

BELL COUNTY DOMESTIC RELATIONS FORM

(Request to establish a domestic relations office account including child support and spousal support)

DATE: _____

CAUSE #: _____

PERSON RECEIVING PAYMENTS (OBLIGEE):

PERSON PAYING (OBLIGOR):

NAME: _____

NAME: _____

SSN: _____

SSN: _____

ADDRESS: _____

ADDRESS: _____

DOB: _____

DOB: _____

DL#: _____ STATE: _____

DL#: _____ STATE: _____

PHONE#: _____

PHONE#: _____

INFORMATION REGARDING CHILDREN:

	<i>FULL NAME</i>	<i>GENDER</i>	<i>SSN</i>	<i>DATE OF BIRTH</i>
1.	_____			
2.	_____			
3.	_____			
4.	_____			

INFORMATION REGARDING COURT ORDER:

CURRENT CHILD SUPPORT	\$ _____	PER MONTH	BEGINNING	_____
TEMPORARY SUPPORT	\$ _____	PER MONTH	BEGINNING	_____
ARREARAGE	\$ _____	PER MONTH	BEGINNING	_____
TOTAL ARREAR BALANCE	\$ _____	AS OF:		_____
SPOUSAL SUPPORT	\$ _____	PER MONTH	BEGINNING	_____
ALIMONY	\$ _____	PER MONTH	BEGINNING	_____
MEDICAL SUPPORT	\$ _____	PER MONTH	BEGINNING	_____
UNINSURED MEDICAL EXPENSES	\$ _____	OR	%	_____

NAME OF PERSON COMPLETING THIS FORM: _____