Figure: 1 TAC §55.121

KEN PAXTON
ATTORNEY GENERAL *of* TEXAS
C H I L D   S U P P O R T   D I V I S I O N

Record of Support Order

This completed form must be submitted to the county's clerk of the court to set up the child support account. (See Texas Family Code §105.008)

Note to Clerks: Send the completed form to the State Case Registry/County Contact Team by fax 877-924-6872, e-mail csd-sdu@oag.texas.gov, or mail to TxCSDU, P.O. Box 659400, San Antonio, TX 78265, or use the TXCSES Web Portal to provide this information in lieu of forwarding the document to the TXSDU.

Order Information

County Name:	Court Number:	Cause Number:
Attorney General Case Number:	Date of Hearing:	Order Sign Date:

Order Type:
☐ New Order ☐ Modified Order

Payment Location:
☐ State Disbursement Unit (SDU) Other:

Obligee/Payee/Custodial Parent Information

☐ Family Violence Protection (FV) *(Check if individual below is a victim of family violence)*

Name:	Date of Birth:	Social Security Number:
Address:	City:	State:	Zip:

Sex:	☐ Male	☐ Female	Driver's License Number:

Home Phone:	Work Phone:	Cell Phone:	Email:

Relationship to Child(ren):

Employer Name:

Address:	City:	State:	Zip:

Post Office Box 12017, Austin, Texas 78711-2017 Tel: (512)460-6000 1-800-252-8014
email: csd-sdu@oag.texas.gov or visit the Office of the Attorney General's website (www.texasattorneygeneral.gov).

Form 1828   August 2021

KEN PAXTON
ATTORNEY GENERAL *of* TEXAS
CHILD SUPPORT DIVISION

Obligor/Payor/Non-Custodial Parent Information

☐ Family Violence Protection (FV) *(Check if individual below is a victim of family violence)*

Name:	Date of Birth:	Social Security Number:	
Address:	City:	State:	Zip:

Sex: ☐ Male ☐ Female	Driver's License Number:

Home Phone:	Work Phone:	Cell Phone:	Email:

Relationship to Child(ren):

Employer Name:

Address:	City:	State:	Zip:

Dependent Information

☐ Family Violence Protection (FV) *(Check if dependent below is a victim of family violence)*

Name:	Sex: ☐ Male ☐ Female	Date of Birth:	Social Security Number:

☐ Family Violence Protection (FV) *(Check if dependent below is a victim of family violence)*

Name:	Sex: ☐ Male ☐ Female	Date of Birth:	Social Security Number:

☐ Family Violence Protection (FV) *(Check if dependent below is a victim of family violence)*

Name:	Sex: ☐ Male ☐ Female	Date of Birth:	Social Security Number:

☐ Family Violence Protection (FV) *(Check if dependent below is a victim of family violence)*

Name:	Sex: ☐ Male ☐ Female	Date of Birth:	Social Security Number:

If there are more children, attach an additional page listing the above information for each additional child.

Attorney Information

Obligee Attorney:	Phone:	Obligor Attorney:	Phone:

Prepared by:	Phone:	Date:

County Name:	Court Number:	Cause Number: