

FACT SHEET-CHILD SUPPORT

This sheet must be completed for child support payments to be processed.

Case Number _____ Court _____ Date of Judgment _____
_____ Temporary _____ Final _____ Modification

Begin Date of Payment _____ Amount of Payment _____ Monthly _____
_____ Semimonthly _____
_____ Weekly _____

DOMESTIC VIOLENCE (YES or NO)

SPOUSAL MAINTENANCE _____ Monthly _____
Amount _____ Payor _____ Semimonthly _____
_____ Weekly _____

MEDICAL SUPPORT _____ Monthly _____
Amount _____ Payor _____ Semimonthly _____
_____ Weekly _____

DENTAL SUPPORT _____ Monthly _____
Amount _____ Payor _____ Semimonthly _____

PAYEE INFORMATION

Phone # _____
Name of Payee (recipient) _____

SSN _____
Mailing Address Street or Box _____

City _____ State _____ Zip Code _____

DOB: _____ MALE OR FEMALE Drivers License # _____ State _____

PAYOR INFORMATION

Phone # _____
Name of Payor _____

SSN _____
Mailing Address Street or Box _____

City _____ State _____ Zip Code _____

DOB: _____ MALE OR FEMALE Drivers License # _____ State _____

DEPENDENTS (If you need more space, please use the back)

Name _____ DOB: _____ SSN: _____ Male/Female
Name _____ DOB: _____ SSN: _____ Male/Female
Name _____ DOB: _____ SSN: _____ Male/Female
Name _____ DOB: _____ SSN: _____ Male/Female

Prepared by _____ Date _____

For Office Use Only

Updated By: _____ Date: _____ Civil: _____ Child Support: _____ TXWeb: _____