

**CHARLES BACARISSE, HARRIS COUNTY DISTRICT CLERK
CHILD SUPPORT DEPARTMENT
1115 CONGRESS, ROOM 10
HOUSTON, TEXAS 77002
Phone No. (713) 755-6077
Fax No. (713) 755-4359**

LOCATION VERIFICATION FORM FOR FUNDS HELD AWAITING ADDRESSES

(PLEASE PRINT)

DATE: _____ CAUSE # _____

PAYOR NAME: _____ SSN: _____

PAYEE NAME: _____ SSN: _____

PREVIOUS ADDRESS CITY STATE ZIP

CURRENT ADDRESS CITY STATE ZIP

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

NUMBER OF CHILDREN: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

PAYEE SIGNATURE: _____

**Please attach a copy of your state issued picture ID along with the above information