

**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):

- | | |
|--|--|
| <input type="checkbox"/> DIVORCE/ANNULMENT <u>WITH</u> CHILDREN(Sec. 1,2,3,4) | <input type="checkbox"/> DIVORCE/ANNULMENT WITHOUT CHILDREN(Sec 1,2) |
| <input type="checkbox"/> PATERNITY <u>WITH</u> CHILD SUPPORT(Sec 1,3,4,5) | <input type="checkbox"/> PATERNITY <u>WITHOUT</u> CHILD SUPPORT(Sec 1,3,5) |
| <input type="checkbox"/> CHILD SUPPORT OBLIGATION/MODIFICATION(Sec 1,3,4) | <input type="checkbox"/> TERMINATION OF RIGHTS (Sec 1,3,6) |
| <input type="checkbox"/> CONSERVATORSHIP (Sec 1, 3) | <input type="checkbox"/> OTHER (SPECIFY) _____ |
| <input type="checkbox"/> 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	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

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
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
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