



# Taylor County Domestic Relations Office

400 Oak Street Ste. 110 Abilene, TX 79602

Ph: (325) 674-1210 Fax: (325) 674-1299

[Domestic.Relations@taylorcounty.texas.gov](mailto:Domestic.Relations@taylorcounty.texas.gov)

## Child Support Information Sheet

Completion of form is required to set up your child support account.

Cause No. \_\_\_\_\_

### INFORMATION ABOUT THE PERSON PAYING CHILD SUPPORT (NON-CUSTODIAL PARENT)

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DOB: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ SEX:   M / F  

DRIVERS LICENSE: \_\_\_\_\_ STATE: \_\_\_\_\_ HOME # \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL # \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

### INFORMATION ABOUT THE PERSON RECEIVING CHILD SUPPORT (CUSTODIAL PARENT)

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DOB: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ SEX:   M / F  

DRIVERS LICENSE: \_\_\_\_\_ STATE: \_\_\_\_\_ HOME # \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL # \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

Were parties Married? Y / N Date Married: \_\_\_\_\_ County/State Married: \_\_\_\_\_

### INFORMATION ABOUT THE CHILDREN

FULL NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

Birthplace City/State: \_\_\_\_\_ SEX: M / F DOB: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

Birthplace City/State: \_\_\_\_\_ SEX: M / F DOB: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

Birthplace City/State: \_\_\_\_\_ SEX: M / F DOB: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

Birthplace City/State: \_\_\_\_\_ SEX: M / F DOB: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

signed by:    Custodial Parent    Non-custodial Parent    CP or NCP Attorney