

District Clerk

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Kelly Ashmore

CHILD SUPPORT ACCOUNT SET UP FORM

Cause # _____
Temporary _____ Final _____

Payee: Person Receiving Child Support

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Full Social Security #: _____ Driver's License #: _____
Date of Birth: _____ Gender: _____
Home/Cell Phone: _____ Work Phone: _____

Payor: Person Paying Child Support

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Full Social Security #: _____ Driver's License #: _____
Date of Birth: _____ Gender: _____
Home/Cell Phone: _____ Work Phone: _____

Children Involved:

Name	Date of Birth	Social Security #	Gender

Date first payment due: _____ Amount: \$ _____
Monthly: _____ Semi-Monthly: _____ Bi-Weekly: _____ Weekly: _____

- Full Social Security Numbers are **MANDATORY** for set up
- Custodial and Non-Custodial parents will be identified by Social Security Number
- **THIS FORM WILL BE DESTROYED AFTER THE ACCOUNT IS SET UP**