

**REQUEST FOR WARRANT CANCELLATION - REGISTRY ONLY CASES**

**OAG Case Number:** \_\_\_\_\_

**Custodial Parent's Name:** \_\_\_\_\_

**Non-custodial Parent's Name:** \_\_\_\_\_

**Custodial Parent's SSN:** \_\_\_\_\_

I, \_\_\_\_\_, certify that I have not negotiated (cashed or deposited) and will not negotiate warrant number \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ that was issued on \_\_\_\_\_.

By signing this form, I am agreeing that:

- to my knowledge, the above referenced warrant was either lost, damaged, or destroyed
- if the warrant was damaged and I have any portion of it, I will return it **with this form** to the address provided at the **bottom of this letter**
- if I receive this warrant in the future, I will return it to:

Texas Child Support Disbursement Unit  
P.O. Box 659730  
San Antonio, TX 78265-9730

and will indicate that the warrant is being returned because it was cancelled and a replacement warrant was reissued.

A stop payment will be placed on the original warrant when this form is received. If I subsequently cash the original warrant, I will be responsible for the loss incurred by a merchant, a check cashing entity, or a government agency. I hereby agree that any such loss incurred by the State for honoring payment of the original warrant can be offset by the State recouping the amount of the loss from child support collections that would otherwise be disbursed to me.

**Custodial Parent's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

After signing this form, please return it to the address below:

**Texas Child Support Disbursement Unit**  
**Attn: Darlene Elizondo**  
**P.O. Box 659730**  
**San Antonio, TX 78265-9730**  
**FAX: (210) 921-2394**