

## DEFAULT Suit Affecting the Parent-Child Relationship (filed by a nonparent)

Use these instructions & forms if:

- you are not the child’s parent; you have “standing” to file an initial custody case; there are no court orders about the child already in place; and you don’t think the parents will participate in the case.

### This packet includes:

1. Instructions for an DEFAULT SAPCR (filed by a nonparent)
2. Petition in Suit Affecting the Parent-Child Relationship
3. Exhibit: Out-of-State Party Declaration
4. Civil Case Information Sheet
5. Information on Suit Affecting the Family Relationship
6. Statement of Inability to Afford Payment of Court Costs
7. Order in Suit Affecting the Parent-Child Relationship
8. Income Withholding Order for Support
9. Record of Support Order
10. Certificate of Last Known Mailing Address
11. Military Status Affidavit

Note: You may not need all of the forms listed or you may need additional forms. Get more information at [www.TexasLawHelp.org](http://www.TexasLawHelp.org). Talk to a lawyer if you have questions.

## Instructions & Forms for a Default SAPCR (filed by a nonparent)

**Warning:** *The information and forms in this guide are not a substitute for the advice and help of a lawyer*

These instructions explain the basic steps in a **default** Suit Affecting the Parent-Child Relationship (called a SAPCR for short) when you are a grandparent or other non-parent.

A SAPCR is a type of court case used to ask for a custody, visitation, child support, and medical and dental support order.

**“Default”** means you have the parents served with the initial court papers and they do not file an answer with the court. If the parents are served and default (do not file an answer with the court), you can finish the case without the parents.

### Use these instructions if:

- You are not the child’s parent;
- You have “standing” to file an initial custody case;
- There are no court orders about the child already in place; **and**
- You don’t think the parents will participate in the case.

Do not use these instructions if the case is, or is likely to be, **contested**. If you are not sure, read the section titled **"Is my SAPCR contested or uncontested?"** in the Overview section of this guide.

To print out both the instructions and forms, [click here](#).

**Note:** It’s possible that one parent will agree and one parent will default. If a parent will agree to sign the necessary court forms, you do not need to have that parent served. Follow these instructions for that parent: **Instructions & Forms for an Agreed SAPCR (filed by a non-parent) in the checklist directly above this one.**

### Checklist Steps

#### ☐ **Step 1: Make sure you can file the case.**

“Standing” means the legal right to file a court case. Usually, only a parent has standing to file an initial custody case.

If you are **not** the parent, you have standing to file an initial custody case **only** if:

- you have had actual care, control and possession of the child for at least six months ending not more than 90 days before the date you file your case and you are not a foster parent; or
- you have lived with the child and the child's parent, guardian or conservator for at least six months ending not more than 90 days before the date you file the SAPCR, and the child's parent, guardian or conservator has died; or
- you are the foster parent of a child placed by the Department of Family & Protective Services who has been in your home for at least a year ending not more than 90 days before the date you file the SAPCR; or
- you are the child's grandparent, great-grandparent, sister, brother, aunt, uncle, niece, or nephew and:
  - both parents are dead, or
  - both parents, the surviving parent or managing conservator agree that you can file the case, or
  - the child's present circumstances will significantly harm the child's physical health or emotional development.

If you have standing, go to **Step 2**. If you aren't sure, talk to a lawyer.

☐ **Step 2: Fill out the court forms.**

Fill out this **starting form**:

- **Petition in Suit Affecting the Parent-Child Relationship** (called the Petition for short)

You will file the Petition with the court to start the case. It tells the judge and the child's parents (and anyone else listed as a respondent in your petition) what orders you want the judge to make. The **Frequently Asked Questions** and related **Articles** included with these instructions will help you understand your options.

When you fill out the Petition:

- Print your answers clearly in blue or black ink.
- Do not leave blanks (unless instructed to do so).

- Talk to a lawyer if you have questions or need help.

**Who is the petitioner?** You are the petitioner—the person asking the court to make a custody order. You must fill out and sign the Petition. No one else needs to sign the Petition.

**Who must be listed as a respondent?** Each parent must be listed as a respondent (unless the parent is dead or the parent's parental rights have been terminated). If a parent is dead, you must attach a copy of the parent's death certificate. If a parent's parental rights were terminated, you must attach a copy of the court order terminating their rights. If anyone else has a court-ordered relationship with the child, that person must also be listed as a respondent.

**Note:** The Petition asks for your address. Each respondent will get a copy of your Petition. If you are concerned about a parent or other respondent knowing your address, call the Family Violence Legal Line at 800-374-4673 for free advice.

Fill out these additional **starting forms** if required for your case:

- [Civil Case Information Sheet](#) (NOTE: the [Texas Supreme Court has repealed the rule requiring the civil case information sheet](#), so you may not need this form. If you are filing paper documents in person at the clerk's office, you should complete it and bring it anyway, however.).
- [Exhibit: Out-of-State Party Declaration](#) (required **only** if you or one of the respondents lives outside of Texas)
- [Statement of Inability to Afford Payment of Court Costs](#) (use **only** if you cannot afford to pay the filing fee for your case) Call the clerk's office to learn the filing fee for your case. Learn more here: [Court Fees and Fee Waivers](#).

Make enough copies of these completed starting forms for you and each respondent to have one copy:

- Petition in Suit Affecting the Parent-Child Relationship
- Exhibit: Out-of-State Party Declaration (if required for your case)
- Statement of Inability to Afford Payment of Court Courts (if needed for your case)

### □ **Step 3: File (turn in) your starting forms.**

File (turn in) your completed Petition and other starting forms with the court **in the county where the child lives.**

You need to find out if your county has **standing orders**. If it does, you will need to attach a copy of the standing orders to your petition.

- To file your forms online, go to [E-File Texas](#) and follow the instructions.
- To file your forms in person, take your Petition and additional starting forms (and copies) to the district clerk's office in the county where the child lives.

#### **At the clerk's office:**

- Turn in your Petition and other starting forms (and copies).
- Tell the clerk you want to have one or more of the respondents named in your Petition **served in person**. This means a sheriff, constable or private process server will deliver the initial court papers to each respondent in person. (**Remember:** If a parent will agree to sign the necessary court forms, you do not need to have that parent served. Follow these instructions for that parent: **Instructions & Forms for an Agreed SAPCR (filed by a nonparent) in the checklist directly above this checklist.**)
- Pay the filing fee and issuance fee (or file your completed Statement of Inability to Afford Payment of Court Costs if you cannot afford the fees).
- Ask the clerk if there is a local standing order that you need to follow or attach to your Petition.
- Ask the clerk if there are local rules or procedures you need to know about for your case.
- The clerk will write your "Cause Number" and "Court Number" at the top of the first page of your Petition. (Write these numbers at the top of any document you file in your case.)
- The clerk will "**file-stamp**" your copies with the date and time. The clerk will keep the original and return your copies.
- The clerk will print a form called a "citation" for each respondent you would like served. The citation tells the respondent that you have filed a SAPCR case. The citation also tells the respondent that unless he or she files an answer with the court you will be able to finish your case

by default (without the respondent). The clerk will attach a copy of your Petition to the citation. The citation and Petition are the “**initial court papers**” that must be served on each respondent by a constable, sheriff, or private process server. **Read Step 4 for instructions.**

☐ **Step 4: Have parents (or other respondent) served.**

It is your responsibility to have each parent (and anyone else named as a respondent in your Petition) served with the initial court papers. You cannot serve the initial court papers yourself. You must have the initial court papers served by a constable, sheriff or private process server.

**(Remember:** If a parent or other respondent will agree to sign the necessary court forms, you do not need to have that parent or respondent served. Follow these instructions for that parent or respondent: **Instructions & Forms for an Agreed SAPCR (filed by a nonparent) in the checklist directly above this one.**

To have a parent **served in person**:

- send the initial court papers to a constable, sheriff or private process server **in the county where the parent lives or works**;
- include the service fee (call first to learn the fee) or a file-stamped copy of your Statement of Inability to Afford Payment of Court Costs; **and**
- include a self-addressed and stamped envelope.

The constable, sheriff or private process server will:

- deliver the initial court papers to the parent in person; **and**
- complete a Return of Service form that says when and where the parent was served; **and**
- send the completed Return of Service to you or the court.

