

STATEMENT OF SUPPORT

This is an Official Government Record. False or incomplete information given on this form may result in criminal action being taken under Sections 31.04, 37.10, or other portions of the Texas Penal Code.

If someone other than your spouse supports you, he/she must fill out this form:

Client's Name:			
Supporter's Name:			
Supporter's Relationship to Client:			
Supporter Receives Income From:			
Length of Time of Support:	Year(s)	Month(s)	Week(s)

Please select the type of support that you provide. You can select more than one section.

<input type="checkbox"/> I do give room & board. <input type="checkbox"/> I do not give room & board. (Must also select type of support given from below.) (Please mark one of the boxes in this section.)
<input type="checkbox"/> I do give him/her money: Amount \$_____. <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice A Month <input type="checkbox"/> Monthly <input type="checkbox"/> I do not give him/her money. (Please complete this section.)
<input type="checkbox"/> I pay the household expenses directly to the company.
<input type="checkbox"/> Other: Explain:

I understand that I am not responsible for his/her medical bills unless I have a legal responsibility to support him/her.

Signature:		Date:	
Print Name:			
Phone Number:			