

**CHARLES BACARISSE  
HARRIS COUNTY DISTRICT CLERK**

CHILD SUPPORT OFFICE  
1115 CONGRESS, ROOM 10  
HOUSTON, TEXAS 77002  
(713) 755-6077  
(713) 755-4359 Fax

**STOP PAYMENT FORM**

In order to allow for mail delivery please wait 10 business days from the date your payment is posted before submitting a stop payment request. However, stop payments can be submitted sooner if you agree to pay a \$20 stop payment fee charged by the bank.

After receiving a confirmation from our bank that the check is still outstanding, we will issue a replacement check to you within 2 to 3 business days. If the check has already been cashed, we will contact you by phone.

**Please submit a separate form for each check.**

Please complete all information below.

**(PLEASE PRINT)**

**Cause Number** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Payee's Name** \_\_\_\_\_

**Home Phone ( \_\_\_ )** \_\_\_\_\_ **Business Phone ( \_\_\_ )** \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_  
**Date** **Amount** **Warrant Number**

\_\_\_\_\_  
**Signature** **Driver's License No.**