The completed Return of Service is proof the respondent was served. The respondent will NOT have to sign anything.

If the Return of Service is sent to you, file it at the clerk’s office. The Return of Service must be on file for at least 10 days before you can finish your case, not counting the day it is filed or the day you go to court to finish your case.

**NOTE:** If you have trouble getting a respondent served, read this article: [How to Serve the Initial Court Papers \(Family Law\)](#). If you have questions, you can use [Ask a Question](#) to chat with a lawyer or law student online.

☐ **Step 5: Notify the Office of the Attorney General (if applicable).**

Has the child ever received TANF or Medicaid?

- If NO, skip this step.
- If YES, you MUST send a file-stamped copy of your Petition to the Office of the Attorney General (OAG) Child Support Division (and be able to prove that you did so).
  - **Send your Petition by Email:** You can scan a file-stamped copy of your Petition and email it. Find the email address for the OAG child support office in the county where your case is filed here: [Email Addresses for Child Support Offices](#). Write the cause number and the county where you filed your case in the subject line of the email. Print a copy of your email. This is your proof. Bring it with you when you go to court to finish your case.
  - **Send your Petition by Certified Mail Return Receipt Requested:** Or, you can mail a copy of your Petition by certified mail return receipt requested. The post office has the forms for certified mail return receipt requested. Find the mailing address for the OAG child support office in the county where your case is filed here: [Mailing Addresses for Child Support Offices](#). The post office will give you a receipt when you mail the Petition. The OAG will sign the return receipt (often called the “green card”) and mail it back to you. This is your proof. Bring the receipt and the return receipt (green card) with you when you go to court to finish your case.

☐ **Step 6: Fill out the ending forms.**

Fill out these **ending forms**:

- **Order In Suit Affecting the Parent-Child Relationship (Nonparent Custody Order)**

You will ask the judge to sign this form when it's time to finish your case. Fill it out completely (except for the judge's signature).

**Note:** A Modified Possession Order (Nonparent is Managing Conservator) form will print with the Nonparent Custody Order. Fill it out completely and attach it to your Nonparent Custody Order.

- Completed [Information on Suit Affecting the Family Relationship](#) form
- [Income Withholding Order for Support](#) (Fill out an Income Withholding Order for Support for each parent who will be ordered to pay child support, medical support, dental support, or all three.).
- [Record of Support Order](#)

#### ☐ **Step 7: Have your forms reviewed.**

Some counties require your documents to be reviewed by an attorney, while others do not. You should speak with the district clerk's office or court coordinator in your county about local requirements. Even if it's not required, it's a good idea to have a family law lawyer review your completed forms. Family law lawyers specialize in cases involving families, such as custody cases.

You can hire a family law lawyer **just** to review your forms. This is called [limited scope representation](#). You can then finish your case yourself. You may also be able to talk with a lawyer for free at a legal clinic. If you need help finding a lawyer, you can:

- Use our [Legal Help Directory](#) to search for a lawyer referral service, legal aid office or self-help center in your area.
- Check our [Legal Events and Clinics](#) page for free legal clinics in your area.
- Use **Ask a Question** to chat online with a lawyer or law student.

#### ☐ **Step 8: Wait the required waiting periods.**

These waiting periods are required:



- **20 + day waiting period:** Each parent (or other respondent) served must have at least 20 days plus the next Monday at 10:00 a.m. to file an answer. Find the day the parent/respondent was served on a calendar, count out 20 **more** days, then go to the next Monday. The parent/respondent must have until this date to file an answer. If the parent/respondent does not file an answer by this date (and all other requirements have been met) you can finish your case by default without that parent/respondent.

**Note:** A parent or respondent can file an answer until you finish your SAPCR case, even if the 20 + day waiting period has passed.

- **10 + day waiting period:** The constable, sheriff, private process server should have completed a Return of Service form stating when the parent (or other respondent) was served. The Return of Service form must be on file with the court for at least 10 days before you can finish your case.

**Important:** When counting the 10 day waiting period, do not count the day the Return of Service is filed with the court and do not count the day you go to court to finish your case.

#### ☐ **Step 9: Determine if your case can be finished by default.**

Call the clerk's office to find out if the parent or any other respondent who was served has filed an answer.

- **If a parent or other respondent who was served filed an answer,** you **CANNOT** finish your SAPCR case by default.
  - If the parent or other respondent will now agree to sign your completed Order in Suit Affecting the Parent-Child Relationship (Nonparent Custody Order) form, you can finish your case by agreement.
  - If the parent or other respondent will not agree to sign your completed Order in Suit Affecting the Parent-Child Relationship (Nonparent Custody Order) form, your case is contested. To finish a contested SAPCR case, you must set a contested final hearing. Read this article to learn more: [How to Set a Contested Final Hearing \(Family Law\)](#). **Remember:** It's always best to have a lawyer if your case is contested.
- **If NO respondent has filed an answer;** you **CAN** finish your SAPCR case by default as long as all of the following are true.

- each parent and respondent was successfully served by a constable, sheriff or private process server;
- a Return of Service form (stating when and where the parent or respondent was served) has been on file with the clerk's office for at least 10 days (not counting the day it was filed or the day you go to court);
- the 20 + day waiting period for each parent and respondent to file an answer has passed; and
- each parent and respondent has not filed an answer and does not file an answer before you finish your SAPCR case. (Remember, each respondent can file an answer until the time you finish your SAPCR case, even if the 20 + day waiting period has already passed.)

If you **CAN** finish your SAPCR case by default, fill out these additional forms for each parent or other respondent who was served and defaulted. Make one copy of each form:

- [Certificate of Last Known Mailing Address](#)
- [Military Status Declaration](#) (If your case is filed in Harris County, fill out a [Military Status Affidavit](#) instead. Sign it in front of a notary.)

#### ☐ **Step 10: Get ready for court.**

Call the clerk's office to learn when and where the court hears uncontested cases.

If you sent a copy of your Petition to the Office of the Attorney General (OAG) (because the child gets Medicaid or TANF now or got it in the past), ask the clerk if the OAG filed anything in your case.

- If no, you can finish your case without further notice to the OAG.
- If yes, talk with a lawyer about what to do next. You can use [Ask a Question](#) to chat with a lawyer online

Read the article [Tips for the Courtroom](#) for more information about going to court.

#### ☐ **Step 11: Go to court to finish your case.**

- Bring these papers with you to the courthouse on the day you plan to finish your case:
  - a file-stamped copy of your Petition in Suit Affecting the Parent-Child Relationship; **and**
  - a file-stamped copy of the Return of Service form showing when and where each parent/respondent was served; **and**
  - a completed Order in Suit Affecting the Parent-Child Relationship (Nonparent Custody Order) (with the modified possession order attached) signed by you; **and**
  - a completed Income Withholding Order for Support if child support will be ordered; **and**
  - a completed Certificate of Last Known Mailing Address form for each parent/respondent who defaulted; **and**
  - a completed Military Status Declaration for each parent/respondent who defaulted.
  - a completed [Information on Suit Affecting the Family Relationship](#) form
- When you get to the courthouse, go to the clerk's office.
  - Ask the clerk if you need the court file or docket sheet (list of what has been filed in your case).
  - Ask the clerk to check one more time to see if either parent **or** other respondent (**or** the OAG) has filed an answer. If anyone has filed an answer, you will not be able to finish your case by default. Go back to **Step 9**.
  - File a Certificate of Last Known Mailing Address and the Military Status Declaration (or Military Status Affidavit) for each parent/respondent who defaulted. Ask the clerk to file stamp your copy of each form. Bring a file-stamped copy of each form with you to court.
- When you get to the courtroom, tell the clerk you are there and give the clerk your paperwork. Sit down until the judge calls your case.
- When the judge calls your case, walk to the front of the courtroom, and stand in front of the judge's bench. The judge will have you raise your right hand and swear to tell the truth. Be prepared to quickly tell the judge: who you are, how you are related to the children, what orders you are asking

the judge to make, and why those orders would be in the children's best interest. It's a good idea to write down everything you want to say so you can read it to the judge if you get nervous.

