

**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