

Reporting Form

For

Suits Affecting the Parent-Child Relationship and Divorce

GENERAL REQUIREMENT:

All divorces/annulments (with or without children) and all suits affecting the parent-child relationship must be reported through the clerk of the court to the Bureau of Vital Statistics (BVS). The Office of the Attorney General (OAG), in cooperation with BVS is also using this existing reporting system for the state case registry for child support enforcement.

Consolidated reporting by petitioners, attorneys, and the courts is designed to make mandatory reporting more efficient, timely, and improve the quality of reporting. However, this reporting system is only as good or timely as you make it; therefore, your attention in completing and filing this report is critical.

Legal basis for this reporting is contained in:

Health & Safety Code	Sec. 192.0051
	Sec. 194.002
Family Code	Sec. 108.001
	Sec. 108.002
	Sec. 108.004
	Sec. 108.008

For information concerning reporting or questions about this form, contact BVS at (512) 458-7368 or by e-mail (BVSWEB@TDH.STATE.TX.US).

For information on the court of continuing jurisdiction of a child, contact BVS at (512) 458-7372. Inquiries should be addressed to BVS, 1100 West 49th Street, Austin, Texas, 78756-3191; inquiries may also be faxed to (512) 458-7783.



SECTION 1 GENERAL INFORMATION (REQUIRED)

This section must be completed for each report filed.

- 1a - e Enter the required information to identify the court proceeding.
- 2 Check only if the court found evidence of domestic violence or child abuse.
- 3 Check the type of suit being reported; this also which sections of the form must be completed. If more than one type of order applies, check all that apply. Check "other" and specify the type of suit if none of the types listed apply. Transfers from one jurisdiction to another must be reported in this section (if court number is unknown, specify "unknown").
- 4a - e Complete the attorney information to assist in questions or follow back; 4b only applies to OAG cases.

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

All divorces/annulments must be reported, even if there were no minor children. All information is required.

- 5 - 10 Report the husband's information.
- 11 - 16 Report the wife's information, including her maiden name.
- 17 Report the number of minor children affected by this divorce; if none, record "0." This number must correspond to the listing of children in Section 3.
- 18 - 19 Report the date and place of the marriage being dissolved.
- 20. Check the appropriate box for the petitioner.

SECTION 3 (IF APPLICABLE) CHILDREN AFFECTED BY THIS SUIT

Every child affected by the suit being reported must be listed, and all items concerning that child must be completed. If more than four children are affected, attach an additional form, mark it "continuation" at the top, and continue to list the additional children. Attach the continuation form to the original form.

- 21 - 24(a) Enter the legal name of the child at the time this suit was initiated.
- 21 - 24(f) Report any prior names or A.K.A. names used for this child; if no prior or A.K.A. names, leave this item blank.
- 21 - 24(g) Enter the new legal name if this suit legally changes the name of the child; if no legal name change, leave this item blank.

SECTION 4 (IF APPLICABLE) OBLIGEE/OBLIGOR INFORMATION

This section must be completed if the suit being reported includes a child support order. All information is required. The information reported in this section is vital to the state case registry system.

- 25 Report the relationship of the obligee to the child(ren) listed in Section 3.
- 26 - 32 Report the obligee's information.
- 33 Report the relationship of the first obligor to the child(ren) listed in Section 3.
- 34 - 43 Report the first obligor's information.
- 44 If the suit involves a second obligor, report that person's relationship to the child(ren) listed in Section 3.
- 45 - 54 If the suit involves a second obligor, report that person's information.

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

This section should be completed only if the order being reported involves a paternity establishment or a non-paternity establishment. If the order determines that a man is not the father of the child and should be removed from the birth certificate, check "Yes" in item 59. If no biological father has been established, leave items 55-58 blank.

- 55 - 58 Report the biological father's information.
- 59 Check the appropriate box to answer the following question: "Does this order remove information pertaining to a father from a child's Certificate of Birth?"

SECTION 6 (IF APPLICABLE) TERMINATION OF RIGHTS - Information related to the individual(s) whose parental rights are being terminated in this suit.

This section should only be completed if the order being reported terminates the parental rights of one or more individuals.

- 60 - 62 Report the name and relationship to the child(ren) listed in Section 3 for each person whose parental rights are terminated in this suit.

THIS FORM MUST BE SIGNED BY THE CLERK OF THE COURT AND MAILED TO THE BUREAU OF VITAL STATISTICS.

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

SECTION 1: GENERAL INFORMATION (REQUIRED)

STATE FILE NUMBER _____

1a. COUNTY _____ 1b. COURT NO. _____

1d. CAUSE NO. _____ 1e. 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):

- | | |
|---|--|
| <input type="checkbox"/> DIVORCE/ ANNULMENT <u>WITH</u> CHILDREN (Sec 1, 2, 3, 4) | <input type="checkbox"/> DIVORCE/ ANNULMENT <u>WITHOUT</u> CHILDREN (Sec 1, 2) |
| <input type="checkbox"/> PATERNITY <u>WITH</u> CHILD SUPPORT (Sec 1, 3, 4, 5) | <input type="checkbox"/> PATERNITY <u>WITHOUT</u> CHILD SUPPORT (Sec 1, 3, 5) |
| <input type="checkbox"/> CHILD SUPPORT OBLIGATION/MODIFICATION (Sec 1, 3, 4) | <input type="checkbox"/> TERMINATION OF RIGHTS (Sec 1, 3, 6) |
| <input type="checkbox"/> CONSERVATORSHIP (Sec 1, 3) | <input type="checkbox"/> OTHER (Specify) _____ |
| <input type="checkbox"/> 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 ()		

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

HUSBAND	5. FIRST NAME MIDDLE LAST			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 (mmd/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			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			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			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			24b. DATE OF BIRTH (mm/dd/yyyy)	
	24c. SOCIAL SECURITY NUMBER	24d. SEX	24e. BIRTHPLACE CITY COUNTY STATE		
	24f. PRIOR NAME OF CHILD FIRST MIDDLE LAST SUFFIX		24g. NEW NAME OF CHILD FIRST MIDDLE LAST SUFFIX		

TEAR ALONG PERFORATION BEFORE SUBMITTING FORM TO CLERK OF THE COURT
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 6/98



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 50 - 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	SUFFIX	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