

**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)

**SENSITIVE DATA FORM** (YES or NO)

**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: \_\_\_\_\_