

**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)		
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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

