

**Randall County District Attorney's Office**  
**CRIMINAL NONSUPPORT INSTRUCTIONS AND INFORMATION**  
(Please print or type – Fill out completely)

**THE FOLLOWING INFORMATION AND INSTRUCTIONS WILL HELP YOU FILE A CRIMINAL NONSUPPORT CASE. IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE VICTIM/WITNESS CORRINATOR AT 468-5796**

**Section 25.05 of the Texas Penal Code defines the offense of Criminal nonsupport. This offense occurs when a parent intentionally and knowingly fails to provide support either for his child younger than 18 years of age or for his child for whom he was ordered by the court to provide support. This offense is classified as a State Jail Felony and carries a punishment of a maximum of 180 days to 2 years incarceration in a State Jail Facility. The defendant may have a defense if he can prove he was unable to provide support, such as through disability, illness, etc.**

**WHEN YOU CAN FILE A CASE**

Before the Randall County Criminal District Attorney's Office can prosecute a Criminal Nonsupport case, certain criteria must be met. If your case is accepted by the DA's office for prosecution, the case will be presented to a Randall County Grand Jury for the determination of whether an indictment should be returned for felony prosecution of the case.

- **THE CHILD(REN) WHO ARE THE SUBJECT OF THIS CASE MUST HAVE LIVED IN RANDALL COUNTY FOR AT LEAST SIX MONTHS IMMEDIATELY PRECEDING THE DATE THE CASE IS REPORTED TO THE AMARILLO POLICE DEPARTMENT.**
- **THE DEFENDANT SHOULD BE AT LEAST \$1,500.00 BEHIND IN HIS/HER CHILD SUPPORT PAYMENTS.**
- **THE DEFENDANT SHOULD BE AT LEAST 3 MONTHS BEHIND IN HIS/HER CHILD SUPPORT PAYMENTS.**
- **THE DEFENDANT MUST NOT BE SUBJECT TO CURRENTLY PENDING CIVIL ACTION FOR THE COLLECTION OF BACK CHILD SUPPORT.**
- **THE DEFENDANT MUST HAVE A VERIFIABLE ADDRESS.**
- **IF THE DEFENDANT IS OUT OF THE STATE OF TEXAS THE MINIMUM CHILD SUPPORT OWED MUST BE \$10,000.00.**

**HOW YOU FILE A CASE**

1. Complete the attached affidavit, both pages, have it notarized, and return it to the Amarillo Police Department.
2. You must provide the Amarillo Police Department with a certified copy of both the original court order establishing child support and the most recent court order affecting child support. These can be obtained from the District Clerk's Office in the county where the order originated.
3. You must provide the Amarillo Police Department with a certified copy of the defendant's payment record. This can also be obtained from the District Clerk's Office in the same county as above. (There may be a per page charge for both #2 and #3).
4. The Amarillo Police Department, after receiving these documents, will present the case to the Randall County Criminal District Attorney's Office.

**PLEASE UNDERSTAND THAT IN A CRIMINAL CASE THE STATE OF TEXAS IS THE COMPLAINING PARTY.**

**AMARILLO POLICE DEPARTMENT  
200 E. 3<sup>RD</sup> AVENUE  
AMARILLO, TEXAS 79101-1514  
(806) 378-3038**

**RANDALL COUNTY CRIMINAL DISTRICT ATTORNEY  
RANDALL COUNTY COURTHOUSE  
2309 RUSSELL LONG BLVD.,  
SUITE 120  
CANYON, TEXAS 79015  
(806) 468-5570**

THE STATE OF TEXAS

COUNTY OF RANDALL

For Office Use Only

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

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

**CRIMINAL NONSUPPORT INFORMATION AND AFFIDAVIT**

Before me, the undersigned authority, on this day personally appeared the undersigned affiant (complainant), who after being duly sworn by me, made the following statement under oath: I have good reason to believe and do believe that

\_\_\_\_\_  
(Full name and alias of person failing to provide child support)

hereinafter called accused, did commit the offense of criminal nonsupport. My belief is based on the following facts, as shown by the appropriately completed information as set out below, to-wit:

**FACTS ABOUT THE ACCUSED**

DL #: \_\_\_\_\_ State: \_\_\_\_\_ DOB: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ SS #: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_

Eyes: \_\_\_\_\_

**HOME INFORMATION:**

Address/City/State/Zip: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**WORK INFORMATION:**

Employer: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**FORMER EMPLOYER INFORMATION:**