- The judge will listen to what you say and review your papers. If everything is in order the judge will sign your Order in Suit Affecting the Parent-Child Relationship (Nonparent Custody Order).

#### ☐ **Step 12: File the signed order or orders.**

After the judge signs your Order in Suit Affecting the Parent-Child Relationship (Nonparent Custody Order), go back to the clerk's office.

- File (turn in) your Order in Suit Affecting the Parent-Child Relationship (Nonparent Custody Order) and any other orders signed by the judge.  
**Your case is NOT final until you do so.**
- Get a certified copy of your Order in Suit Affecting the Parent-Child Relationship (Nonparent Custody Order) and any other orders signed by the judge from the clerk while you are there. The clerk may charge a fee for the certified copies.
- File the completed [Information on Suit Affecting the Family Relationship](#) form.
- If child support was ordered:
  - ask the clerk how to set up a child support account, and
  - ask the clerk to send a copy of the Income Withholding Order for Support to the employer of the parent ordered to pay child support, medical support, or dental support.
  - Complete and submit the [Record of Support Order](#) to the clerk's office to set up the child support account.

#### ☐ **Step 13: After your case is finished.**

Follow these steps after your case is finished.

- Send a file-stamped copy of the Order in Suit Affecting the Parent-Child Relationship (Nonparent Custody Order) and any other orders signed by the judge to each parent or other respondent.

- If a parent was ordered to pay child support, medical support, or dental support to you and doesn't pay, contact the [\*\*Texas Attorney General Child Support Division\*\*](#) for help enforcing your order.

Cause Number: \_\_\_\_\_

(The Clerk's office will fill in the Cause Number and Court Number when you file this form.)

**In the Interest of the following Minor Child(ren):**

(Print the initials of each child.)

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

In the \_\_\_\_\_  
Court Number

☐ District Court

☐ County Court at Law of:

\_\_\_\_\_ County, Texas

## Petition in Suit Affecting the Parent-Child Relationship

My name is: \_\_\_\_\_  
First Middle Last

I am the **Petitioner**, the person asking the Court to make orders about the child or children named below.

My driver's license was issued in (state) \_\_\_\_\_. The last three numbers of my driver's license number are: \_\_\_\_\_.  
Or ☐ I do not have a driver's license.

The last three numbers of my social security number are: \_\_\_\_\_.  
Or ☐ I do not have a social security number.

I am: (Check one.)

☐ not related to the child(ren).

☐ related to the child(ren). I am the child(ren)'s: \_\_\_\_\_  
Write your relationship to the child(ren).

### 1. Discovery Level

The discovery level in this case, if needed, is Level 2.

### 2. Child(ren)

I ask the Court to make orders about the following child(ren):

	Child's name	Date of Birth	County and State where child lives now
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

### 3. Standing

The law allows me to file this case because I am: **(Check one.)**

- ☐ the mother of the child(ren).
- ☐ the “legal father” of the child(ren). An Acknowledgment of Paternity form has been signed and filed with the Vital Statistics Unit for each child. A copy of each Acknowledgment of Paternity is attached to this Petition.
- ☐ a person who has had actual care, control, and possession of the child(ren) for at least 6 months ending not more than 90 days before the date this Petition is filed with the Court. I am not a foster parent.
- ☐ a person who lived with the child(ren) and the child(ren)’s parent, guardian or managing conservator for at least 6 months ending not more than 90 days before the date this Petition is filed with the Court, and the child(ren)’s parent, guardian, or managing conservator is now dead.
- ☐ the grandparent, great-grandparent, sister, brother, aunt, uncle, niece, or nephew of the child(ren) and: **(Check the box below that applies to your case.)**
  - ☐ both parents are dead.
  - ☐ both parents, the surviving parent or managing conservator agree to me filing this case.
  - ☐ the child(ren)’s present circumstances will significantly impair (*harm*) the child(ren)’s physical health or emotional development.
- ☐ other: \_\_\_\_\_

*(Read the law about standing in Texas Family Code Sections 102.003, 102.004 and 102.006)*

**Note:** If you are the mother or biological father of the child/ren and an Acknowledgment of Paternity form has not been signed and filed for each child, you may need to file a paternity case instead of a Suit Affecting the Parent-Child Relationship (SAPCR) case. Get information about filing a paternity case at [www.TexasLawHelp.org](http://www.TexasLawHelp.org).

### 4. Jurisdiction

There are no court orders about any of the child(ren). No other Court has continuing jurisdiction over this case or the child(ren).

Texas has authority to decide this case because: **(Check one.)**

- ☐ The children live in Texas now and have lived in Texas for at least the past 6 months or since birth.
- ☐ The children do not live in Texas now, but they have been gone from Texas less than 6 months. The children had lived in Texas for at least 6 months before they moved. A parent or person acting as a parent continues to live in Texas.

**Important:** Talk to a lawyer if neither of the above applies.

**Note:** If there is already a court order about any of the children, you may need to file a modification case instead of a Suit Affecting the Parent-Child Relationship (SAPCR) case. Get information about filing a modification case at [www.TexasLawHelp.org](http://www.TexasLawHelp.org).

**Note:** There may be one or more Respondents. Read the SAPCR instructions at [www.TexasLawHelp.org](http://www.TexasLawHelp.org) for information about who must be listed as a Respondent and given legal notice of the case.

Respondent A's name is: \_\_\_\_\_  
**PRINT the full name of Respondent A.**

☐ the mother of the child(ren).

☐ the legal father of the following child(ren): \_\_\_\_\_.

☐ an alleged father of the following child(ren): \_\_\_\_\_.

☐ other: \_\_\_\_\_.

**Write Respondent A's relationship to the child(ren).**

☐ I will have a sheriff, constable, or process server give a copy of this *Petition* to Respondent A here:

If this is a work address, name of business:

☐ I think Respondent A will sign a Waiver of Service. Do not send a sheriff, constable, or process server to serve Respondent A with this Petition at this time.

☐ I cannot find this Respondent. I ask that this Respondent be served by publication.

☐ Check this box if there are no other Respondents and skip to section 6.

Respondent B's name is: \_\_\_\_\_  
**PRINT the full name of Respondent B.**

☐ the mother of the child(ren).  
☐ the legal father of the following child(ren): \_\_\_\_\_  
☐ an alleged father of the following child(ren): \_\_\_\_\_  
☐ other: \_\_\_\_\_

**Write Respondent B's relationship to the child(ren).**

☐ I will have a sheriff, constable, or process server give a copy of this Petition to Respondent B here:

If this is a work address, name of business: \_\_\_\_\_

☐ I think Respondent B will sign a Waiver of Service. Do not send a sheriff, constable, or process server to serve Respondent B with this Petition at this time.



☐ I cannot find this Respondent. I ask that this Respondent be served by publication.

**Respondent C**

☐ Check this box if there are no other Respondents and skip to section 6.

Respondent C's name is: \_\_\_\_\_

PRINT the full name of Respondent C.

Respondent C is: (Check one.)

☐ the mother of the child(ren).

☐ the legal father of the following child(ren): \_\_\_\_\_

☐ an alleged father of the following child(ren):  
\_\_\_\_\_

☐ other: \_\_\_\_\_  
Write Respondent C's relationship to the child(ren).

**Legal Notice: (Check one.)**

☐ I will have a sheriff, constable, or process server give a copy of this *Petition* to Respondent C here:

PRINT Street Address City State Zip

If this is a work address, name of business: \_\_\_\_\_

I ask the clerk to issue a Citation of Service (the form necessary to provide legal notice to my spouse by "Official Service of Process"). I understand that I will need to **pay the fee** (or file a Statement of Inability to Afford Payment of Court Costs form to show the Court that I am unable to pay the fee) and **arrange for service**.

☐ I think Respondent C will sign a Waiver of Service. Do not send a sheriff, constable, or process server to serve Respondent C with this Petition at this time.

☐ I cannot find this Respondent. I ask that this Respondent be served by publication.

**Respondent D**

☐ Check this box if there are no other Respondents and skip to page 5 section 6.

Respondent D's name is: \_\_\_\_\_

PRINT the full name of Respondent D.

Respondent D is: (Check one.)

☐ the mother of the child(ren).

