

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

**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 <u>WITH</u> CHILDREN(Sec. 1,2,3,4) | DIVORCE/ANNULMENT WITHOUT CHILDREN(Sec 1,2) |
| PATERNITY <u>WITH</u> CHILD SUPPORT(Sec 1,3,4,5) | PATERNITY <u>WITHOUT</u> 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 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 HUSBAND 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

SECTION 4 (IF APPLICABLE) OBLIGEE/OBLIGOR INFORMATION

OBLIGEE	THIS PARTY TO THE SUIT IS (CHECK ONE)		25a. TDPRS	25b. NON-PARENT CONSERVATOR – COMPLETE 26 – 32		
	25c. HUSBAND AS SHOWN ON FRONT OF THIS FORM – COMPLETE 31 – 32 ONLY		25d. WIFE AS SHOWN ON FRONT OF THIS FORM – COMPLETE 31 – 32 ONLY			
	25e. BIOLOGICAL FATHER – COMPLETE 26 – 32		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)		33a. NON-PARENT CONSERVATOR – COMPLETE 34 – 43			
	33b. HUSBAND AS SHOWN ON FRONT OF THIS FORM – COMPLETE 39 – 43 ONLY		33c. WIFE AS SHOWN ON FRONT OF THIS FORM – COMPLETE 39 – 43 ONLY			
	33d. BIOLOGICAL FATHER – COMPLETE 34 – 43		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)		44a. NON-PARENT CONSERVATOR – COMPLETE 45 – 54			
	44b. HUSBAND AS SHOWN ON FRONT OF THIS FORM – COMPLETE 50 – 54 ONLY		44c. WIFE AS SHOWN ON FRONT OF THIS FORM – COMPLETE 45 – 54 ONLY			
	44d. BIOLOGICAL FATHER – COMPLETE 45 – 54		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?						NO 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