



ATTORNEY GENERAL OF TEXAS  
GREG ABBOTT  
CHILD SUPPORT DIVISION

To: **State Case Registry**  
Fax: **877-924-6872**

From: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Date: \_\_\_\_\_

**DATA GATHERING FORM**

This form is used for data gathering by counties that do not have TXCSES Web Portal access. Please indicate if the data on this sheet is a new or modified order. The completed information should be sent to the State Case Registry/County Contact Team by fax or mail. TxCSU P.O. Box 659400, San Antonio, TX 78265

<b>County Name:</b> _____	<b>New or Modified Order</b> (Please circle)
<b>Payments Payable to:</b> County _____ SDU _____	<b>Cause Number:</b> _____
<b>Court Number:</b> _____ (Court where case was established)	<b>Domestic Violence (DV)</b> (Please write Y for each individual that is a victim of domestic violence)
<b>Start Date:</b> _____ (Date original order signed by Judge)	

<b>Custodial Parent:</b> _____	<b>Drivers License No.</b> _____
<b>Custodial Parent SSN:</b> ____/____/____	<b>DV</b> ____ <b>Date of Birth</b> _____ <b>Sex:</b> M F
<b>Custodial Parent:</b>	<div style="border: 1px solid black; padding: 5px;">           Address: City: Zip:         </div>

<b>Non-Custodial Parent Name:</b> _____	<b>Drivers License No.</b> _____
<b>Non-Custodial Parent SSN:</b> ____/____/____	<b>DV</b> ____ <b>Date of Birth</b> _____ <b>Sex:</b> M F
<b>Non-Custodial Parent:</b>	<div style="border: 1px solid black; padding: 5px;">           Address: City: Zip:         </div>
<b>Employer Name:</b> _____ (if available)	
<b>Employer FEIN:</b> _____	<b>Employer Phone:</b> _____
<b>Employer Address:</b>	<div style="border: 1px solid black; padding: 5px;">           Address: City: Zip:         </div>



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Dependent Name: _____	DP SSN: ____/____/____ DV__
Date of Birth: _____	SEX: Male or Female (Please Circle)
Dependent Name: _____	DP SSN: ____/____/____ DV__
Date of Birth: _____	SEX: Male or Female (Please Circle)
Dependent Name: _____	DP SSN: ____/____/____ DV__
Date of Birth: _____	SEX: Male or Female (Please Circle)
Dependent Name: _____	DP SSN: ____/____/____ DV__
Date of Birth: _____	SEX: Male or Female (Please Circle)
Dependent Name: _____	DP SSN: ____/____/____ DV__
Date of Birth: _____	SEX: Male or Female (Please Circle)

*Attach additional forms if there are more children for this cause*

Obligee Attorney	Phone	Obligor Attorney	Phone

Please include any known prior last name(s) the mother of the children may have had below:  
\_\_\_\_\_