFIDAVIT OF DIRECT PAYMENTS**

MC: \_\_\_\_\_

OAG Case#: \_\_\_\_\_

**Note:** This form is used to document child, medical and dental support payments made directly to the custodial parent by the non-custodial parent (in any form), including payments received in the form of cash or check or from a Military Allotment, Trust Fund or Escrow Account. This excludes payments made through a county registry or State Disbursement Unit (SDU).

Support Payments Made Directly to the Custodial Parent by the Non-Custodial Parent

- Includes Payments in the form of cash or check or from a Military Allotment, Trust Fund or Escrow Account
- Excludes Payments made through the County Registry or State Disbursement Unit (SDU)

Date (mm/dd/yyyy)	Amount	Date (mm/dd/yyyy)	Amount	Date (mm/dd/yyyy)	Amount	Date (mm/dd/yyyy)	Amount	Date (mm/dd/yyyy)	Amount

Cause #: \_\_\_\_\_ Total of all direct payments: \_\_\_\_\_

I, \_\_\_\_\_, th e non-custodial parent:

- Certify that either: (Please select one of the options below)
  - I have not made any support payments (in any form) directly to \_\_\_\_\_, th e custodial parent, and any payments I made were sent through the county registry or the State Disbursement Unit (SDU) or
  - the list of support payments provided above (including all dates and amounts) is a correct list of payments I made directly to \_\_\_\_\_, the custodial parent, and that these payments were not sent through the county registry or the State Disbursement Unit (SDU)
- acknowledge that I will not receive credit for any support payments listed on this form until credit for these payments is agreed to by the custodial parent or approved by the court.
- authorize and request the Office of the Attorney General of Texas to disclose this document, in its entirety, to \_\_\_\_\_ (the person to whom the above support payments were made ) and file it with the court.

\_\_\_\_\_  
 Non-Custodial Parent's Signature

\_\_\_\_\_  
 Date:

State of Texas  
 County of \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME, the undersigned Notary Public, by \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Texas Government Code Chapter 559 gives you the right to review and request correction of information on this form.