



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@texasattorneygeneral.gov](mailto:csd-sdu@texasattorneygeneral.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:                   | <input type="radio"/> New Order | <input type="radio"/> Modified Order                     |
| Payment Location:             | <input type="radio"/> SDU       | <input type="radio"/> County <input type="radio"/> Other |

**Obligee/Custodial Parent Information**

|  |   |                          |                             |
|--|---|--------------------------|-----------------------------|
| <input type="checkbox"/> Family Violence Protection (FV) <i>(Check if individual below is a victim of family violence)</i> |   |                          |                             |
| Name:  | Date of Birth:  | Social Security Number:  |                             |
| Address:   | City:   | State:                   | Zip:                        |
| Sex:   | <input type="radio"/> Male <input type="radio"/> 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**

|  |   |                          |                             |
|--|---|--------------------------|-----------------------------|
| <input type="checkbox"/> Family Violence Protection (FV) <i>(Check if individual below is a victim of family violence)</i> |   |                          |                             |
| Name:  | Date of Birth:  | Social Security Number:  |                             |
| Address:   | City:   | State:                   | Zip:                        |
| Sex:   | <input type="radio"/> Male <input type="radio"/> 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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 email: [csd-sdu@texasattorneygeneral.gov](mailto:csd-sdu@texasattorneygeneral.gov) or visit the [Office of the Attorney General's website](http://www.texasattorneygeneral.gov)  
 (www.texasattorneygeneral.gov).



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**Dependent Information**

|   |   |                |                         |
|---|---|----------------|-------------------------|
| <input type="checkbox"/> Family Violence Protection (FV) <i>(Check if dependent below is a victim of family violence)</i> |   |                |                         |
| Name:   | Sex:<br><input type="radio"/> Male <input type="radio"/> Female | Date of Birth: | Social Security Number: |
| <input type="checkbox"/> Family Violence Protection (FV) <i>(Check if dependent below is a victim of family violence)</i> |   |                |                         |
| Name:   | Sex:<br><input type="radio"/> Male <input type="radio"/> Female | Date of Birth: | Social Security Number: |
| <input type="checkbox"/> Family Violence Protection (FV) <i>(Check if dependent below is a victim of family violence)</i> |   |                |                         |
| Name:   | Sex:<br><input type="radio"/> Male <input type="radio"/> Female | Date of Birth: | Social Security Number: |
| <input type="checkbox"/> Family Violence Protection (FV) <i>(Check if dependent below is a victim of family violence)</i> |   |                |                         |
| Name:   | Sex:<br><input type="radio"/> Male <input type="radio"/> 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: \_\_\_\_\_