

District Clerk's Office Angelina County

Information Sheet for Child Support

(Please type all information-Please complete appropriate spaces)

THIS DOCUMENT MUST BE SUBMITTED WITH CHILD SUPPORT ORDERS

CAUSE NUMBER _____

DOMESTIC VIOLENCE INDICATOR __ YES __ NO

SECTION 1 GENERAL INFORMATION (required)

PAYER

FIRST NAME	MIDDLE NAME	LAST	SUFFIX	DATE OF BIRTH	SEX

ADDRESS	CITY	COUNTY	STATE	ZIP	

SOCIAL SECURITY NUMBER	TELEPHONE NUMBER	DRIVER'S LICENSE NUMBER	STATE OF ISSUANCE		

PAYEE

FIRST NAME	MIDDLE NAME	LAST	SUFFIX	DATE OF BIRTH	SEX

ADDRESS	CITY	COUNTY	STATE	ZIP	

SOCIAL SECURITY NUMBER	TELEPHONE NUMBER	DRIVER'S LICENSE NUMBER	STATE OF ISSUANCE		

SECTION 2 CHILDREN AFFECTED BY THIS SUIT

CHILD 1

FIRST NAME	MIDDLE NAME	LAST	SUFFIX	DATE OF BIRTH	SEX

SOCIAL SECURITY NUMBER	ADDRESS	CITY	COUNTY	STATE	ZIP

CHILD 2

FIRST NAME	MIDDLE NAME	LAST	SUFFIX	DATE OF BIRTH	SEX

SOCIAL SECURITY NUMBER	ADDRESS	CITY	COUNTY	STATE	ZIP

CHILD 3

FIRST NAME	MIDDLE NAME	LAST	SUFFIX	DATE OF BIRTH	SEX

SOCIAL SECURITY NUMBER	ADDRESS	CITY	COUNTY	STATE	ZIP

CHILD 4

FIRST NAME	MIDDLE NAME	LAST	SUFFIX	DATE OF BIRTH	SEX

SOCIAL SECURITY NUMBER	ADDRESS	CITY	COUNTY	STATE	ZIP

SECTION 3 CHILD SUPPORT PAYMENTS

TOTAL AMOUNT OF CHILD SUPPORT ORDERED _____
BEGINNING DATE _____
FREQUENCY OF PAYMENTS _____ WEEKLY _____ BIWEEKLY _____ SEMIMONTHLY _____ MONTHLY