TRAVIS COUNTY DOMESTIC RELATIONS OFFICE
1700 Guadalupe Street
P.O. BOX 1495
AUSTIN, TEXAS 78767
(512) 854-9696
FAX (512) 854-9819
www.traviscountytx.gov/dro

CUSTODIAL PARENT'S AFFIDAVIT OF DIRECT PAYMENTS

CAUSE NUMBER_____ **DRO ACCOUNT NUMBER**_____

I_____, the custodial parent: certify that either:

☐ I have not received any support payments (in any form) directly from _____, the Non-custodial parent, including payments from a Trust Fund Escrow Account or Military Allotment, and any payments I received were send to me from either the Domestic Relations Office or the State Disbursement Unit (SDU) **or**

☐ the list of support payments provided below (including all dates and amounts) is a correct list of payments I received directly from _____, the non-custodial parent, and that these payments were not sent to me from either the Domestic Relations Office or the State Disbursement Unit SDU).

I authorize and request the Domestic Relations Office to disclose this document in its entirety, to _____,(the person from Whom the support payments were received) and file it with the court.

I certify that there is no court order in effect that prohibits the release of this information, and that this information will be used only for Child Support purposes.

Date	Amount		Date	Amount		Date	Amount		Date	Amount

TOTAL OF ALL DIRECT PAYMENTS: $ _____

_____ _____
Custodial Parent Date

STATE OF TEXAS
SUBCRIBED AND SWORN TO BEFORE ME on this_____day of _____

_____
Notary Public in and for the State of Texas