



FORT BEND COUNTY CHILD SUPPORT OFFICE

PHONE (281) 342-6222 FAX (832) 471-1802

Physical Address: 1317 Eugene Heimann Circle Suite. 200 Richmond, TX 77469  
 Mailing Address: 301 Jackson St., Richmond, TX 77469

**CUSTODIAL PARENT'S AFFIDAVIT OF DIRECT PAYMENTS**

**CAUSE NUMBER** \_\_\_\_\_ **OAG CASE NUMBER** \_\_\_\_\_

I \_\_\_\_\_, the custodial parent: certify that either:

- I have not received any support payments (in any form) directly from \_\_\_\_\_, the Non-Custodial Parent and any payments I received were sent to me from the Texas Child Support Disbursement Unit (TXCSDU) **or**
- The list of support payments provided below (including all dates and amounts) is a correct list of payments I received directly from \_\_\_\_\_, the Non-Custodial Parent, and that these payments were not sent to me from the Texas Child Support Disbursement Unit (TXCSDU)
- I authorize and request Fort Bend County Child Support Office to disclose this document in its entirety, to \_\_\_\_\_, (the person from whom the support payments were received) and file it with the court.

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

Date	Amount	Date	Amount	Date	Amount	Date	Amount

**TOTAL OF ALL DIRECT PAYMENTS:** \$ \_\_\_\_\_

\_\_\_\_\_  
 Custodial Parent's Signature Date

STATE OF TEXAS, COUNTY OF FORT BEND  
 SUBSCRIBED AND SWORN TO BEFORE ME on this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
 Notary Public in and for the State of Texas

**Form can be notarized at Fort Bend County Child Support free of charge.**