

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**

<b>OBLIGEE</b>	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 ( )		
<b>OBLIGOR #1</b>	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	
<b>OBLIGOR #2</b>	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