NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA.

ln	the interest of (List children):					
1	Name:	Cause No:				
2	Name:					
3	Name:	In the	🗆 [	District [	☐ County Court of:	
4	Name:				County, Texas	
5	Name:				_	
6	Name:					
	Respondent's Answ Modify the Parent-Ch					
(Pr	int your answers.)					
1.	My name is:					
	First Middle		Last			
The last three numbers of my driver's license number are: My driver' license was issued in (state)  or						
	The last three numbers of my social security number are:  or					
	If the Petitioner and I can reach an agreement, the Parent-Child relationship. If I sign the Final case without me and without my receiving notice	Order, I agree t	he jud			
2.	My mailing address is:					
	street address	cit	y .	state	zip	
3.	My phone number is: ()	Fax # (if ava	ilable	) is:		
4.	My email address is:					
5.	Certificate of Service					
	I will give a copy of this document to my spouse's attorney or my spouse (if my spouse does not have an attorney) on the same day this document is filed with (turned in to) the Court as follows: If I file this document electronically, I will send a copy of it to my spouse or my spouse's attorney through the electronic file manager if possible. If not possible, I will give a copy to my spouse or my spouse's attorney in person, by mail, by commercial delivery service, by fax, or by email. If I file a paper copy of this document, I will give a copy of it to my spouse or my spouse's attorney in person, by mail, by commercial delivery service, by fax, or by email.					
_	Respondent's signature		Date	<del></del>		