



Please return form to:
Fort Bend County Child Support
301 Jackson St. Richmond, TX 77469
Fax 832-471-1802

Information Request Form
(Confidential Information)

Please provide us with the following information, as it is needed for processing purposes. Be sure to complete the entire form.

CAUSE #: _____
Child support begin date: _____

Payor: _____
Address: _____
City, State & Zip: _____

Home Phone: _____ Work Phone: _____
COMPLETE SSN#: _____
Date of Birth: _____
COMPLETE Driver's License # (State and number): _____

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Payee: _____
Address: _____
City, State & Zip: _____

Home Phone: _____ Work Phone: _____
COMPLETE SSN#: _____
Date of Birth: _____
COMPLETE Driver's License # (State and number): _____

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CHILD(REN)

Name: _____ Name: _____
Date of Birth: _____ Date of Birth: _____
COMPLETE SSN#: _____ **COMPLETE** SSN#: _____

Name: _____ Name: _____
Date of Birth: _____ Date of Birth: _____
COMPLETE SSN#: _____ **COMPLETE** SSN#: _____

Name: _____ Name: _____
Date of Birth: _____ Date of Birth: _____
COMPLETE SSN#: _____ **COMPLETE** SSN#: _____

NAME (PRINT)/TELEPHONE NUMBER OF PERSON PROVIDING INFORMATION:

Thank you for your anticipated cooperation. Telephone (281) 342-6222, Fax (832) 471-1802 (or) E-Mail to:
stephanie.sloan@fortbendcountytexas.gov