

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 _____	

CHILDS 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____
CIRCLE ONE

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