

CHARLES BACARISSE, HARRIS COUNTY DISTRICT CLERK
CHILD SUPPORT INFORMATION SHEET

(PLEASE PRINT)

Cause Number: _____ Today's Date: _____

Change of Payee: Yes No (If yes, copy of signed order must be attached to make change)

Attorney General Case Number (if applicable) : _____

Payor (Makes Payments): _____

Last Name First Name Middle Name

Address: _____

City State Zip Code

SSN _____ DRIVER'S LICENSE NO. _____

Home Phone: (____) _____ Business Phone: (____) _____

E-MAIL ADDRESS: _____

Payee (Receives Payments): _____

Last Name First Name Middle Name

Address: _____

City State Zip Code

SSN _____ DRIVER'S LICENSE NO. _____

Home Phone: (____) _____ Business Phone: (____) _____

E-MAIL ADDRESS: _____

| | | | |
|--|---------------------------------------|---------------------------------------|-----------------------------------|
| Court Number: _____ | Date of Signed Order: _____ | | |
| Type of Order: <input type="checkbox"/> Divorce | <input type="checkbox"/> Modification | <input type="checkbox"/> Temporary | <input type="checkbox"/> Contempt |
| First Payment Due Date: _____ | Payment Amount: \$ _____ | | |
| Court Order Terms: <input type="checkbox"/> Weekly | <input type="checkbox"/> Bi-Weekly | <input type="checkbox"/> Semi-Monthly | <input type="checkbox"/> Monthly |

Payor's Signature: _____
Signature

Payee's Signature: _____
Signature

Payor's Attorney: _____ **Bar #** _____
Signature

Payee's Attorney: _____ **Bar #** _____
Signature