



Record of Support

Order Information

County Name: TARRANT	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:	
Order Type: <input type="radio"/> Divorce <input type="radio"/> Paternity <input type="radio"/> SAPCR <input type="radio"/> Enforcement <input type="radio"/> Modification		Order Status: <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? (1st child) \$ _____ (monthly / semi-monthly / bi-weekly / weekly) (2nd) \$ _____ (3rd) \$ _____

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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