☐ the legal father of the following child(ren): \_\_\_\_\_

☐ an alleged father of the following child(ren):  
\_\_\_\_\_

☐ other: \_\_\_\_\_  
Write Respondent D's relationship to the child(ren).

**Legal Notice: (Check one.)**

☐ I will have a sheriff, constable, or process server give a copy of this *Petition* to Respondent D here:

PRINT Street Address City State Zip

If this is a work address, name of business: \_\_\_\_\_

I ask the clerk to issue a Citation of Service (the form necessary to provide legal notice to my spouse by "Official Service of Process"). I understand that I will need to **pay the fee** (or file a Statement of

Inability to Afford Payment of Court Costs form to show the Court that I am unable to pay the fee) and **arrange for service**.

- ☐ I think Respondent D will sign a Waiver of Service. Do not send a sheriff, constable, or process server to serve Respondent D with this Petition at this time.
- ☐ I cannot find this Respondent. I ask that this Respondent be served by publication.

## 6. Out-of-State Respondent(s)

(Check one.)

- ☐ Everyone involved in this case lives in Texas.
- ☐ The following Respondent does not live in Texas: \_\_\_\_\_

**Note:** You must complete and attach the Exhibit: Out-of-State Party Declaration if you or a Respondent does not live in Texas.

Print the FULL name of the Out-of-State Respondent.

(Check all that apply for the Out-of-State Respondent.)

- ☐ The Respondent agrees that a Texas court can make orders in this case and will file a written response with the court.
- ☐ The children live in Texas because of the Respondent's actions.
- ☐ The Respondent has lived in Texas with the children.
- ☐ The Respondent has lived in Texas and provided prenatal expenses or support for the children.
- ☐ The Respondent had sexual intercourse in Texas, and the children may have been conceived by that act of intercourse.
- ☐ The child was born in Texas and the Respondent registered with the paternity registry maintained by the Texas Vital Statistics Unit or signed an Acknowledgment of Paternity filed with the Texas Vital Statistics Unit.
- ☐ The Respondent will be personally served with citation in Texas.

## 7. Conservatorship (Custody)

I ask the court to make conservatorship (custody) orders naming: (Check a, b, c, d, or e.)

- a. ☐ Mother and Father Joint Managing Conservators of the child(ren) with:

(If you checked a, check a-1, a-2, or a-3.)

- a-1. ☐ Father having the exclusive right to designate the primary residence of the child(ren) within the following geographic area: (Check one box below.)

☐ this county. ☐ this county or in counties adjacent to this county.  
☐ Texas. ☐ anywhere. ☐ other: \_\_\_\_\_.

- a-2. ☐ Mother having the exclusive right to designate the primary residence of the child(ren) within the following geographic area: (Check one box below.)

☐ this county. ☐ this county or county adjacent to this county.  
☐ Texas. ☐ anywhere. ☐ other: \_\_\_\_\_.

- a-3. ☐ Neither parent having the exclusive right to designate the primary residence of the children but both parents ordered not to remove the children's primary residence from the following specific geographic area: (Check one box below.)

☐ this school district: \_\_\_\_\_ ☐ this county.  
☐ this county or county adjacent to this county. ☐ other: \_\_\_\_\_.

- b. ☐ Mother Sole Managing Conservator of the child(ren).

- c. ☐ Father Sole Managing Conservator of the child(ren).
- d. ☐ \_\_\_\_\_ Nonparent Sole Managing Conservator of the child(ren).
- e. ☐ \_\_\_\_\_ and \_\_\_\_\_  
Nonparent Joint Managing Conservators of the child(ren).

**8. Child(ren)'s Passports** (Check only if applicable.)

- ☐ I ask the Court to order that I have the exclusive right to apply for and renew passports for the child(ren).

**9. Possession and Access (Visitation)**

I ask the court to make possession and access (visitation) orders as follows: (Check a, b, c, d or e.)

- a. ☐ Father should have "standard visitation." (See Texas Family Code Chapter 153, Subchapter F.)
- b. ☐ Mother should have "standard visitation." (See Texas Family Code Chapter 153, Subchapter F.)
- c. ☐ "Standard visitation" would be unworkable or inappropriate. Possession and access to the children should be as follows:

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- d. ☐ One or more of the children is under age 3. Until the child turns 3, possession should be as follows:

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After the child turns 3, possession should be as checked above.

- e. ☐ I am concerned about the safety of the children with: ☐ Father ☐ Mother

Therefore, I ask that: (If you checked e, check all that apply below.)

- e-1. ☐ exchanges of the children be supervised, or in the alternative, be in a public place
- e-2. ☐ that parent's possession of the children be limited to day visits
- e-3. ☐ that parent's possession of the children be supervised
- e-4. ☐ that parent have no right to possession or access to the children
- e-5. ☐ that parent be ordered not to use alcohol or illegal drugs 24 hours prior to or during possession of the children.
- e-6. ☐ that parent's possession and access to the children be restricted as follows:

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(Check only if applicable.)

- ☐ I am concerned that the other parent may take the child(ren) to another country and refuse to return them. I ask the Court to determine if there is a risk of international kidnapping by the other parent and to take such measures as are necessary to protect the child(ren).

## 10. Child Support and Medical Support

I ask the court to make appropriate orders for the support of the child(ren), including regular child support, medical support and dental support and, if supported by the evidence, retroactive child support.

## 11. Protective Order Statement

**Note:** You **must** provide information about any protective order or pending application for protective order involving a party in this case or a child of a party. This includes information about any: 1) family violence protective order, (2) sexual assault, sexual abuse, trafficking or stalking protective order and/or (3) emergency protective order issued after an arrest.

A "party" includes you (the Petitioner) and anyone listed as a Respondent in this Petition.

You **must also** attach to this Petition a copy of any protective order (even if it's expired) in which one party or a child of a party was the applicant or victim and another party was the respondent or defendant.

If your petition does not accurately reflect whether there is a protective order, the Court may require you to file an amended petition.

(Check the appropriate boxes. Fill in the requested information, if applicable.)

### 11A. No Protective Order

- ☐ I do not have a protective order and I have not asked for one.
- ☐ No one has a protective order against me or asked for one.

### 11B. Pending Protective Order

- ☐ I filed paperwork at the courthouse asking for a protective order, but a judge has not decided if I should get it. I asked for a protective order against \_\_\_\_\_.
- I asked for a protective order on \_\_\_\_\_ in \_\_\_\_\_ County, \_\_\_\_\_ State.
- Date Filed                      County                      State
- The cause number of the protective order case is \_\_\_\_\_.
- If I get a protective order, I will file a copy of it before any hearings in this case.
- ☐ The Respondent filed paperwork asking for a protective order, but a judge has not decided if the Respondent will get it. The Respondent asked for a protective order on \_\_\_\_\_ in \_\_\_\_\_ County, \_\_\_\_\_ State.
- County                      State
- The Respondent asked for a protective order against \_\_\_\_\_.
- The cause number of the protective order case is \_\_\_\_\_.
- If the Respondent gets a protective order, I will file a copy of it before any hearings in this case.

### 11C. Protective Order in Place

- ☐ I have a protective order. The protective order is against \_\_\_\_\_.
- I got the protective order on \_\_\_\_\_ in \_\_\_\_\_ County, \_\_\_\_\_ State.
- Date of Order                      County                      State

The cause number for the protective order is \_\_\_\_\_.  
Either I have attached a copy of the protective order to this petition or I will file a copy of it with the court before any hearings in this case.

- ☐ A Respondent in this case has a protective order.

The protective order is against \_\_\_\_\_.

The protective order was made on \_\_\_\_\_ in \_\_\_\_\_ County, \_\_\_\_\_ State.  
Date of Order County State

The cause number for the protective order is \_\_\_\_\_.

Either I have attached a copy of the protective order to this petition or I will file a copy of it with the court before any hearings in this case.

## 12. Family Information (Check only if applicable.)

- ☐ I believe the children or I will be harassed, abused, seriously harmed, or injured if I am required to give the Respondent(s) the information checked below for myself and the children: (Check the boxes below to tell the judge which information you want to be kept confidential.)

☐ home address, ☐ mailing address, ☐ employer, ☐ work address,  
☐ home phone no., ☐ work phone no. ☐ social security no., ☐ driver's license no.

