

**TRAVIS COUNTY DOMESTIC RELATIONS OFFICE  
INTAKE FORM & REQUEST TO ESTABLISH AN ACCOUNT  
FAX: 512-854-9294**

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ COURT CAUSE NUMBER: \_\_\_\_\_

**INFORMATION ABOUT YOUR COURT ORDER:**

Has there been a court order signed/entered by the Court for the payment of child support:     YES     NO

What kind of order do you have:     Divorce     Paternity     GAL Appointment     Temporary     Protective     Modification

How much are the court ordered child support payments: \$ \_\_\_\_\_

Date first payment is to be made: \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_

How often is the child support to be paid:     Weekly     Bi-Weekly     Semi-Monthly     Monthly     Other \_\_\_\_\_

**INFORMATION ABOUT CHILD SUPPORT INCOME WITHHOLDING:**

Has there been an employer's income withholding order signed/entered by the Court:     YES     NO

Do you want this employer's order sent to the payor's employer:     YES     NO

If yes, then you MUST PAY a \$15.00 service fee to the Travis County District Clerk AND attach 1 COPY of the ORIGINAL of the employer's income withholding order to this Intake Form. COPIES THAT ARE NOT OF THE ORIGINAL DISTRICT JUDGE'S SIGNATURE CANNOT BE SERVED ON EMPLOYERS. FURTHER, THE EMPLOYER'S INCOME WITHHOLDING ORDER CANNOT BE SENT UNLESS YOU HAVE PROVIDED THE EMPLOYER'S NAME, THE EMPLOYER'S COMPLETE PAYROLL OFFICE ADDRESS, AND THE EMPLOYER'S TELEPHONE NUMBER ON THE REVERSE SIDE. FAILURE TO PROVIDE THIS INFORMATION WILL RESULT IN THE INCOME WITHHOLDING ORDER NOT BEING SENT TO THE PAYOR'S EMPLOYER AND WILL DELAY RECEIPT OF THE CHILD SUPPORT.

**INFORMATION ABOUT THE PERSON THE CHILD(REN) ARE LIVING WITH (PAYEE):**

First name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Language Spoken: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Type of Professional Licenses Held: \_\_\_\_\_ License #: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Sex: \_\_\_\_\_ Ht.: \_\_\_\_\_ ' \_\_\_\_\_ " Wt.: \_\_\_\_\_ lbs. Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_

Are you an American Indian:     YES     NO    What tribe: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you have an account(s) with the Texas Attorney General's Office:     YES     NO    Relationship to payor: \_\_\_\_\_

**INFORMATION ABOUT THE PERSON PAYING CHILD SUPPORT (PAYOR):**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Language Spoken: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_  
Type of Professional Licenses Held: \_\_\_\_\_ License #: \_\_\_\_\_  
Ethnicity: \_\_\_\_\_ Sex: \_\_\_\_\_ Ht.: \_\_\_\_' \_\_\_\_" Wt.: \_\_\_\_\_ lbs. Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_  
Are you an American Indian:  YES  NO What tribe: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer phone: (\_\_\_\_) \_\_\_\_\_  
Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Do you have an account(s) with the Texas Attorney General's Office:  YES  NO Relationship to payee: \_\_\_\_\_

**INFORMATION ABOUT EACH CHILD:**

Social Security #	Full Name	Date of Birth	Race	Sex
____ - ____ - ____	_____	____/____/____	_____	_____
____ - ____ - ____	_____	____/____/____	_____	_____
____ - ____ - ____	_____	____/____/____	_____	_____
____ - ____ - ____	_____	____/____/____	_____	_____
____ - ____ - ____	_____	____/____/____	_____	_____

Language spoken by above children: \_\_\_\_\_

**INFORMATION ABOUT THE PARTIES' RELATIONSHIP TO THE ABOVE CHILD(REN):**

What is the Payee's relationship to the above child(ren):  Mother  Father  Other (specify) \_\_\_\_\_  
What is the Payor's relationship to the above child(ren):  Mother  Father  Other (specify) \_\_\_\_\_

**INFORMATION ABOUT THE PARTIES' ATTORNEYS (INCLUDE ATTORNEY AD LITEM IF APPLICABLE):**

Name of the Payee's Attorney: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Name of the Payor's Attorney: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Name of the Attorney Ad Litem: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**WHEN IS YOUR NEXT HEARING DATE: \_\_\_\_\_ AT WHAT TIME: \_\_\_\_\_**

➤ Please complete reverse side in full