

MC: ME
Bar Code Area
FS#:
Central File Maintenance
P.O. BOX 12048
AUSTIN, TX 78711-2048



ATTORNEY GENERAL OF TEXAS
GREG ABBOTT
CHILD SUPPORT DIVISION

Date:
Attorney General Case #:

Vea Español al Otro Lado

IMPORTANT!

Dear Parent:

Please read this page. It describes your responsibilities if you choose to authorize another party to receive case information on your behalf or obtain assistance from a private collection agency or private attorney. Below are some of the conditions that must be met for us to properly work the child support case. Failure to follow these guidelines may result in our taking appropriate action as permitted by federal regulations.

- All case information provided to a third party must be used for child support purposes only.
- All requests for information must be answered within the time frame specified.
- All payments must go through our office before being distributed to a private collection agency or private attorney.
- Any changes in arrears must be approved by our office.
- Non-cash child support must be approved by our office.
- We must be provided with timely notice of each order, writ or lien entered in the case by your representative.
- Your representative must not take any action that interferes with or duplicates our legal efforts.

To authorize the release of information and/or child support payments to another party, complete the enclosed form.

Please return the completed form to:

PCA Liaison
Office of the Attorney General
Child Support Division
P.O. Box 12017
Austin, TX 78711-2017

MC:

Attorney General Case #:

AUTHORIZATION FOR RELEASE OF INFORMATION

(Print your name)

NOTE: FOR CORRESPONDENCE, CHECK A.
FOR PAYMENTS, CHECK B.
FOR BOTH, CHECK A and B.

A. _____ Authorize and request the Office of the Attorney General of Texas to disclose information or records in its possession or control that would be disclosed to me under applicable laws or rules to the person identified below.

<input type="checkbox"/> ATTORNEY	<input type="checkbox"/> PRIVATE COLLECTION AGENCY	<input type="checkbox"/> DESIGNATED REPRESENTATIVE
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(CHECK ONE)

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBER: _____

B. _____ Authorize and request the Office of the Attorney General of Texas to redirect payments to be sent to the following person. I understand my name will appear on the check or payment.

<input type="checkbox"/> ATTORNEY	<input type="checkbox"/> PRIVATE COLLECTION AGENCY	<input type="checkbox"/> DESIGNATED REPRESENTATIVE
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(CHECK ONE)

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBER: _____

I understand that this authorization will automatically expire if the case is closed. I may choose to revoke this authorization at any time by submitting a completed Revocation of Authorization for Release of Information.

I certify that there is no court order in effect that prohibits the release of information, and that this information will only be used for child support purposes.

I understand that the Office of the Attorney General of Texas is not responsible for disputes between the listed party and me as a result of this arrangement.

Signed,

Date

Address: _____

City, State, ZIP: _____

Telephone Number: _____