I ask the Court to Order that I not have to give this information or notice of changes in this information to the Respondents. I also ask the Court to keep this information confidential.

## 13. Children's Property (Check one.)

- ☐ The children do not own any property of significant value in their own name.  
☐ The children own the following property of significant value in their own name:

\_\_\_\_\_

## 14. Health Insurance Availability for Children

The children: (Check all that apply.)

- ☐ have **private health insurance**.

Name of insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_ Cost of premium: \$ \_\_\_\_\_

Name of person who pays for insurance: \_\_\_\_\_

The insurance policy ☐ is ☐ is not available through the parent's work.

- ☐ have health insurance through **Medicaid**.

- ☐ have health insurance through **C.H.I.P.** Cost of premium (if any): \_\_\_\_\_

- ☐ **do not** have health insurance.

If the children do not have private health insurance also complete the following:

Private health insurance ☐ is ☐ is not available to Father at a reasonable cost.

Private health insurance ☐ is ☐ is not available to Mother at a reasonable cost.

## 15. Dental Insurance Availability for Children

The child(ren): (Check one.)

- ☐ have **private dental insurance**.

Name of insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_ Cost of premium: \$ \_\_\_\_\_

Name of person who pays for insurance: \_\_\_\_\_

The insurance policy ☐ is ☐ is not available through the parent's work.

☐ **do not** have dental insurance.

**If the children do not have private dental insurance also complete the following:**

Private dental insurance ☐ is ☐ is not available to Father at a reasonable cost.

Private dental insurance ☐ is ☐ is not available to Mother at a reasonable cost.

## 16. Public Benefits

The children: (Check all that apply.)

☐ have Medicaid now **or** had in the past.

☐ get TANF (Temporary Assistance for Needy Families) now **or** got it in the past.

**Note:** If your children have ever received Medicaid or TANF, you **MUST** send a copy of this Petition to the Office of the Attorney General Child Support Division. You **MUST** also sign the "Certificate of Service to the Office of the Attorney General" below.

## 17. Request for Judgment

I ask that citation and notice be issued as required by law and that the Court make the orders I have asked for in this Petition and any other orders to which I am entitled. I ask for general relief.

Respectfully,

→

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner's Name (Print)

(     )  
\_\_\_\_\_  
Phone

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Email

Address: \_\_\_\_\_

Fax (if available) \_\_\_\_\_

**Warning:** Each Respondent will get a copy of this form. If you are concerned about a Respondent learning your address, call the Hope Line at 800-374-4673(HOPE) for free advice before filing this form with the court.

**I understand that I must notify the Court and each Respondent's attorney (or the Respondent if the Respondent does not have an attorney) in writing if my mailing address or email address changes during these proceedings.** If I don't, any notices about this case will be sent to me at the mailing address or email address on this form.

## 18. Certificate of Service to the Office of the Attorney General (OAG)

Sign below **only** if your child(ren) receive (or have received) Medicaid or TANF. This tells the judge that you will deliver a copy of this Petition to the Office of the Attorney General Child Support Division as required by law. Get contact information for the Office of the Attorney General Child Support Office in the county where this case will be filed at [https://www.texasattorneygeneral.gov/apps/cs\\_locations/](https://www.texasattorneygeneral.gov/apps/cs_locations/). Bring proof of delivery with you to court.

I certify that a true copy of this Petition was served on the Office of the Attorney General Child Support Division\* in person, by certified and first-class mail, by commercial delivery service, by fax, by email, or through the electronic file manager on this date.

→

Petitioner's Signature

Date

**Note:** For Information about how to file an answer go to [www.TexasLawHelp.org](http://www.TexasLawHelp.org)

For a referral to a lawyer call your local lawyer referral service  
or the State Bar of Texas Lawyer Referral Information Service at 800-252-9690.

For information about free and low-cost legal help in your county go to  
[www.TexasLawHelp.org](http://www.TexasLawHelp.org) or call the Legal Aid office serving your area:

**Legal Aid of Northwest Texas** 888-529-5277 (serves Dallas / Fort Worth area & Northwest Texas)

**Lone Star Legal Aid** 800-733-8394 (serves Houston area & East Texas)

**Texas Rio Grande Legal Aid** 888-988-9996 (serves Austin / San Antonio area, El Paso area & South Texas)

If you have been the victim of family violence, or if at any time you feel unsafe, get help by calling the:

**National Domestic Violence Hotline** at 800-799-SAFE (7233) or

**Texas Advocacy Project Hope Line** at 800-374-HOPE (4673) or

**Advocates for Victims of Crime (AVOICE):** at 888-343-4414.

# Exhibit: Out-of-State Party Declaration

Required by Texas Family Code 152.209

**Important!** If you, the other parent, or anyone else named as a party in your case lives outside of Texas, you must:

- Fill out this form and sign it (under penalty of perjury.)
- File it in the clerk's office.
- Keep a copy for your records.

(All information must be true and correct. Print your answers.)

## 1. Personal Information

My name is \_\_\_\_\_  
First Middle Last

I am the ☐ Petitioner ☐ Respondent

I am representing myself in this case.

If you believe your health, safety, or liberty, or that of your children, would be jeopardized by disclosure of the information in this Declaration, ask the clerk's office to seal this declaration and not disclose the information to the other party or the public, until and unless the court orders the information disclosed after a hearing in which the court takes into consideration the health, safety and liberty of you and your children. This is required by Texas Family Code 152.209(e).

## 2. Children in This Case (Under 18)

**First Child's Name:** \_\_\_\_\_

Present Address: \_\_\_\_\_

Child now lives with ☐ Mother ☐ Father ☐ Other (explain): \_\_\_\_\_

When did this child start living at this address? (Month, day, year) \_\_\_\_\_

**List every address for the last 5 years. Start with the most recent.**

**1st past address:** \_\_\_\_\_

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Who did the child live with? ☐ Mother ☐ Father ☐ Other (explain): \_\_\_\_\_

What is the present address of that person or persons? \_\_\_\_\_

**2nd past address:** \_\_\_\_\_

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Who did the child live with? ☐ Mother ☐ Father ☐ Other (explain): \_\_\_\_\_

What is the present address of that person or persons? \_\_\_\_\_

**3rd past address:** \_\_\_\_\_

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Who did the child live with? ☐ Mother ☐ Father ☐ Other (explain): \_\_\_\_\_

What is the present address of that person or persons? \_\_\_\_\_



**4th past address:** \_\_\_\_\_  
\_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

Who did the child live with? ☐ Mother ☐ Father ☐ Other (explain): \_\_\_\_\_  
What is the present address of that person or persons? \_\_\_\_\_

**Second Child's Name:** \_\_\_\_\_

Present Address: \_\_\_\_\_

Child now lives with ☐ Mother ☐ Father ☐ Other (explain): \_\_\_\_\_

When did this child start living at this address? (Month, day, year) \_\_\_\_\_

**List every address for the last 5 years. Start with the most recent.**

**1st past address:** \_\_\_\_\_  
\_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

Who did the child live with? ☐ Mother ☐ Father ☐ Other (explain): \_\_\_\_\_  
What is the present address of that person or persons? \_\_\_\_\_

**2nd past address:** \_\_\_\_\_  
\_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

Who did the child live with? ☐ Mother ☐ Father ☐ Other (explain): \_\_\_\_\_  
What is the present address of that person or persons? \_\_\_\_\_

**3rd past address:** \_\_\_\_\_  
\_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

Who did the child live with? ☐ Mother ☐ Father ☐ Other (explain): \_\_\_\_\_  
What is the present address of that person or persons? \_\_\_\_\_

**4th past address:** \_\_\_\_\_  
\_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

Who did the child live with? ☐ Mother ☐ Father ☐ Other (explain): \_\_\_\_\_  
What is the present address of that person or persons? \_\_\_\_\_

**Third Child's Name:** \_\_\_\_\_

Present Address: \_\_\_\_\_

Child now lives with ☐ Mother ☐ Father ☐ Other (explain): \_\_\_\_\_

When did this child start living at this address? (Month, day, year) \_\_\_\_\_

**List every address for the last 5 years. Start with the most recent.**

**1st past address:** \_\_\_\_\_  
\_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

Who did the child live with? ☐ Mother ☐ Father ☐ Other (explain): \_\_\_\_\_

What is the present address of that person or persons? \_\_\_\_\_

**2nd past address:** \_\_\_\_\_

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Who did the child live with? ☐ Mother ☐ Father ☐ Other (explain): \_\_\_\_\_

