

Payment History Request
Marilyn Burgess, Harris County District Clerk
Child Support Department

This request is for payments received by the Harris County Child Support Registry prior to the redirection of all child support payments to the State Disbursement Unit (SDU). The payment record reflects non-custodial parent payments received by the Harris County Child Support Registry. Payments received by the Office of the Attorney General can be obtained directly through their office.

Government agencies do not use this form.
Submit request on agency letterhead.

HARRIS COUNTY CAUSE NO _____ IN THE _____ DISTRICT COURT
(If cause number not provided, \$5 search fee is applied) (51.318(b)(3) Gov't Code)

STYLE: _____ VS. _____

MAIL: MARILYN BURGESS, DISTRICT CLERK
ATTENTION: CHILD SUPPORT PAYMENT HISTORY
POST OFFICE BOX 4651
HOUSTON, TEXAS 77210

FAX : (832) 927-0135 EMAIL: CHILDSUPPORT@HCDISTRICTCLERK.COM

CUSTOMER NAME: (Last, First, Middle)

CUSTOMER TELEPHONE NUMBER: _____

CUSTOMER ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

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HARRIS COUNTY CHILD SUPPORT PAYMENT HISTORY \$1/page (51.318(b)(11) Gov't Code)

How many copies? ____ (Certified at no additional charge)

____ Mail (Applicable Postage and Handling fees will be charged)
Request will be sent to address provided above.

____ Fax Express Return
Fax Number: _____

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*** 4% Convenience fee of total cost will be applied when request is received by mail or fax.**
I hereby authorize the Harris County District Clerk to charge my credit card for payment of the services requested above:

CREDIT CARD TYPE: Visa MasterCard American Express Discover (Select One)

CREDIT CARD # _____ EXPIRATION DATE: _____

NAME PRINTED ON CREDIT CARD:

CREDIT CARDHOLDER ADDRESS (if same as above, indicate SAME):

AUTHORIZED SIGNATURE:

FOR DISTRICT CLERK CHILD SUPPORT OFFICE USE ONLY

TRANSACTION NO: _____ RECEIPT NO: _____