INFORMATION ON SUIT AFFECTING THE FAMILY RELATIONSHIP
(EXCLUDING ADOPTIONS)

SECTION I 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 ( )

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 (mmddyyyy)	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. BIRTHPLACE CITY COUNTY STATE	
	24f. PRIOR NAME OF CHILD FIRST MIDDLE LAST SUFFIX		24g. NEW NAME OF CHILD FIRST MIDDLE LAST SUFFIX	

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.

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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 50 - 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	SUFFIX	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