



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@oag.texas.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:



KEN PAXTON

ATTORNEY GENERAL of TEXAS

CHILD SUPPORT DIVISION

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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:
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Form prepared by: _____

Phone:

Date: