

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

**SECTION 1 GENERAL INFORMATION (REQUIRED)**

STATE FILE NUMBER \_\_\_\_\_

1a. COUNTY \_\_\_\_\_ 1b. COURT NO. \_\_\_\_\_

1d. CAUSE NO. \_\_\_\_\_ 1e. 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
1221 Lamar, Suite 1010		Houston	Texas	77010	( 713 ) 654-2112

**SECTION 2 (IF APPLICABLE) REPORT OF DIVORCE OR ANNULMENT OF MARRIAGE**

HUSBAND	5. FIRST NAME			MIDDLE	LAST	SUFFIX	6. DATE OF BIRTH (m m /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 (m m /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 (m m /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 (m m /dd/yyyy)				
	21c. SOCIAL SECURITY NUMBER		21d. SEX	21e. BIRTHPLACE		CITY	COUNTY	STATE			
	21f. PRIOR NAME OF CHILD		FIRST	MIDDLE	LAST	SUFFIX	21g. NEWNAME OF CHILD		FIRST	MIDDLE	LAST
CHILD 2	22a. FIRST NAME			MIDDLE	LAST	SUFFIX	22b. DATE OF BIRTH (m m /dd/yyyy)				
	22c. SOCIAL SECURITY NUMBER		22d. SEX	22e. BIRTHPLACE		CITY	COUNTY	STATE			
	22f. PRIOR NAME OF CHILD		FIRST	MIDDLE	LAST	SUFFIX	22g. NEWNAME OF CHILD		FIRST	MIDDLE	LAST
CHILD 3	23a. FIRST NAME			MIDDLE	LAST	SUFFIX	23b. DATE OF BIRTH (m m /dd/yyyy)				
	23c. SOCIAL SECURITY NUMBER		23d. SEX	23e. BIRTHPLACE		CITY	COUNTY	STATE			
	23f. PRIOR NAME OF CHILD		FIRST	MIDDLE	LAST	SUFFIX	23g. NEWNAME OF CHILD		FIRST	MIDDLE	LAST
CHILD 4	24a. FIRST NAME			MIDDLE	LAST	SUFFIX	24b. DATE OF BIRTH (m m /dd/yyyy)				
	24c. SOCIAL SECURITY NUMBER		24d. SEX	24e. BIRTHPLACE		CITY	COUNTY	STATE			
	24f. PRIOR NAME OF CHILD		FIRST	MIDDLE	LAST	SUFFIX	24g. NEWNAME OF CHILD		FIRST	MIDDLE	LAST

CONTINUED ON OTHER SIDE

TEAR ALONG PERFORATION BEFORE SUBMITTING FORM TO CLERK OF THE COURT  
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 6/98



**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. WFE 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 M OTHER - COMPLETE 26 - 32				
	26. FIRST NAME		MIDDLE	LAST	SUFFIX	MAIDEN	
	27. DATE OF BIRTH (m m /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. WFE 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 M OTHER - COMPLETE 34 - 43					
	34. FIRST NAME		MIDDLE	LAST	SUFFIX	MAIDEN		
	35. DATE OF BIRTH (m m /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. WFE AS SHOWN ON FRONT OF THIS FORM - COMPLETE 50 - 54 ONLY					
	<input type="checkbox"/> 44d. BIOLOGICAL FATHER - COMPLETE 45 - 54		<input type="checkbox"/> 44e. BIOLOGICAL M OTHER - COMPLETE 45 - 54					
	45. FIRST NAME		MIDDLE	LAST	SUFFIX	MAIDEN		
	46. DATE OF BIRTH (m m /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	SUFFIX	56. DATE OF BIRTH (m m /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