



# Record of Support

## Order Information

County Name: <b>TARRANT</b>	Cause No.:	Income Withholding: <input type="radio"/> Yes <input type="radio"/> No	Family Violence: <input type="radio"/> Yes <input type="radio"/> No
OAG Case No.:	Date of Hearing:	Order Sign Date:	
<b>Order Type:</b> <input type="radio"/> Divorce <input type="radio"/> Paternity <input type="radio"/> SAPCR <input type="radio"/> Enforcement <input type="radio"/> Modification		<b>Order Status:</b> <input type="radio"/> Temporary <input type="radio"/> Final	

## Obligee/Custodial Parent Information

Name:	Sex: <input type="radio"/> Male <input type="radio"/> Female	Date of Birth:	Social Security No.:
Address:	City:	State:	Zip:
Driver's License No.:	Email:	Relationship to children:	Home Phone:
Employer Name:			Work Phone:
Employer Address:	City:	State:	Zip:

## Obligor/Non-Custodial Parent Information

Name:	Sex: <input type="radio"/> Male <input type="radio"/> Female	Date of Birth:	Social Security No.:
Address:	City:	State:	Zip:
Driver's License No.:	Email:	Relationship to children:	Home Phone:
Employer Name:			Work Phone:
Employer Address:	City:	State:	Zip:

## Dependent Information *(Attach additional forms if there are more children in this cause.)*

Name:	Sex: <input type="radio"/> Male <input type="radio"/> Female	Date of Birth:	Social Security No.:
Name:	Sex: <input type="radio"/> Male <input type="radio"/> Female	Date of Birth:	Social Security No.:
Name:	Sex: <input type="radio"/> Male <input type="radio"/> Female	Date of Birth:	Social Security No.:
Name:	Sex: <input type="radio"/> Male <input type="radio"/> Female	Date of Birth:	Social Security No.:

## \*\*\*FOR OFFICE USE ONLY\*\*\* Financial/Pay Plan Information \*\*\*FOR OFFICE USE ONLY\*\*\*

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

**Decrease w/ emancipation?** (1<sup>st</sup> child) \$ \_\_\_\_\_ ( monthly / semi-monthly / bi-weekly / weekly ) (2<sup>nd</sup>) \$ \_\_\_\_\_ (3<sup>rd</sup>) \$ \_\_\_\_\_

**CS Arrears:** \$ \_\_\_\_\_ As of: \_\_\_\_\_ **Arrears Payplan:** \$ \_\_\_\_\_ ( m / s / b / w ) beginning \_\_\_\_\_, 20\_\_\_\_

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

**MS Arrears:** \$ \_\_\_\_\_ As of: \_\_\_\_\_ **Medical Arrears Payplan:** \$ \_\_\_\_\_ ( m / s / b / w ) beginning \_\_\_\_\_, 20\_\_\_\_

**Dental Support:** \$ \_\_\_\_\_ ( monthly / semi-monthly / bi-weekly / weekly ) beginning \_\_\_\_\_, 20\_\_\_\_

**DS Arrears:** \$ \_\_\_\_\_ As of: \_\_\_\_\_ **Dental Arrears Payplan:** \$ \_\_\_\_\_ ( m / s / b / w ) beginning \_\_\_\_\_, 20\_\_\_\_

## Attorney Information

Obligee Attorney:	Phone:	Obligor Attorney:	Phone:
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