

Brazoria County Child Support Account Information

CAUSE NUMBER _____

OBLIGEE: _____		OBLIGOR: _____	
Soc. Sec. No: _____	DOB: _____	Soc. Sec. No: _____	DOB: _____
Drivers License No: _____	ST: _____	Drivers License No: _____	ST: _____
Home Address: _____		Home Address: _____	
Phone: (H) _____ (W) _____		County of Residence: _____	
Relationship to Child(ren): _____		Phone: (H) _____ (W) _____	
Employer: _____		Relationship to Child(ren): _____	
Address: _____		Employer: _____	
_____		Address: _____	
Income Withholding : YES _____ NO _____			

CHILD'S NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	SEX

Order Type: (circle one) Divorce Paternity SAPCR Enforcement Modification **Order Status:** (circle one) Temporary Final

Regular Child Support: \$ _____ (monthly, semi-monthly, biweekly, weekly) beginning _____, 20____

Decreases as children emancipate?: \$ _____ (monthly, semi-monthly, biweekly, weekly) \$ _____ (monthly, semi-monthly, biweekly, weekly)

CIRCLE ONE

\$ _____ (monthly, semi-monthly, biweekly, weekly) \$ _____ (monthly, semi-monthly, biweekly, weekly)

One time child support payment?: _____ due _____, 20____

Accrual Suspension: from _____ through _____ every _____ beginning _____

Cash Medical Support: \$ _____ (monthly, semi-monthly, biweekly, weekly) beginning _____, 20____

Total Arrears: _____ Calculated as of: _____, 20____

Arrears Payment: \$ _____ (monthly, semi-monthly, biweekly, weekly) beginning _____, 20____

Payment increases as children emancipate? Yes ___ No ___ **Lump Sum Arrearage Payment:** \$ _____ due _____, 20____

\$ _____ (monthly, semi-monthly, biweekly, weekly) \$ _____ due _____, 20____ ; \$ _____ due _____, 20____

\$ _____ (monthly, semi-monthly, biweekly, weekly) \$ _____ due _____, 20____ ; \$ _____ due _____, 20____

Medical Insurance (circle one): Obligor provides Obligee provides Both Responsible Not addressed

Date of Hearing: _____ **Date of Order** _____

Obligee Attorney: _____ **Obligor Attorney:** _____

Phone: _____ **Phone:** _____

Form prepared by: _____ **Phone:** _____ **Date:** _____, 20____

Signature: _____

Remarks: _____

Receipt of Form Acknowledged by:
 Associate Judge/Judge Presiding _____ Signed this _____ day of _____, 20____