What is the present address of that person or persons? \_\_\_\_\_

**3rd past address:** \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Who did the child live with? ☐ Mother ☐ Father ☐ Other (explain): \_\_\_\_\_

What is the present address of that person or persons? \_\_\_\_\_

**4th past address:** \_\_\_\_\_

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Who did the child live with? ☐ Mother ☐ Father ☐ Other (explain): \_\_\_\_\_

What is the present address of that person or persons? \_\_\_\_\_

**If there are more than 3 children, make a copy of this page for each child and attach it to this form.**

### 3. Other Court Cases

Have you taken part in any other court case about any of these children, in Texas or in any other state or country? ☐ Yes ☐ No

Do you know of any other court case that could affect this case, including custody, visitation, child support, civil or criminal cases for domestic violence, protective orders, termination of parental rights, adoptions, and enforcement cases? ☐ Yes ☐ No

If you answered Yes for either of the above questions, complete the following:

<u>County, State, and Country of Court Case</u>	<u>Case number</u>	<u>Type of case</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Warning:** You must tell the court if you later find out about a court case about these children, in Texas or in any other state or country.

### 4. Other People Who Claim Custody or Visitation

Do you know of any other person who has physical possession of the children or claims the right to legal or physical custody or visitation with the children? ☐ Yes ☐ No

If yes complete the following for each person.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

**Declaration In Lieu of Notarized Statement** — Texas Civil Practice and Remedies Code 132.001.  
(Do not use this declaration if in the Attorney General's Address Confidentiality Program. Use the Verification section instead, and sign this document on front of a notary.)

**Warning:** Making a false unsworn declaration is a crime. Texas Penal Code 37.02.

My name is: \_\_\_\_\_  
First Middle Last

My date of birth is \_\_\_\_\_  
Month/Day/Year

My address is: \_\_\_\_\_  
Street Address City State ZIP Country

I declare under penalty of perjury that all information in this out of state party declaration is true and correct.

Formally signed in \_\_\_\_\_ County, \_\_\_\_\_  
County State

on this date: \_\_\_\_\_

\_\_\_\_\_  
Your signature

### Verification

(You must sign in front of a notary below. This section is not necessary if you use the Declaration In Lieu of Notarized Statement above.)

I swear under oath that the facts stated in this Petition to Change the Name of an Adult are true and correct.

\_\_\_\_\_  
**Your Signature - Do NOT sign until you are in front of a notary!**

### Notary fills out below.

State of \_\_\_\_\_  
(Print name of state where this Petition is notarized)

County of \_\_\_\_\_  
(Print the name of the county where this Petition is notarized)

Sworn and subscribed before me, the undersigned notary, on this date: \_\_\_\_\_

By \_\_\_\_\_  
(Print name of person who is signing this Petition. NOT the notary's name.)

[Notary stamps here]

\_\_\_\_\_  
Notary's signature

# CIVIL CASE INFORMATION SHEET

CAUSE NUMBER (FOR CLERK USE ONLY): \_\_\_\_\_ COURT (FOR CLERK USE ONLY): \_\_\_\_\_

STYLED \_\_\_\_\_  
(e.g., John Smith v. All American Insurance Co; In re Mary Ann Jones; In the Matter of the Estate of George Jackson)

A civil case information sheet must be completed and submitted when an original petition or application is filed to initiate a new civil, family law, probate, or mental health case or when a post-judgment petition for modification or motion for enforcement is filed in a family law case. The information should be the best available at the time of filing. This sheet, approved by the Texas Judicial Council, is intended to collect information that will be used for statistical purposes only. It neither replaces nor supplements the filings or service of pleading or other documents as required by law or rule. The sheet does not constitute a discovery request, response, or supplementation, and it is not admissible at trial.

1. Contact information for person completing case information sheet:		Names of parties in case:		Person or entity completing sheet is:
Name:	Email:	Plaintiff(s)/Petitioner(s):	<input type="checkbox"/> Attorney for Plaintiff/Petitioner <input type="checkbox"/> <i>Pro Se</i> Plaintiff/Petitioner <input type="checkbox"/> Title IV-D Agency <input type="checkbox"/> Other: _____	
Address:	Telephone:	Defendant(s)/Respondent(s):		
City/State/Zip:	Fax:			
Signature:	State Bar No:			
		[Attach additional page as necessary to list all parties]		Additional Parties in Child Support Case:  Custodial Parent: _____  Non-Custodial Parent: _____  Presumed Father: _____

2. Indicate case type, or identify the most important issue in the case (select only 1):				
Civil			Family Law	
Contract	Injury or Damage	Real Property	Marriage Relationship	Post-judgment Actions (non-Title IV-D)
<i>Debt/Contract</i> <input type="checkbox"/> Consumer/DTPA <input type="checkbox"/> Debt/Contract <input type="checkbox"/> Fraud/Misrepresentation <input type="checkbox"/> Other Debt/Contract: _____  <i>Foreclosure</i> <input type="checkbox"/> Home Equity—Expedited <input type="checkbox"/> Other Foreclosure <input type="checkbox"/> Franchise <input type="checkbox"/> Insurance <input type="checkbox"/> Landlord/Tenant <input type="checkbox"/> Non-Competition <input type="checkbox"/> Partnership <input type="checkbox"/> Other Contract: _____	<input type="checkbox"/> Assault/Battery <input type="checkbox"/> Construction <input type="checkbox"/> Defamation <i>Malpractice</i> <input type="checkbox"/> Accounting <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Other Professional Liability: _____  <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Premises <i>Product Liability</i> <input type="checkbox"/> Asbestos/Silica <input type="checkbox"/> Other Product Liability List Product: _____ <input type="checkbox"/> Other Injury or Damage: _____	<input type="checkbox"/> Eminent Domain/Condemnation <input type="checkbox"/> Partition <input type="checkbox"/> Quiet Title <input type="checkbox"/> Trespass to Try Title <input type="checkbox"/> Other Property: _____  <div style="text-align: center;"><b>Related to Criminal Matters</b></div> <input type="checkbox"/> Expunction <input type="checkbox"/> Judgment Nisi <input type="checkbox"/> Non-Disclosure <input type="checkbox"/> Seizure/Forfeiture <input type="checkbox"/> Writ of Habeas Corpus—Pre-indictment <input type="checkbox"/> Other: _____	<input type="checkbox"/> Annulment <input type="checkbox"/> Declare Marriage Void <i>Divorce</i> <input type="checkbox"/> With Children <input type="checkbox"/> No Children  <div style="text-align: center;"><b>Other Family Law</b></div> <input type="checkbox"/> Enforce Foreign Judgment <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Name Change <input type="checkbox"/> Protective Order <input type="checkbox"/> Removal of Disabilities of Minority <input type="checkbox"/> Other: _____	<input type="checkbox"/> Enforcement <input type="checkbox"/> Modification—Custody <input type="checkbox"/> Modification—Other  <div style="text-align: center;"><b>Title IV-D</b></div> <input type="checkbox"/> Enforcement/Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Reciprocals (UIFSA) <input type="checkbox"/> Support Order  <div style="text-align: center;"><b>Parent-Child Relationship</b></div> <input type="checkbox"/> Adoption/Adoption with Termination <input type="checkbox"/> Child Protection <input type="checkbox"/> Child Support <input type="checkbox"/> Custody or Visitation <input type="checkbox"/> Gestational Parenting <input type="checkbox"/> Grandparent Access <input type="checkbox"/> Parentage/Paternity <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> Other Parent-Child: _____
Employment	Other Civil			
<input type="checkbox"/> Discrimination <input type="checkbox"/> Retaliation <input type="checkbox"/> Termination <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Other Employment: _____	<input type="checkbox"/> Administrative Appeal <input type="checkbox"/> Antitrust/Unfair Competition <input type="checkbox"/> Code Violations <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Intellectual Property	<input type="checkbox"/> Lawyer Discipline <input type="checkbox"/> Perpetuate Testimony <input type="checkbox"/> Securities/Stock <input type="checkbox"/> Tortious Interference <input type="checkbox"/> Other: _____		
Tax	Probate & Mental Health			
<input type="checkbox"/> Tax Appraisal <input type="checkbox"/> Tax Delinquency <input type="checkbox"/> Other Tax	<div style="display: flex; justify-content: space-between;"> <div> <i>Probate/Wills/Intestate Administration</i>  <input type="checkbox"/> Dependent Administration  <input type="checkbox"/> Independent Administration  <input type="checkbox"/> Other Estate Proceedings                             </div> <div> <input type="checkbox"/> Guardianship—Adult  <input type="checkbox"/> Guardianship—Minor  <input type="checkbox"/> Mental Health  <input type="checkbox"/> Other: _____                             </div> </div>			

