

Figure: 1 TAC §55.121



**Record of Support Order**

This completed form must be submitted to the county's clerk of the court to set up the child support account. (See Texas Family Code §105.008)  
Note to Clerks: Send the completed form to the State Case Registry/County Contact Team by fax 877-924-6872, e-mail [csd-sdu@oag.texas.gov](mailto:csd-sdu@oag.texas.gov), or mail to TxCSDU, P.O. Box 659400, San Antonio, TX 78265, or use the TXCSES Web Portal to provide this information in lieu of forwarding the document to the TXSDU.

**Order Information**

County Name:	Court Number:	Cause Number:
Attorney General Case Number:	Date of Hearing:	Order Sign Date:
Order Type: <input type="checkbox"/> New Order <input type="checkbox"/> Modified Order	Payment Location: <input type="checkbox"/> State Disbursement Unit (SDU) Other:	

**Obligee/Payee/Custodial Parent Information**

Family Violence Protection (FV) *(Check if individual below is a victim of family violence)*

Name:	Date of Birth:	Social Security Number:	
Address:	City:	State:	Zip:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License Number:		
Home Phone:	Work Phone:	Cell Phone:	Email:
Relationship to Child(ren):			
Employer Name:			
Address:	City:	State:	Zip:

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Obligor/Payor/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="checkbox"/> Male <input type="checkbox"/> Female	Driver's License Number:			
Home Phone:	Work Phone:	Cell Phone:	Email:	
Relationship to Child(ren):				
Employer Name:				
Address:	City:	State:	Zip:	
Dependent Information				
<input type="checkbox"/> Family Violence Protection (FV) <i>(Check if dependent below is a victim of family violence)</i>				
Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> 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: <input type="checkbox"/> Male <input type="checkbox"/> 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: <input type="checkbox"/> Male <input type="checkbox"/> 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: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Social Security Number:	
<i>If there are more children, attach an additional page listing the above information for each additional child.</i>				
Attorney Information				
Obligee Attorney:	Phone:	Obligor Attorney:	Phone:	
Prepared by:	Phone:	Date:		
County Name:	Court Number:	Cause Number:		