

**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
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
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**

<b>OBLIGEE</b>	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 (       )			
<b>OBLIGOR #1</b>	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		
<b>OBLIGOR #2</b>	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