

Cause Number _____

Existing Account? Yes No

Order Type: Divorce Enforcement Modification

Date of Hearing: _____



Record

of Support

Date of Order: _____

Account Number _____

Modified Order? Yes No

Order Status: (circle one) Temporary Final

NCP (non-custodial party/obligor)

Obligor: _____

Home Address: _____

County of Residence: _____

Soc. Sec. No: _____ DOB: _____

Drivers License No: _____ ST: _____

Relationship to Child (ren): _____ Sex: M / F

Phone: (H) _____ (W) _____

Employer: _____

Address: _____

Contact Phone: _____

Income Withholding: YES _____ NO _____

CP (custodial party/obligee)

Obligee: _____

Home Address: _____

County of Residence: _____

Soc. Sec. No: _____ DOB: _____

Drivers License No: _____ ST: _____

Relationship to Child (ren): _____ Sex: M / F

Phone: (H) _____ (W) _____

Employer: _____

Address: _____

Contact Phone: _____

Family Violence: YES _____ NO _____

CHILD'S NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SEX
			M / F
			M / F
			M / F
			M / F

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

Changes as children emancipate? Y/N One time child support payment: \$ _____ due _____, 20 _____

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

Total Child Support Arrears: \$ _____ Calculated as of: _____, 20 _____

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

Total Medical/Dental Support Arrears: \$ _____ / _____ Calculated as of: _____, 20 _____

Medical/Dental Support Arrears Payment: \$ _____ / _____ (monthly, semi-monthly, biweekly, weekly) beginning _____, 20 _____

Medical Insurance: Obligor provides Obligee provides Both Responsible Not addressed

Spousal Support: \$ _____ (monthly, semi-monthly, biweekly, weekly) beginning _____, 20 _____

Total Spousal Support Arrears: \$ _____ Calculated as of: _____, 20 _____

NCP Attorney/Bar#	Phone	CP Attorney/Bar#	Phone

By signing this form, you are requesting IV-D services through the Dallas County Domestic Relations Office's CARE program. Either party may sign for services. Thank you

Parent/Guardian Signature: _____ Phone: _____ Date: _____

Dallas County Child Support Division
George Allen Courts Building 600 Commerce Suite 138 Dallas TX 75202-6632
Ph: 214-653-7584 Fax: 214-653-6385 childsup@dallascounty.org

Blue Form V3
Dec. 7, 2017