

**TRAVIS COUNTY DOMESTIC RELATIONS OFFICE
REQUEST TO ESTABLISH A CHILD SUPPORT ACCOUNT**

DATE: ____/____/____

COURT CAUSE NUMBER: _____

INFORMATION ABOUT YOUR COURT ORDER:

Has there been a court order signed/entered by the Court for the payment of child support: YES NO

What kind of order do you have: Divorce Paternity Temporary Protective Modification

INFORMATION ABOUT YOUR MARITAL STATUS:

Were you married to the person who is ordered to pay child support: YES NO

If YES what is the date of the marriage: ____/____/____

INFORMATION ABOUT THE PERSON THE CHILD(REN) ARE LIVING WITH (PAYEE):

First name: _____ MI: _____ Last Name: _____

Mailing address: _____ City: _____ State: _____ :Zip _____

Home phone: (____) _____ - _____ Work phone: (____) _____ - _____ Cell phone: (____) _____ - _____

Birthdate: ____/____/____ SSN: XXX-XX-____ Language Spoken: _____

Driver's License Number: _____ Issuing State: _____

Type of Professional Licenses Held: _____ License #: _____

Ethnicity: _____ Sex: _____ Ht.: ____' ____" Wt.: _____ lbs. Hair color: _____ Eye color: _____

Employer: _____ Employer phone: (____) _____ - _____

Employer Address: _____ City: _____ State: _____ Zip: _____

INFORMATION ABOUT THE PERSON PAYING CHILD SUPPORT (PAYOR):

First Name: _____ MI: _____ Last Name: _____

Mailing address: _____ City: _____ State: _____ :Zip _____

Home phone: (____) _____ - _____ Work phone: (____) _____ - _____ Cell phone: (____) _____ - _____

Birthdate: ____/____/____ SSN: XXX-XX-____ Language Spoken: _____

Driver's License Number: _____ Issuing State: _____

Type of Professional Licenses Held: _____ License #: _____

Ethnicity: _____ Sex: _____ Ht.: ____' ____" Wt.: _____ lbs. Hair color: _____ Eye color: _____

➤ Please complete both pages in full

MORE INFORMATION ABOUT THE PERSON PAYING CHILD SUPPORT (PAYOR):

Employer: _____ Employer phone: (____) _____ - _____
Employer Address: _____
City: _____ State: _____ Zip: _____

INFORMATION ABOUT EACH CHILD:

CHILD #1 –

Full Name: _____ Sex: _____ Race: _____
Date of Birth: ___/___/_____ Place of Birth (City, State or City, Country): _____
Social Security # XXX-XX-_____

CHILD #2 –

Full Name: _____ Sex: _____ Race: _____
Date of Birth: ___/___/_____ Place of Birth (City, State or City, Country): _____
Social Security # XXX-XX-_____

CHILD #3 –

Full Name: _____ Sex: _____ Race: _____
Date of Birth: ___/___/_____ Place of Birth (City, State or City, Country): _____
Social Security # XXX-XX-_____

CHILD #4 –

Full Name: _____ Sex: _____ Race: _____
Date of Birth: ___/___/_____ Place of Birth (City, State or City, Country): _____
Social Security # XXX-XX-_____

CHILD #5 –

Full Name: _____ Sex: _____ Race: _____
Date of Birth: ___/___/_____ Place of Birth (City, State or City, Country): _____
Social Security # XXX-XX-_____

INFORMATION ABOUT THE PARTIES' RELATIONSHIP TO THE ABOVE CHILD(REN):

What is the Payee's relationship to the above child(ren): Mother Father Other (specify) _____
What is the Payor's relationship to the above child(ren): Mother Father Other (specify) _____