



(Must be completed before ORDERS FOR CHILD SUPPORT can be filed with the Office of the District Clerk, Tex. Fam. Code sec. 105.008)

SAPCR Information Sheet County of El Paso

Cause Number (for clerk use only): _____ Date Submitted: _____

Court (for clerk use only): _____ Style: _____

| | | | | | |
|--------------------------|-------------------------|--|--------------------------|--------------------------|--|
| <input type="checkbox"/> | Date of Marriage | _____ | <input type="checkbox"/> | Place of Marriage | _____ |
| <input type="checkbox"/> | Mother | Military <input type="checkbox"/> or Civilian <input type="checkbox"/> | <input type="checkbox"/> | Father | Military <input type="checkbox"/> or Civilian <input type="checkbox"/> |
| <input type="checkbox"/> | Name | _____ | <input type="checkbox"/> | Name | _____ |
| <input type="checkbox"/> | Street Address | _____ | <input type="checkbox"/> | Street Address | _____ |
| <input type="checkbox"/> | City, State, Zip | _____ | <input type="checkbox"/> | City, State, Zip | _____ |
| <input type="checkbox"/> | Phone | _____ | <input type="checkbox"/> | Phone | _____ |
| <input type="checkbox"/> | Receive Text? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | Receive Text? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | D.L. State / # | _____ | <input type="checkbox"/> | D.L. State / # | _____ |
| <input type="checkbox"/> | D.L. Exp. Date | _____ | <input type="checkbox"/> | D.L. Exp. Date | _____ |
| <input type="checkbox"/> | D.O.B. | _____ | <input type="checkbox"/> | D.O.B. | _____ |
| <input type="checkbox"/> | P.O.B. | _____ | <input type="checkbox"/> | P.O.B. | _____ |
| <input type="checkbox"/> | S.S.N. | _____ | <input type="checkbox"/> | S.S.N. | _____ |
| <input type="checkbox"/> | Attorney | _____ | <input type="checkbox"/> | Attorney | _____ |

*** List only the children born to or adopted by both parents listed above

| | | | | | |
|--------------------------|-----------------|-------|--------------------------|-----------------|-------|
| <input type="checkbox"/> | Child #1 | _____ | <input type="checkbox"/> | Child #4 | _____ |
| <input type="checkbox"/> | Name | _____ | <input type="checkbox"/> | Name | _____ |
| <input type="checkbox"/> | Sex | _____ | <input type="checkbox"/> | Sex | _____ |
| <input type="checkbox"/> | D.O.B. | _____ | <input type="checkbox"/> | D.O.B. | _____ |
| <input type="checkbox"/> | P.O.B. | _____ | <input type="checkbox"/> | P.O.B. | _____ |
| <input type="checkbox"/> | S.S.N. | _____ | <input type="checkbox"/> | S.S.N. | _____ |

| | | | | | |
|--------------------------|-----------------|-------|--------------------------|-----------------|-------|
| <input type="checkbox"/> | Child #2 | _____ | <input type="checkbox"/> | Child #5 | _____ |
| <input type="checkbox"/> | Name | _____ | <input type="checkbox"/> | Name | _____ |
| <input type="checkbox"/> | Sex | _____ | <input type="checkbox"/> | Sex | _____ |
| <input type="checkbox"/> | D.O.B. | _____ | <input type="checkbox"/> | D.O.B. | _____ |
| <input type="checkbox"/> | P.O.B. | _____ | <input type="checkbox"/> | P.O.B. | _____ |
| <input type="checkbox"/> | S.S.N. | _____ | <input type="checkbox"/> | S.S.N. | _____ |

| | | | | | |
|--------------------------|-----------------|-------|--------------------------|-----------------|-------|
| <input type="checkbox"/> | Child #3 | _____ | <input type="checkbox"/> | Child #6 | _____ |
| <input type="checkbox"/> | Name | _____ | <input type="checkbox"/> | Name | _____ |
| <input type="checkbox"/> | Sex | _____ | <input type="checkbox"/> | Sex | _____ |
| <input type="checkbox"/> | D.O.B. | _____ | <input type="checkbox"/> | D.O.B. | _____ |
| <input type="checkbox"/> | P.O.B. | _____ | <input type="checkbox"/> | P.O.B. | _____ |
| <input type="checkbox"/> | S.S.N. | _____ | <input type="checkbox"/> | S.S.N. | _____ |

NONCUSTODIAL PARENT INFORMATION

| | | |
|--------------------------|---------------------------------|-------|
| <input type="checkbox"/> | Employer | _____ |
| <input type="checkbox"/> | Address, City State, Zip | _____ |

(Please Print Clearly – Thank You!)

IF INCOMPLETE, THIS FORM MUST BE SUPPLEMENTED PRIOR TO ENTRY OF CHILD SUPPORT ORDERS