

**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 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 (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 | | | 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. 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 | | | 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? <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

SECTION 1 GENERAL INFORMATION (REQUIRED)

This section must be completed for each report filed.

- 1a - e Enter the required information to identify the court proceeding.
- 2 Check only if the court found evidence of domestic violence or child abuse.
- 3 Check the type of suit being reported; this also which sections of the form must be completed. If more than one type of order applies, check all that apply. Check "other" and specify the type of suit if none of the types listed apply. Transfers from one jurisdiction to another must be reported in this section (if court number is unknown, specify "unknown").
- 4a - e Complete the attorney information to assist in questions or follow back; 4b only applies to OAG cases.

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

All divorces/annulments must be reported, even if there were no minor children. All information is required.

- 5 - 10 Report the husband's information.
- 11 - 16 Report the wife's information, including her maiden name.
- 17 Report the number of minor children affected by this divorce; if none, record "0." This number must correspond to the listing of children in Section 3.
- 18 - 19 Report the date and place of the marriage being dissolved.
20. Check the appropriate box for the petitioner.

SECTION 3 (IF APPLICABLE) CHILDREN AFFECTED BY THIS SUIT

Every child affected by the suit being reported must be listed, and all items concerning that child must be completed. If more than four children are affected, attach an additional form, mark it "continuation" at the top, and continue to list the additional children. Attach the continuation form to the original form.

- 21 - 24(a) Enter the legal name of the child at the time this suit was initiated.
- 21 - 24(f) Report any prior names or A.K.A. names used for this child; if no prior or A.K.A. names, leave this item blank.
- 21 - 24(g) Enter the new legal name if this suit legally changes the name of the child; if no legal name change, leave this item blank.

SECTION 4 (IF APPLICABLE) OBLIGEE/OBLIGOR INFORMATION

This section must be completed if the suit being reported includes a child support order. All information is required. The information reported in this section is vital to the state case registry system.

- 25 Report the relationship of the obligee to the child(ren) listed in Section 3.
- 26 - 32 Report the obligee's information.
- 33 Report the relationship of the first obligor to the child(ren) listed in Section 3.
- 34 - 43 Report the first obligor's information.
- 44 If the suit involves a second obligor, report that person's relationship to the child(ren) listed in Section 3.
- 45 - 54 If the suit involves a second obligor, report that person's information.

SECTION 5 (IF APPLICABLE) FOR ORDERS CONCERNING PATERNITY ESTABLISHMENT OF BIOLOGICAL FATHER

This section should be completed only if the order being reported involves a paternity establishment or a non-paternity establishment. If the order determines that a man is not the father of the child and should be removed from the birth certificate, check "Yes" in item 59. If no biological father has been established, leave items 55-58 blank.

- 55 - 58 Report the biological father's information.
- 59 Check the appropriate box to answer the following question: "Does this order remove information pertaining to a father from a child's Certificate of Birth?"

SECTION 6 (IF APPLICABLE) TERMINATION OF RIGHTS - Information related to the individual(s) whose parental rights are being terminated in this suit.

This section should only be completed if the order being reported terminates the parental rights of one or more individuals.

- 60 - 62 Report the name and relationship to the child(ren) listed in Section 3 for each person whose parental rights are terminated in this suit.

THIS FORM MUST BE SIGNED BY THE CLERK OF THE COURT AND MAILED TO THE BUREAU OF VITAL STATISTICS.