3. Indicate procedure or remedy, if applicable (may select more than 1):		
<input type="checkbox"/> Appeal from Municipal or Justice Court <input type="checkbox"/> Arbitration-related <input type="checkbox"/> Attachment <input type="checkbox"/> Bill of Review <input type="checkbox"/> Certiorari <input type="checkbox"/> Class Action	<input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Interpleader <input type="checkbox"/> License <input type="checkbox"/> Mandamus <input type="checkbox"/> Post-judgment	<input type="checkbox"/> Prejudgment Remedy <input type="checkbox"/> Protective Order <input type="checkbox"/> Receiver <input type="checkbox"/> Sequestration <input type="checkbox"/> Temporary Restraining Order/Injunction <input type="checkbox"/> Turnover

# 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. TYPE OF ORDER (CHECK ALL THAT APPLY):

☐ DIVORCE/ANNULMENT WITH CHILDREN (Sec. 1,2 AND 3) ☐ DIVORCE/ANNULMENT WITHOUT CHILDREN (Sec 1 AND 2)

☐ ESTABLISHMENT OF COURT OF CONTINUING JURISDICTION (SEC 1 AND 3)  
(Court Order Establishing Paternity, Conservatorship, Child Support or Termination of Parental Rights)

☐ CHANGE IN THE NAME OF THE CHILD (SEC 1 AND 3)  
(PROVIDE PRIOR AND NEW NAME OF CHILD IN SECTION 3)

☐ TRANSFER OF COURT OR CONTINUING JURISDICTION (SEC 1,3 AND INFORMATION BELOW)

TRANSFER TO: COUNTY \_\_\_\_\_ COURT NO. \_\_\_\_\_ STATE COURT ID# \_\_\_\_\_

3a. NAME OF ATTORNEY FOR PETITIONER _____	3b. TELEPHONE NUMBER (including area code) _____
3c. CURRENT MAILING ADDRESS (STREET AND NUMBER OR P.O BOX, CITY, STATE, ZIP) _____	

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

<b>PETITIONER</b>	4. NAME (FIRST MIDDLE LAST SUFFIX) _____		5. MAIDEN LAST NAME (NAME BEFORE 1 <sup>ST</sup> MARRIAGE) _____	
	6. PLACE OF BIRTH (CITY AND STATE OR FOREIGN COUNTRY) _____		7. RACE _____	8. DATE OF BIRTH (mm/dd/yyyy) _____
	9. USUAL RESIDENCE _____ STREET NAME & NUMBER _____ CITY _____ STATE _____ ZIP _____			
<b>RESPONDENT</b>	10. NAME (FIRST MIDDLE LAST SUFFIX) _____		11. MAIDEN LAST NAME (NAME BEFORE 1 <sup>ST</sup> MARRIAGE) _____	
	12. PLACE OF BIRTH (CITY AND STATE OR FOREIGN COUNTRY) _____		13. RACE _____	14. DATE OF BIRTH (mm/dd/yyyy) _____
	15. USUAL RESIDENCE (STREET AND NUMBER CITY, STATE, ZIP) _____			
16. NUMBER OF MINOR CHILDREN _____		17. DATE OF MARRIAGE (mm/dd/yyyy) _____		18. PLACE OF MARRIAGE (CITY AND STATE OR FOREIGN COUNTRY) _____

## SECTION 3 (IF APPLICABLE) CHILDREN AFFECTED BY THIS SUIT

<b>CHILD 1</b>	19a. CHILD CURRENT NAME (FIRST MIDDLE LAST SUFFIX) _____			
	19b. DATE OF BIRTH (mm/dd/yyyy) _____	19c. SEX _____	19d. BIRTHPLACE (CITY, COUNTY AND STATE) _____	
	19e. PRIOR NAME OF CHILD (FIRST MIDDLE LAST SUFFIX) – IF APPLICABLE _____			
<b>CHILD 2</b>	20a. CHILD CURRENT NAME (FIRST MIDDLE LAST SUFFIX) _____			
	20b. DATE OF BIRTH (mm/dd/yyyy) _____	20c. SEX _____	20d. BIRTHPLACE (CITY, COUNTY AND STATE) _____	
	20e. PRIOR NAME OF CHILD (FIRST MIDDLE LAST SUFFIX) – IF APPLICABLE _____			
<b>CHILD 3</b>	21a. CHILD CURRENT NAME (FIRST MIDDLE LAST SUFFIX) _____			
	21b. DATE OF BIRTH (mm/dd/yyyy) _____	21c. SEX _____	21d. BIRTHPLACE (CITY, COUNTY AND STATE) _____	
	21e. PRIOR NAME OF CHILD (FIRST MIDDLE LAST SUFFIX) – IF APPLICABLE _____			

☐ ADDITIONAL CHILDREN LISTED ON BACK OF THE FORM.

I CERTIFY THAT THE ABOVE ORDER WAS GRANTED ON THE DATE AND PLACE AS STATED.

\_\_\_\_\_  
SIGNATURE OF THE 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 07/2017

**ADDITIONAL CHILDREN AFFECTED BY THIS SUIT FROM SECTION 3 (IF APPLICABLE)**

CHILD 4	23a. CHILD CURRENT NAME (FIRST MIDDLE LAST SUFFIX)		
	23b. DATE OF BIRTH (mm/dd/yyyy)	23c. SEX	23d. BIRTHPLACE (CITY, COUNTY AND STATE)
	23e. PRIOR NAME OF CHILD (FIRST MIDDLE LAST SUFFIX) – IF APPLICABLE		
CHILD 5	24a. CHILD CURRENT NAME (FIRST MIDDLE LAST SUFFIX)		
	24b. DATE OF BIRTH (mm/dd/yyyy)	24c. SEX	24d. BIRTHPLACE (CITY, COUNTY AND STATE)
	24e. PRIOR NAME OF CHILD (FIRST MIDDLE LAST SUFFIX) – IF APPLICABLE		
CHILD 6	25a. CHILD CURRENT NAME (FIRST MIDDLE LAST SUFFIX)		
	25b. DATE OF BIRTH (mm/dd/yyyy)	25c. SEX	25d. BIRTHPLACE (CITY, COUNTY AND STATE)
	25e. PRIOR NAME OF CHILD (FIRST MIDDLE LAST SUFFIX) – IF APPLICABLE		

**Instructions for Completing the Suit Affecting Parent Child Relationship Form****GENERAL REQUIREMENT:**

All divorces/annulments (with or without children) and all suits affecting the parent-child relationship must be reported through the clerk of the court to the State Vital Statistics Unit (VSU).

Consolidated reporting by petitioners, attorneys, and the courts is designed to make mandatory reporting more efficient, timely, and improve the quality of reporting. However, this reporting system is only as good or timely as you make it; therefore, your attention in completing and filing this report is critical.

Legal basis for this reporting is contained in Health and Safety Code §194.002 and Texas Family Code §§108.001-.002 and 108.004.

For information concerning reporting or questions about this form, contact field services at [fieldservices@dshs.texas.gov](mailto:fieldservices@dshs.texas.gov) or by phone at 512-776-3010.

**The VSU-165 form must be printed double-sided (one sheet not two).**

For information on the court of continuing jurisdiction of a child, contact VSU at (888) 963-7111 ext. 2529. Inquiries should be addressed to VSU, 1100 West 49th Street, Austin, Texas, 78756-3191; inquiries may also be faxed to (512) 776-7164 .

