



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: \_\_\_\_\_ Email: \_\_\_\_\_  
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: \_\_\_\_\_ Email: \_\_\_\_\_  
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](mailto:stephanie.sloan@fortbendcountytexas.gov)