

# 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: \_\_\_\_\_