

**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	
	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	
	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

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		SUUFFIX		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