



**ATTORNEY GENERAL OF TEXAS**

**G R E G A B B O T T**

CHILD SUPPORT DIVISION

Dear Parent:

Re: Your Request for Review

Thank you for your inquiry regarding a review of your child support order. Please sign this form and return it with the completed Child Support Review Questionnaire to the child support office that is handling your case. You can find the address by calling (800)252-8014, or selecting "Child Support Interactive" from the child support section of the Attorney General's Web site at [www.texasattorneygeneral.gov](http://www.texasattorneygeneral.gov).

Name:	Social Security #:	OAG Case #:
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**I request the Child Support Division of the Office of the Attorney General to conduct a review of my child support order. I understand the following:**

- The attorneys of the Office of the Attorney General represent the State of Texas. They will provide me with child support services, but do not represent me or any other individual.
- A review addresses only child support and medical support.
- The non-custodial parent may be required to provide medical insurance for the child(ren).
- A review of a child support order will determine if the order complies with the Texas child support guidelines.
- A request for a review may be withdrawn by the requestor.

Please list the reason you are requesting a review:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

Within three weeks of receiving all of the necessary information from you, we will determine if a review of your child support order is appropriate and we will notify you of our decision. If it is determined that a review should be conducted, the other party named in your child support order will be asked to complete a questionnaire. Thank you for your cooperation.

Office of the Attorney General  
Child Support Division



## CHILD SUPPORT REVIEW QUESTIONNAIRE

### INSTRUCTIONS

Please type, print, or write clearly. Answer all questions as completely and accurately as you can.  
Please return the completed form along with copies of your:

- income tax returns for the past two years
- two most recent payroll stubs

If you do not have these items, please send us your W-2 Forms for the past two years.

Date:	OAG Case Number:
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### INFORMATION ABOUT YOU (Please Print All Information)

Name (Last, First, Middle)		Social Security No.	Date of Birth	Relationship to Child(ren)
Address: Street Address		Apt. #	City	State ZIP Code
Home Telephone No.	Work Telephone No.	Do you have custody of the child(ren)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Employer			Employer's Telephone No.	
Employer's Address: Street Address		City	State	ZIP Code

### INFORMATION ABOUT THE OTHER PARTY

Name (Last, First, Middle)		Social Security No.	Date of Birth	Relationship to Child(ren)
Address: Street Address		Apt. #	City	State ZIP Code
Current Employer		Employer's Telephone No.	Home Telephone No.	
Employer's Address: Street Address		City	State	ZIP Code

### INFORMATION ABOUT THE CHILD(REN) (List only your children with the other party named above.)

Name (Last, First, Middle)	Sex	Social Security Number	Date of Birth	Place of Birth

## FINANCIAL INFORMATION

	CURRENT INFORMATION	INFORMATION AT TIME OF LAST SUPPORT ORDER
<b>YOUR GROSS (before any deductions) MONTHLY INCOME FROM:</b>	<b>AMOUNT</b>	<b>AMOUNT</b>
Salary and Wages (including commissions, bonuses, and overtime)		
Self-Employment		
Pensions and Retirement		
Social Security Benefits		
Unemployment Benefits		
Disability and Workers' Compensation Benefits		
Dividends and Interest		
Net Rentals		
Other (specify):		
<b>TOTAL MONTHLY INCOME</b>		

	CURRENT INFORMATION	INFORMATION AT TIME OF LAST SUPPORT ORDER																					
<b>YOUR MONTHLY DEDUCTIONS FOR:</b>	<b>AMOUNT</b>	<b>AMOUNT</b>																					
Union Dues																							
Health Insurance You Pay For Your Child(ren) On This Order																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Insurance Company</th> <th style="width: 33%;">Policy Number</th> <th style="width: 33%;">Child(ren) Covered</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Insurance Company	Policy Number	Child(ren) Covered																				
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<b>TOTAL MONTHLY DEDUCTIONS</b>																							

	CURRENT INFORMATION	INFORMATION AT TIME OF LAST SUPPORT ORDER
<b>YOUR ASSETS:</b>	<b>AMOUNT</b>	<b>AMOUNT</b>
Cash On Hand		
Money in Checking Accounts		
Money in Savings Accounts		
Money in Any Other Accounts		
Retirement or Pension Funds		
Life Insurance Cash Value		
Stocks, Bonds, or Other Investment Securities		
Real Estate		
Other Assets (please specify)		
<b>TOTAL VALUE OF ALL ASSETS</b>		

	CURRENT INFORMATION	INFORMATION AT TIME OF LAST SUPPORT ORDER
<b>CHILDREN:</b>	<b>NUMBER</b>	<b>NUMBER</b>
Children you are legally obligated to support either in you home or by court order.		

Read the statements below. Check the box next to those you believe are true, and explain why.

The other parent's income has substantially (check one)  increased  decreased since the date of the current child support order.

By how much? \$ \_\_\_\_\_ per \_\_\_\_\_

Explain why \_\_\_\_\_

Do you have any other children, not already mentioned in this questionnaire, **who currently live with you?**

Yes  No If "yes", complete the box below. Do **not** include stepchildren.

Name (Last, First, Middle)	Sex	Social Security #	Date of Birth	Place of Birth

Do you have any other children, not already mentioned in this questionnaire, **whom you are legally obligated to support?**

Yes  No If "yes", complete the box below. Please attach copies of your court orders, if available.

Name (Last, First, Middle)	Sex	Social Security #	Date of Birth	Place of Birth

Is there any other information we should consider that has not been covered in this questionnaire? For example; Special needs of the children subject to this order.

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By my signature below, I certify that the information provided by me in this form is true and correct to the best of my knowledge.

**Texas Government Code § 559 gives you the right to review and request correction of information on this form.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed