KEN PAXTON
ATTORNEY GENERAL of TEXAS
CHILD SUPPORT DIVISION

Figure: 1 TAC §55.121

Record of Support

This form is used by counties to provide the record of support data needed by the state case registry as required by the Texas Family Code § 105.008. (Counties may use the TXCSES Web Portal to provide this information in lieu of completing this form.) Send the completed form to the State Case Registry/County Contact Team by fax 877-924-6872, e-mail csd-sdu@oag.texas.gov, or mail to TxCSDU, P.O. Box 659400, San Antonio, TX 78265.

Order Information

County Name:	Court Number:	Cause Number:
Attorney General Case Number:	Date of Hearing:	Order Sign Date:
Order Type: ☐ New Order		☐ Modified Order
Payment Location: ☐ SDU	☐ County	☐ Other

Obligee/Custodial Parent Information

☐ Family Violence Protection (FV) *(Check if individual below is a victim of family violence)*

Name:	Date of Birth:	Social Security Number:	
Address:	City:	State:	Zip:
Sex: ☐ Male ☐ Female		Driver's License Number:	
Home Phone:	Work Phone:	Cell Phone:	Relationship to Child(ren):
Employer Name:			
Address:	City:	State:	Zip:

Obligor/Non-Custodial Parent Information

☐ Family Violence Protection (FV) *(Check if individual below is a victim of family violence)*

Name:	Date of Birth:	Social Security Number:	
Address:	City:	State:	Zip:
Sex: ☐ Male ☐ Female		Driver's License Number:	
Home Phone:	Work Phone:	Cell Phone:	Relationship to Child(ren):
Employer Name:			
Address:	City:	State:	Zip:

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Dependent Information

Dependent Information			
☐ Family Violence Protection (FV) *(Check if dependent below is a victim of family violence)*			
Name:	Sex: ☐ Male ☐ Female	Date of Birth:	Social Security Number:
☐ Family Violence Protection (FV) *(Check if dependent below is a victim of family violence)*			
Name:	Sex: ☐ Male ☐ Female	Date of Birth:	Social Security Number:
☐ Family Violence Protection (FV) *(Check if dependent below is a victim of family violence)*			
Name:	Sex: ☐ Male ☐ Female	Date of Birth:	Social Security Number:
☐ Family Violence Protection (FV) *(Check if dependent below is a victim of family violence)*			
Name:	Sex: ☐ Male ☐ Female	Date of Birth:	Social Security Number:
Attach additional forms if there are more children for this cause			

Attorney Information

Obligee Attorney:	Phone:	Obligor Attorney:	Phone:

Form prepared by: ________________________________ Phone: Date: