

**INFORMATION ON SUIT AFFECTING THE FAMILY RELATIONSHIP
(EXCLUDING ADOPTIONS)**

SECTION I GENERAL INFORMATION (REQUIRED) STATE FILE NUMBER

1a. COUNTY _____ 1b. COURT NO. _____
 1c. CAUSE NO. _____ 1d. DATE OF ORDER (mm/dd/yyyy) _____

2. HAS THERE BEEN A FINDING BY THE COURT OF: DOMESTIC VIOLENCE? CHILD ABUSE?

3. TYPE OF ORDER (CHECK ALL THAT APPLY):

- DIVORCE/ANNULMENT WITH CHILDREN(Sec. 1,2,3,4) DIVORCE/ANNULMENT WITHOUT CHILDREN(Sec 1,2)
- PATERNITY WITH CHILD SUPPORT(Sec 1,3,4,5) PATERNITY WITHOUT CHILD SUPPORT(Sec 1,3,5)
- CHILD SUPPORT OBLIGATION/MODIFICATION(Sec 1,3,4) TERMINATION OF RIGHTS (Sec 1,3,6)
- CONSERVATORSHIP (Sec 1, 3) OTHER (SPECIFY) _____
- TRANSFER TO (Sec 1, 3) COUNTY _____ COURT NO. _____ STATE COURT ID# _____

4a. NAME OF ATTORNEY FOR PETITIONER					4b. ATTORNEY GENERAL ACCT/CASE #					
4c. CURRENT MAILING ADDRESS			STREET & NO.		CITY		STATE		ZIP	
4d. TELEPHONE NUMBER (including area code) ()										

SECTION 2 (IF APPLICABLE) REPORT OF DIVORCE OR ANNULMENT OF MARRIAGE

HUSBAND	5. FIRST NAME MIDDLE LAST SUFFIX							6. DATE OF BIRTH (mm/dd/yyyy)								
	7. PLACE OF BIRTH				CITY		STATE OR FOREIGN COUNTRY			8. RACE		9. SOCIAL SECURITY NUMBER				
	10. USUAL RESIDENCE				STREET NAME & NUMBER				CITY		STATE		ZIP			
WIFE	11. FIRST NAME MIDDLE LAST							MAIDEN		12. DATE OF BIRTH (mm/dd/yyyy)						
	13. PLACE OF BIRTH							CITY		STATE OR FOREIGN COUNTRY			14. RACE		15. SOCIAL SECURITY NUMBER	
	16. USUAL RESIDENCE				STREET NAME & NUMBER				CITY		STATE		ZIP			
17. NUMBER OF MINOR CHILDREN			18. DATE OF MARRIAGE (mm/dd/yyyy)				19. PLACE OF MARRIAGE			City		State		20. PETITIONER IS <input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE		

SECTION 3 (IF APPLICABLE) CHILDREN AFFECTED BY THIS SUIT

CHILD 1	21a. FIRST NAME MIDDLE LAST SUFFIX							21b. DATE OF BIRTH (mm/dd/yyyy)					
	21c. SOCIAL SECURITY NUMBER			21d. SEX		21e. BIRTHPLACE		CITY		COUNTY		STATE	
	21f. PRIOR NAME OF CHILD: FIRST MIDDLE LAST SUFFIX						21g. NEW NAME OF CHILD: FIRST MIDDLE LAST SUFFIX						
CHILD 2	22a. FIRST NAME MIDDLE LAST SUFFIX							22b. DATE OF BIRTH (mm/dd/yyyy)					
	22c. SOCIAL SECURITY NUMBER			22d. SEX		22e. BIRTHPLACE		CITY		COUNTY		STATE	
	22f. PRIOR NAME OF CHILD: FIRST MIDDLE LAST SUFFIX						22g. NEW NAME OF CHILD: FIRST MIDDLE LAST SUFFIX						
CHILD 3	23a. FIRST NAME MIDDLE LAST SUFFIX							23b. DATE OF BIRTH (mm/dd/yyyy)					
	23c. SOCIAL SECURITY NUMBER			23d. SEX		23e. BIRTHPLACE		CITY		COUNTY		STATE	
	23f. PRIOR NAME OF CHILD: FIRST MIDDLE LAST SUFFIX						23g. NEW NAME OF CHILD: FIRST MIDDLE LAST SUFFIX						
CHILD 4	24a. FIRST NAME MIDDLE LAST SUFFIX							24b. DATE OF BIRTH (mm/dd/yyyy)					
	24c. SOCIAL SECURITY NUMBER			24d. SEX		24e. BIRTH		CITY		COUNTY		STATE	
	24f. PRIOR NAME OF CHILD: FIRST MIDDLE LAST SUFFIX						24g. NEW NAME OF CHILD: FIRST MIDDLE LAST SUFFIX						

WARNING: This is a governmental document. Texas Penal Code, Section 37.10, specifies penalties for making false entries or providing false information in this document. VS-165 REV 01/2006