Employer and address: \_\_\_\_\_

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

Marital Status: \_\_\_\_\_  
Name of Current Spouse: \_\_\_\_\_  
Military Service (Y/N): \_\_\_\_\_ Branch: \_\_\_\_\_ Dates of Service: \_\_\_\_\_  
Type of Discharge: \_\_\_\_\_

Physical or Legal Disability rendering Accused Unable to Provide Support For Children: \_\_\_\_\_  
\_\_\_\_\_

Government Benefits Receiving: \_\_\_\_\_  
Amount: \_\_\_\_\_ How Often? \_\_\_\_\_

**FACTS ABOUT THE COURT ORDERED CHILD SUPPORT**

Court issuing Order: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Cause #: \_\_\_\_\_ Date Decree Filed: \_\_\_\_\_ Date of Last Modification: \_\_\_\_\_

**Full Name, Sex and Date of Birth of Child(ren)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permanent Custody of Child(ren) Awarded To: \_\_\_\_\_

Has Accused Had Any Extended Physical Possession of Child(ren) Other Than Ordered Visitation Rights?

(Y/N): \_\_\_\_\_ Dates of Possession: \_\_\_\_\_

Amount of Child Support Accused is Ordered to Pay: \_\_\_\_\_

How Often? \_\_\_\_\_ Amount Owed to Date: \_\_\_\_\_

**FACTS ABOUT THE COMPLAINANT**

Complainant's Full Name: \_\_\_\_\_

DOB: \_\_\_\_\_ SS #: \_\_\_\_\_ DL#/State: \_\_\_\_\_

Address/ City/ State/ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Dates and Amounts of any Child support received Directly from Accused **NOT** recorded at Child Support Registry: \_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT**

I am the managing conservator of the above referenced child(ren) and the payee to whom the accused was ordered to pay child support in the above referenced court and cause number> The above referenced child(ren) and I reside in Randall county, Texas. Attached and incorporated herein for all purposes is a certified copy of the copy of both the original court order establishing child support and the most recent court order affecting child support for the above referenced child(ren). I have also attached and incorporated herein for all purposes a certified letter from the child support registry for the court stating the date and dollar amount owed by the accused for the court ordered support of the above referenced child(ren). The accused committed the offense of criminal nonsupport by intentionally and knowingly failing to provide support for his/ her above referenced child(ren), younger than 18 years of age, or for his/ her above referenced child(ren) who is (are) the subject of the above referenced court order requiring the accused to support said child(ren).

\_\_\_\_\_  
Type or Print Name of Affiant

\_\_\_\_\_  
Signature of Affiant (Complainant)

Sworn to and subscribed before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Texas

My Commission Expires: \_\_\_\_\_

NOTE: The complainant should **not** accept any child support payments directly from the accused; the accused should be referred to the child support registry of the court.

Please notify the Victim/ witness coordinator in the Randall County Criminal District Attorney's Office at (806) 468-5549 if your address or telephone number changes.

**AUTHORIZATION FOR RELEASE OF INFORMATION**

“My name is \_\_\_\_\_. My child support case number assigned by the Office of the Attorney General is \_\_\_\_\_. I hereby authorize and request the Office of the Attorney General of Texas to disclose to:

47<sup>th</sup> District Attorney’s Office  
501 S. Fillmore, Suite 1A  
Amarillo, TX 79101

Amarillo Police Department  
200 E. 3rd  
Amarillo, TX 79101-1514

Potter County Sheriff’s Department  
608 S. Pierce  
Amarillo, TX 79101

Armstrong County Sheriff’s Department  
110 W. 1st  
Claude, TX 79109

Randall County Criminal District Attorney  
2309 Russell Long Blvd., Suite 120  
Canyon, TX 79015

Randall County Sheriff’s Department  
9100 S. Georgia  
Amarillo, TX 79118-5073

any information or records in its possession or control that would be disclosed to me under applicable laws or rules. I understand that this authorization will automatically expire if the case is closed and that I may revoke this authorization at any time by submitting a completed Form 1722, “Revocation of Authorization for Release of Information.” I further understand that the District Attorney’s Office is not responsible for disputes that may arise between me and any party as a result of this arrangement.

I certify that there is no court order in effect that prohibits release of the information, and that this information will only be used for child support purposes.”

\_\_\_\_\_  
Printed Name of Affiant (Complainant)

\_\_\_\_\_  
Address of Affiant (Complainant)

\_\_\_\_\_  
Date

Signed \_\_\_\_\_  
Affiant (Complainant)

STATE OF TEXAS §  
COUNTY OF POTTER §

Subscribed and sworn to before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Texas