

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

SECTION 1 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

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	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