

**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):

- 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 ()		

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 (mmdyyy)		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. 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.



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					56. DATE OF BIRTH (mm/dd/yyyy)	
FIRST	MIDDLE	LAST	SUFFIX			
57. SOCIAL SECURITY NUMBER		58. CURRENT MAILING ADDRESS		CITY	STATE	ZIP
STREET NAME & NUMBER						
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