



ATTORNEY GENERAL OF TEXAS
GREG ABBOTT
CHILD SUPPORT DIVISION

Verification of Child Support Income

Date: _____

Applicant: _____

Applicant SSN: _____

Applicant DOB: _____

Name and Address of Requesting Authority:

Payor: _____

Name of Child(ren):

Requesting Authority Agent Name:

Telephone and fax number: _____

I hereby authorize the release of information requested on this verification form to the above named Requesting Authority

Applicant's Signature

Date

WARNING: Section 1001 of Title 18 of the U. S. code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to matters within its jurisdiction. Texas Government Code § 559 gives you the right to review and request correction of information on this form.

Official OAG use only

The applicant listed above:

Does not have an active full service case with our agency.

Does have a registry only case with the county.

Does not have a registry only case with the county.

Does have an active full service case with our agency.

Applicant is cooperating.

Applicant is not cooperating.

The agency is not aware of a child support order.

The amount of court ordered child support is \$ _____ per _____ (week, month, etc.)

Signature - Title

Date

Comments: _____