

HARRIS COUNTY CHILD SUPPORT INFORMATION SHEET

PLEASE FILL-OUT COMPLETELY AND FAX TO THE CHILD SUPPORT DIVISION AT 755-4359

CAUSE NUMBER: _____

CHANGE OF PAYEE: YES NO (if yes, copy of order or a file with an order must be attached to make change)

ATTORNEY GENERAL ACCOUNT NUMBER: _____

FRIEND OF THE COURT: YES NO

PAYOR: _____

LAST NAME FIRST MIDDLE

ADDRESS: _____

CITY STATE ZIP

HOME PHONE: (_____) _____ BUSINESS PHONE: (_____) _____

PAYEE: _____

LAST NAME FIRST MIDDLE

ADDRESS: _____

CITY STATE ZIP

HOME PHONE: (_____) _____ BUSINESS PHONE: (_____) _____

NUMBER OF CHILDREN: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

COURT NUMBER: _____		DATE OF ORDER: _____	
ORDER TYPE:	<input type="checkbox"/> Divorce	<input type="checkbox"/> Temporary	<input type="checkbox"/> Contempt
	<input type="checkbox"/> Modification	<input type="checkbox"/> Wage Withholding	<input type="checkbox"/> Other
ORIGINATION DATE: _____	PAYMENT AMOUNT: \$ _____		
NEXT START DATE: _____	PAYMENT AMOUNT: \$ _____		
NEXT START DATE: _____	PAYMENT AMOUNT: \$ _____		
ARREARAGE AMOUNT: \$ _____			
C/O TERMS:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-weekly	<input type="checkbox"/> Semi-Monthly
	<input type="checkbox"/> Child	<input type="checkbox"/> Wife	<input type="checkbox"/> Monthly
SUPPORT TYPE:	<input type="checkbox"/> Both		

PLAINTIFF'S ATTORNEY: _____ Date: _____

Signature

RESPONDENT'S ATTORNEY: _____ Date: _____

Signature

INSTRUCTIONS

CAUSE NUMBER:	The number assigned to this case by the Harris County District Clerk's Office.
ATTORNEY GENERAL ACCOUNT NUMBER:	The account number assigned to this case by the Attorney General's Office, if applicable.
FRIEND OF COURT:	Enter "Yes" or "No".
PAYOR:	The name and address of the person required to pay support. The name is listed in Last Name, First Name, and Middle Name sequence.
PAYEE:	The name and address of the person to receive support payments. The name is listed in Last Name, First Name, and Middle Name sequence.
NUMBER OF CHILDREN:	The total number of children for whom support is being paid.
NAME:	The name of the child or children for whom support is being paid.
DOB:	The date of birth of the above child or children.
COURT NUMBER:	The number identifier of the court (i.e. 245th).
DATE OF ORDER:	The date the judge signed the order granting child support.
ORDER TYPE:	The type of order that was signed by the judge granting child support (i.e. Divorce, Temporary Order, Contempt Order, Modification Order, Wage Withholding, etc.).
ORIGINATION DATE:	The date the first payment is due.
PAYMENT AMOUNT:	The amount of the payment to be made per term. The payment amount should only include regular child support. Do not include any amount that is ordered to be applied to the amount in arrears.
NEXT START DATE:	The date of the first payment in the next sequence of events. This date would be entered if payments increase or decrease at a specific event (i.e. the oldest child turns 18).
PAYMENT AMOUNT:	The amount of the payment of the next start date.
ARREARAGE AMOUNT:	The amount determined by the court to be in arrears at the time the order was signed.
C/O TERMS:	The terms for payment ordered by the court (i.e. Weekly, Bi-weekly, Monthly, etc.)
SUPPORT TYPE:	The type of support to be paid (i.e. Child, Wife, or Both).
PLAINTIFF'S ATTORNEY:	The signature of the attorney for the plaintiff.
RESPONDENT'S ATTORNEY:	The signature of the attorney for the respondent.

NOTE: BOTH ATTORNEYS ARE NOT REQUIRED TO SIGN FORM