

THIS FORM WAS INCOMPLETE WHEN FILED; SDU CHILD SUPPORT ACCOUNT IS NOT ACTIVE.



(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 Supplemented: _____

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

Employer _____

Address, City State, Zip _____

(Please Print Clearly – Thank You!)