

# RECORD OF ORDER FOR CHILD SUPPORT

To be completed only if child support is to be paid through the Texas Child Support Disbursement Unit (TXSDU).

*Please Type All Information – Please complete appropriate spaces*

*Please call the Director of Child Support Registry at (956) 544-0840 if you have any questions concerning completion of this form.*

## This document must be submitted with the Decree of Divorce.

Cause No. \_\_\_\_\_

DOMESTIC VIOLENCE INDICATOR?  YES  NO

SECTION 1 GENERAL INFORMATION (REQUIRED)						
<b>PAYOR</b>	FIRST NAME	MIDDLE	LAST	SUFFIX	DATE OF BIRTH (mm/dd/yyyy)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	ADDRESS	CITY	COUNTY	STATE	ZIP	
	SOCIAL SECURITY NUMBER	TELEPHONE NUMBER	DRIVER'S LICENSE NUMBER	STATE OF ISSUANCE		
<b>PAYEE</b>	FIRST NAME	MIDDLE	LAST	SUFFIX	DATE OF BIRTH (mm/dd/yyyy)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	ADDRESS	CITY	COUNTY	STATE	ZIP	
	SOCIAL SECURITY NUMBER	TELEPHONE NUMBER	DRIVER'S LICENSE NUMBER	STATE OF ISSUANCE		

SECTION 2 CHILDREN AFFECTED BY THIS SUIT						
<b>CHILD 1</b>	FIRST NAME	MIDDLE	LAST	SUFFIX	DATE OF BIRTH (mm/dd/yyyy)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	SOCIAL SECURITY NUMBER	ADDRESS	CITY	COUNTY	STATE	ZIP
<b>CHILD 2</b>	FIRST NAME	MIDDLE	LAST	SUFFIX	DATE OF BIRTH (mm/dd/yyyy)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	SOCIAL SECURITY NUMBER	ADDRESS	CITY	COUNTY	STATE	ZIP
<b>CHILD 3</b>	FIRST NAME	MIDDLE	LAST	SUFFIX	DATE OF BIRTH (mm/dd/yyyy)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	SOCIAL SECURITY NUMBER	ADDRESS	CITY	COUNTY	STATE	ZIP
<b>CHILD 4</b>	FIRST NAME	MIDDLE	LAST	SUFFIX	DATE OF BIRTH (mm/dd/yyyy)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	SOCIAL SECURITY NUMBER	ADDRESS	CITY	COUNTY	STATE	ZIP

### ORDER OF PAYMENT

The information provided below must include the amount of the child support and/or arrears ordered, the frequency of payment, and a start date. Only child support payments may be paid through the CHILD SUPPORT REGISTRY.

#### SECTION 3 - REGULAR CHILD SUPPORT PAYMENTS (Total Amount for \_\_\_\_\_ child(ren))

<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th colspan="2" style="text-align: center;">CHILD SUPPORT PAYMENTS</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Weekly</td> <td style="text-align: right;">Beginning on: _____</td> </tr> <tr> <td><input type="checkbox"/> Alternating Weeks</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> Monthly</td> <td style="text-align: right;">Amount: _____</td> </tr> <tr> <td><input type="checkbox"/> Semi-Monthly</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table>	CHILD SUPPORT PAYMENTS		<input type="checkbox"/> Weekly	Beginning on: _____	<input type="checkbox"/> Alternating Weeks	_____	<input type="checkbox"/> Monthly	Amount: _____	<input type="checkbox"/> Semi-Monthly	\$ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th colspan="2" style="text-align: center;">ARREARS</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Weekly</td> <td style="text-align: right;">Beginning on: _____</td> </tr> <tr> <td><input type="checkbox"/> Alternating Weeks</td> <td style="text-align: right;">_____</td> </tr> <tr> <td><input type="checkbox"/> Monthly</td> <td style="text-align: right;">Amount: _____</td> </tr> <tr> <td><input type="checkbox"/> Semi-Monthly</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table>	ARREARS		<input type="checkbox"/> Weekly	Beginning on: _____	<input type="checkbox"/> Alternating Weeks	_____	<input type="checkbox"/> Monthly	Amount: _____	<input type="checkbox"/> Semi-Monthly	\$ _____	<p>Will a wage assignment or allotment be initiated?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(if yes, please submit a Request for Issuance of Wage Withholding Order to the District Clerk's Office with the fee of \$30.00.)</p>
CHILD SUPPORT PAYMENTS																						
<input type="checkbox"/> Weekly	Beginning on: _____																					
<input type="checkbox"/> Alternating Weeks	_____																					
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NAME OF INDIVIDUAL COMPLETING FORM	PHONE NUMBER	DATE
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Signed this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
PRESIDING JUDGE