SECTION 4 (IF APPLICABLE) OBLIGEE/OBLIGOR INFORMATION

OBLIGEE	THIS PARTY TO THE SUIT IS (CHECK ONE) <input type="checkbox"/> 25a. TDPRS <input type="checkbox"/> 25b. NON-PARENT CONSERVATOR – COMPLETE 26 – 32							
	<input type="checkbox"/> 25c. HUSBAND AS SHOWN ON FRONT OF THIS FORM – COMPLETE 31 – 32 ONLY <input type="checkbox"/> 25d. WIFE AS SHOWN ON FRONT OF THIS FORM – COMPLETE 31 – 32 ONLY							
	<input type="checkbox"/> 25e. BIOLOGICAL FATHER – COMPLETE 26 – 32			<input type="checkbox"/> 25f. BIOLOGICAL MOTHER – COMPLETE 26 – 32				
	26. FIRST NAME		MIDDLE	LAST	SUFFIX	MAIDEN		
	27. DATE OF BIRTH (mm/dd/yyyy)		28. PLACE OF BIRTH		CITY	STATE OR FOREIGN COUNTRY		
29. USUAL RESIDENCE		STREET NAME & NUMBER		CITY	COUNTY	STATE	ZIP	
30. SOCIAL SECURITY NUMBER		31. DRIVER LICENSE NO & STATE			32. TELEPHONE NUMBER ()			
OBLIGOR #1	THIS PARTY TO THE SUIT IS (CHECK ONE) <input type="checkbox"/> 33a. NON-PARENT CONSERVATOR – COMPLETE 34 – 43							
	<input type="checkbox"/> 33b. HUSBAND AS SHOWN ON FRONT OF THIS FORM – COMPLETE 39 – 43 ONLY <input type="checkbox"/> 33c. WIFE AS SHOWN ON FRONT OF THIS FORM – COMPLETE 39 – 43 ONLY							
	<input type="checkbox"/> 33d. BIOLOGICAL FATHER – COMPLETE 34 – 43			<input type="checkbox"/> 33e. BIOLOGICAL MOTHER – COMPLETE 34 – 43				
	34. FIRST NAME		MIDDLE	LAST	SUFFIX	MAIDEN		
	35. DATE OF BIRTH (mm/dd/yyyy)		36. PLACE OF BIRTH		CITY	STATE OR FOREIGN COUNTRY		
	37. USUAL RESIDENCE		STREET NAME & NUMBER		CITY	COUNTY	STATE	ZIP
	38. SOCIAL SECURITY NUMBER		39. DRIVER LICENSE NO. & STATE			40. TELEPHONE NUMBER ()		
41. EMPLOYER NAME				42. EMPLOYER TELEPHONE NUMBER				
43. EMPLOYER PAYROLL ADDRESS		STREET NAME & NUMBER		CITY	STATE	ZIP		
OBLIGOR #2	THIS PARTY TO THE SUIT IS (CHECK ONE) <input type="checkbox"/> 44a. NON-PARENT CONSERVATOR – COMPLETE 45 – 54							
	<input type="checkbox"/> 44b. HUSBAND AS SHOWN ON FRONT OF THIS FORM – COMPLETE 50 – 54 ONLY <input type="checkbox"/> 44c. WIFE AS SHOWN ON FRONT OF THIS FORM – COMPLETE 45 – 54 ONLY							
	<input type="checkbox"/> 44d. BIOLOGICAL FATHER – COMPLETE 45 – 54			<input type="checkbox"/> 44e. BIOLOGICAL MOTHER – COMPLETE 45 – 54				
	45. FIRST NAME		MIDDLE	LAST	SUFFIX	MAIDEN		
	46. DATE OF BIRTH (mm/dd/yyyy)		47. PLACE OF BIRTH		CITY	STATE OR FOREIGN COUNTRY		
	48. USUAL RESIDENCE		STREET NAME & NUMBER		CITY	COUNTY	STATE	ZIP
	49. SOCIAL SECURITY NUMBER		50. DRIVER LICENSE NO & STATE			51. TELEPHONE NUMBER		
52. EMPLOYER NAME				53. EMPLOYER TELEPHONE NUMBER				
54. EMPLOYER PAYROLL ADDRESS		STREET NAME & NUMBER		CITY	STATE	ZIP		

SECTION 5 (IF APPLICABLE) FOR ORDERS CONCERNING PATERNITY ESTABLISHMENT OF BIOLOGICAL FATHER

55. BIOLOGICAL FATHER'S NAME				FIRST	MIDDLE	LAST	56. DATE OF BIRTH (mm/dd/yyyy)	
57. SOCIAL SECURITY NUMBER		58. CURRENT MAILING ADDRESS		STREET NAME & NUMBER		CITY	STATE	ZIP
59. DOES THIS ORDER REMOVE INFORMATION PERTAINING TO A FATHER FROM A CHILD'S CERTIFICATE OF BIRTH? <input type="checkbox"/> NO <input type="checkbox"/> YES								

SECTION 6 TERMINATION OF RIGHTS – INFORMATION RELATED TO THE INDIVIDUAL(S) WHOSE RIGHTS ARE BEING TERMINATED IN THIS SUIT.

60a. FIRST NAME				MIDDLE NAME	LAST NAME	SUFFIX	60b. RELATIONSHIP	
61a. FIRST NAME				MIDDLE NAME	LAST NAME	SUFFIX	61b. RELATIONSHIP	
62a. FIRST NAME				MIDDLE NAME	LAST NAME	SUFFIX	62b. RELATIONSHIP	

COMMENTS: _____

I CERTIFY THAT THE ABOVE ORDER WAS GRANTED ON THE
DATE AND PLACE AS STATED.

SIGNATURE OF THE CLERK OF THE COURT