



HARRIS COUNTY DOMESTIC RELATIONS OFFICE
APPLICATION FOR TERMINATION OF INCOME WITHHOLDING

I. INFORMATION ABOUT YOU
(Please Print All Information)

In order for us to process your application, we ask that you complete the entire application and ensure you are in possession of all requested documents. Without the required information, we will be unable to process your application.

PRIVACY ACT NOTICE: Disclosure of your social security number, and the social security numbers of your children, is required by Section 105.006, Texas Family Code. Failure to disclose this information may result in the denial of legal services. The Legal Enforcement Division will use these social security numbers for the purpose of establishing and enforcing support and/or visitation for you and your family.

1. Your full legal name: Last First Middle Initial

2. What is your relationship to the children?

3. Your home address/telephone number: Street City

State Zip Code County Telephone Number

4. Your employer's name/telephone number/address: Name Telephone Number

Address City State Zip Code

5. Please provide the following information about yourself:

Table with 4 columns: Date of Birth, Social Security Number, Drive License or ID Number (include state), Sex (M or F)

6. Give information where we can contact you other than home:

Name Relationship to you Telephone Number

Address City State Zip Code

7. Do you have any outstanding warrants for your arrest? YES NO If yes, please explain?

II. INFORMATION ABOUT THE OTHER PARENT

1. Name: Last First Middle Initial Alias/Nicknames

2. Other parent's address/telephone number Address City

State Zip Code Telephone Number

3. Current employer's name/telephone number/address: Name Telephone Number

Address City State Zip Code

4. Other Parent's Description:

Date of Birth	Birthplace (City and State)	Social Security Number	
Driver License or ID number (include state)		Sex	Race
Height	Weight	Hair Color	Eye Color
List any physical or mental impairments, medical problems, etc.			
List identifying information (for example: glasses, scars, tattoos, marks, etc.)			

III. INFORMATION ABOUT THE CHILD(REN)

Please provide information about your child(ren):

1.	Full legal name of child	Date of birth	Place of birth (city and state)	
	Child's Social Security Number	Sex	Race	Does this child live with you? <input type="checkbox"/> YES <input type="checkbox"/> NO
2.	Full legal name of child	Date of birth	Place of birth (city and state)	
	Child's Social Security Number	Sex	Race	Does this child live with you? <input type="checkbox"/> YES <input type="checkbox"/> NO
3.	Full legal name of child	Date of birth	Place of birth (city and state)	
	Child's Social Security Number	Sex	Race	Does this child live with you? <input type="checkbox"/> YES <input type="checkbox"/> NO
4.	Full legal name of child	Date of birth	Place of birth (city and state)	
	Child's Social Security Number	Sex	Race	Does this child live with you? <input type="checkbox"/> YES <input type="checkbox"/> NO

IV. INFORMATION ABOUT THE CHILD SUPPORT OBLIGATION

- Are you current in child support payments? YES NO If no, how much are you behind? _____
- Since the court order for child support, has any court modified (changed) the amount of child support due? YES NO
If yes, please explain: _____
- Did you pay child support to the other parent directly (instead of through the court registry)? YES NO If yes, how much? _____
- What kind of proof of these direct payments do you have? _____

V. COMMENTS - Please write any additional comments you may have.

VI. How were you referred to the Harris County Domestic Relations Office? _____

VII. SIGNATURE

I declare all information provided in this form is true and correct. I am aware that should there be any falsification or failure to fully disclose information requested, my application may be rejected or the Domestic Relations Office may subsequently withdraw as my attorney of record.

(Signature)

(Date)