

San Patricio County District Clerk Office

**** CAUSE NO. _____ ****

Request for Issuance (Garnishment) \$15.00 Fee

****Employer Name & Address****

****Obligor's Name & Address (person paying child support)****

****Obligee's Name & Address (person receiving child support)****

information furnished by: _____

*****IF NO EMPLOYERS ORDER IS ON FILE PLEASE SIGN HERE
TO GIVE OUR OFFICE PERMISSION TO REMIT YOUR DIVORCE DECREE*****

X _____

*****WE DO NOT ACCEPT PERSONAL CHECKS!!!!*****
ONLY MONEY ORDERS BUSINESS CHECKS & EXACT CASH
PLEASE SEND REQUEST TO: SAN PATRICIO COUNTY DISTRICT
CLERK'S OFFICE ATTN: CHILD SUPPORT
PO BOX 1084 SINTON, TEXAS 78387-1084

Laura M. Miller
San Patricio County District Clerk

(INFORMATION SHEET) will be disposed of after use:
PLEASE PRINT THE FOLLOWING INFORMATION IN THE BLANKS BELOW:

Payer Name: _____ **Phone Number:** _____

Address: _____

Social Security number: _____ **Date of Birth:** _____

Driver's License: _____
(number) (State that issued license) (Expiration date)

Payee Name: _____ **Phone Number:** _____

Address: _____

Social Security number: _____ **Date of Birth:** _____

Driver's License: _____
(number) (State that issued license) (Expiration date)

Dependent: _____
(Name) (Date of birth) (Social security #)

Dependent: _____
(Name) (Date of birth) (Social security #)

Dependent: _____
(Name) (Date of birth) (Social security #)

PLEASE NOTE THAT IF THE INFORMATION IS NOT COMPLETELY FILLED OUT
WE WILL NOT BE ABLE TO OPEN A CHILD SUPPORT ACCOUNT AND THE
FUNDS WILL BE HELD IN SUSPENSE AT THE STATE DISBURSEMENT UNIT