

**TARRANT COUNTY CHILD SUPPORT OFFICE RECORD OF SUPPORT
CAUSE NUMBER _____**

OBLIGEE: _____ Soc. Sec. No: _____ DOB: _____ Drivers License No: _____ ST: _____ Home Address: _____ Phone: (H) _____ (W) _____ Relationship to Child(ren): _____ Employer: _____ Address: _____ _____ Income Withholding : YES _____ NO _____	OBLIGOR: _____ Soc. Sec. No: _____ DOB: _____ Drivers License No: _____ ST: _____ Home Address: _____ County of Residence: _____ Phone: (H) _____ (W) _____ Relationship to Child(ren): _____ Employer: _____ Address: _____ _____
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CHILD'S NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	SEX

Order Type: (circle one) Divorce Paternity SAPCR Enforcement Modification **Order Status:** (circle one) Temporary Final

Regular Child Support: \$ _____ (monthly, semi-monthly, biweekly, weekly) beginning _____, 20____

Decreases as children emancipate?: \$ _____ (monthly, semi-monthly, biweekly, weekly) \$ _____ (monthly, semi-monthly, biweekly, weekly)
 \$ _____ (monthly, semi-monthly, biweekly, weekly) \$ _____ (monthly, semi-monthly, biweekly, weekly)

One time child support payment?: _____ due _____, 20____

Accrual Suspension: from _____ through _____ every _____ beginning _____

Cash Medical Support: \$ _____ (monthly, semi-monthly, biweekly, weekly) beginning _____, 20____

Total Arrears: _____ Calculated as of: _____, 20____

Arrears Payment: \$ _____ (monthly, semi-monthly, biweekly, weekly) beginning _____, 20____

Payment increases as children emancipate? Yes__ No__ **Lump Sum Arrearage Payment:** \$ _____ due _____, 20____
 \$ _____ (monthly, semi-monthly, biweekly, weekly) \$ _____ due _____, 20____; \$ _____ due _____, 20____
 \$ _____ (monthly, semi-monthly, biweekly, weekly) \$ _____ due _____, 20____; \$ _____ due _____, 20____

Medical Insurance (circle one): Obligor provides Obligee provides Both Responsible Not addressed

Date of Hearing: _____ **Date of Order:** _____

Obligee Attorney: _____ **Obligor Attorney:** _____

Phone: _____ **Phone:** _____

Form prepared by: _____ **Phone:** _____ **Date:** _____, 20____

Signature: _____

Remarks: _____

Receipt of Form Acknowledged by:
 Associate Judge/Judge Presiding _____ Signed this _____ day of _____, 20____