

INQUIRY FORM FOR INCARCERATED PARENTS

Read the section below carefully before completing this form. If you have multiple cases, use one form for each case.
(Photocopies are acceptable).

(Please print)

NAME (Last, first, middle): _____ INMATE#: _____

FACILITY NAME: _____

FACILITY ADDRESS: _____ CITY/ZIP CODE: _____

SOCIAL SECURITY NUMBER: _____

ATTORNEY GENERAL CASE NUMBER: _____

COURT CAUSE NUMBER & COUNTY OF JURISDICTION: _____

OTHER PARENT'S NAME: _____

NAME OF CHILD(REN): _____

DATE OF ENTRY: _____ DATE OF RELEASE: _____

PLEASE CHECK **ONLY** THE LINES YOU WANT US TO RESPOND TO:

____ I would like the address and phone number of the child support office handling my case.

____ I have a child support case, and I am requesting that it be reviewed to see if I qualify for a lower monthly child support payment.

____ I was not married to the mother/father of my child _____ (child's name) and would like to establish paternity (legal fatherhood) for this child.

NOTE: Requests for information not listed above will not be answered. State and federal law limits the release of certain information on child support cases.

SIGNATURE _____ DATE _____

MAIL TO:

Office of the Attorney General
Child Support Division
Mail Code 038
P. O. Box 12017
Austin, TX 78711-2017

