

NOTICE OF TERMINATION OF EMPLOYMENT

Pursuant to Texas Family Code § 158.211(a), an employer is required to notify the court or the Child Support Division of the Office of the Attorney General of Texas (Title IV-D agency) not later than the seventh (7th) day after the date an employee/obligor, for whom income has been withheld for support, terminates employment. The employer is also required to provide the obligor's last known address, and the name and address of the obligor's new employer, if known.

Employee's (Obligor's) Information

Employee's SSN:	Employee's Name:		
Date of Termination:	Court Cause#:	OAG #:	
Employee's Last Known Address:			
Address Line 1			
Address Line 2			
City:	State:	Zip Code:	
Name and Address of Employee's New Employer (if known):			
Address Line 1			
Address Line 2			
City:	State:	Zip code:	

Information about Employer Completing This Form

Name and Address of Employer:		FEIN:
Employer Name		
Address Line 1		
Address Line 2		
City:	State:	Zip Code:
Name and Telephone Number of Person Completing Form:		
Contact Name:	Area Code ()	Number

After completion, please mail this form to:

**Office of the Attorney General
Central File Maintenance
P.O. Box 12048
Austin, TX 78711-2048**

Or report online at www.employer.texasattorneygeneral.gov