**SECTION 1 GENERAL INFORMATION (REQUIRED)**

This section must be completed for each report filed.

- 1a – d. Enter the required information to identify the court proceeding.
- 2. Check the type of suit being reported. This determines also which sections of the form must be completed. If more than one type of order applies, check all that apply. Transfers from one jurisdiction to another must be reported in this section (if court number is unknown, specify "unknown").
- 3a – c. Complete the attorney information to assist in questions or follow up. If case was pro se, please enter the information of the person completing this form.

**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.

- 4-9. Report the Petitioner's information including maiden name (if applicable ).
- 10-15. Report the Respondent's information, including maiden name (if applicable ).
- 16. 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.
- 17-18. Enter the date and place of the marriage being dissolved.

**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 three children are affected, check the "additional children listed on back of form" box, and continue to list the additional children. If more than 6 children complete section 3 on another form, label it "continuation" and attached the continuation form to the original form.

**NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA**

**AVISO: ESTE DOCUMENTO CONTIENE INFORMACIÓN  
CONFIDENCIAL**

## **Statement of Inability to Afford Payment of Court Costs or an Appeal Bond**

### **Declaración sobre Incapacidad de Pago de Costas de Tribunal o de una Fianza de Apelación**

**Cause Number**  
**Número de Caso**

The Clerk's office will fill in the Cause Number when you file this form.

El Secretario del Tribunal anotará el Número de Caso cuando usted presente este formulario.

\_\_\_\_\_  
v.  
\_\_\_\_\_

Copy information listed at the top left of  
the petition here.

Copie aquí la información ubicada en la  
parte superior izquierda del escrito de la  
demanda.

Copy information listed at the top right of the petition here.

Copie aquí la información ubicada en la parte superior derecha del escrito de la  
demanda.

\_\_\_\_\_  
Court Number  
Número del Tribunal

\_\_\_\_\_, Texas

County  
Condado

- ☐ District Court  
Tribunal de Distrito
- ☐ County Court  
Tribunal del Condado
- ☐ County Court at Law  
Tribunal Estatutario
- ☐ Justice Court  
Juzgado de Paz
- ☐ Probate Court  
Juzgado Sucesorio

## 1. Your Information / Su Información

- My full legal name is / Mi nombre legal completo es

\_\_\_\_\_  
First Middle Last / Nombre de Pila Segundo Nombre Apellido

- My date of birth is / Mi fecha de nacimiento es

\_\_\_\_\_  
Month Day Year / Mes Día Año

- My address is / Mi dirección es

Home / Domicilio \_\_\_\_\_

\_\_\_\_\_

Mailing / Dirección Postal \_\_\_\_\_

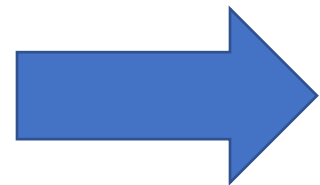
\_\_\_\_\_

- My phone number / Mi número telefónico \_\_\_\_\_

- My email I check often / Mi correo electrónico que reviso con frecuencia

\_\_\_\_\_

# Go to next page



# Pase a la siguiente página

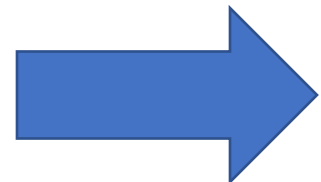


## 2. About My Dependents / Mis Dependientes

“The people who depend on me financially are listed below.” **Use initials only for children under 18.** If needed, attach a separate piece of paper to list more dependents.

“Las personas a continuación dependen económicamente de mí.” **Use iniciales para los menores de 18 años** y, si es necesario, anexe una hoja por separado para enumerar a todos sus dependientes.

Name Nombre	Age Edad	Relationship to me Parentesco Conmigo



**3. Are you represented by Legal Aid? ¿Está siendo representado por alguna entidad de asistencia legal?**

**Check only one box. Seleccione solo una casilla.**

I am being represented in this case for free by an attorney who works for a legal aid provider or who received my case through a legal aid provider. I have attached the certificate the legal aid provider gave me as “Exhibit: Legal Aid Certificate.”

Me está representando gratuitamente un abogado que trabaja para una entidad de asistencia legal o que recibió mi caso de una entidad de asistencia legal. El certificado que la entidad de asistencia legal me entregó lo adjunto bajo el título, “Anexo: Certificado de Asistencia Legal.”

or / o

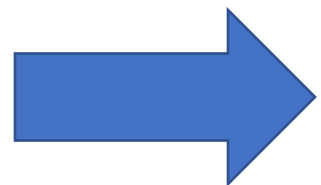
I asked legal aid to represent me. Legal aid told me that I am financially eligible for help, but they could not take my case. I have attached a document from legal aid stating this.

Pedí ayuda de la organizacion de asistencia legal para que me representara. La organizacion de asistencia legal me dijo que soy financieramente elegible para recibir ayuda, pero no pudieron aceptar mi caso. He adjuntado un documento de la organizacion de asistencia legal en el que se indica esto.

or / o

I did not apply for legal aid.

No solicité asistencia legal.



#### 4. Public Benefits / Beneficios de Asistencia Pública

- Do you or any of your dependents receive public benefits?

¿Recibe usted o sus dependientes beneficios de asistencia pública?

Yes / Si

No / No

- If you answered yes, check all that apply and attach proof to this form, such as a copy of an eligibility form or check.

Si respondió con un Sí, marque todas las casillas que apliquen y adjunte a este formulario comprobantes, tales como una copia de la carta autorizando que reciba estos beneficios o una copia del cheque que recibe.

Food stamps/SNAP  
Cupones de comida/SNAP

TANF

Medicaid

CHIP

SSI/SSDI

WIC

Lifeline

Public Housing or Section 8 Housing  
Asistencia de Vivienda / Programa de  
Vivienda bajo Sección 8

Low-Income Home Energy  
Assistance  
Asistencia con Energía  
Eléctrica

Community Care via HHS  
Ayuda Comunitaria bajo HHS

LIS in Medicare ("Extra Help")  
Subsidio Adicional de Medicare  
bajo el Programa LIS

Needs-based VA Pension  
Pensión para Veteranos de Guerra en  
función a necesidades

Child Care Assistance under  
Child Care and Development  
Block Grant  
Asistencia con Guardería bajo  
el Programa CCDBG

County Assistance, County Health  
Care, or General Assistance (GA)  
Asistencia del Condado, Asistencia  
Médica del Condado, o Asistencia  
General (GA)

Other / Otros beneficios

Other / Otros beneficios



**5. What are your monthly income sources? ¿Cuáles son sus fuentes de ingresos mensuales?**

➤ My take-home pay is \$\_\_\_\_\_ in monthly wages.

Mi pago neto es \$\_\_\_\_\_ en sueldo mensual.

➤ I work as a \_\_\_\_\_ (your job title) for \_\_\_\_\_ (your employer).

Yo trabajo como \_\_\_\_\_ (título de su puesto) para  
\_\_\_\_\_ (compañía o jefe).

These are my other income sources. Estas son mis otras fuentes de ingresos.

➤ \$\_\_\_\_\_ in unemployment / en beneficios de desempleo.

I have been unemployed since \_\_\_\_\_ (date).

He estado desempleado desde \_\_\_\_\_ (indique fecha).

➤ \$\_\_\_\_\_ in public benefits / en beneficios de Asistencia Pública.

➤ \$\_\_\_\_\_ from people in my household other than my spouse / de ingresos de otras personas en mi hogar que no son de mi cónyuge.

➤ \$\_\_\_\_\_ from retirement or pension / de jubilación o pensión.

➤ \$\_\_\_\_\_ from tips or bonus / de propinas o bonos.

➤ \$\_\_\_\_\_ from disability / de discapacidad.

➤ \$\_\_\_\_\_ from worker's comp / de compensación al trabajador.



- \$\_\_\_\_\_ from social security / de seguro social.
- \$\_\_\_\_\_ from military housing / de vivienda militar.
- \$\_\_\_\_\_ from dividends, interest, or royalties / de dividendos, intereses, o regalías.
- \$\_\_\_\_\_ from child or spousal support / de manutención de menores o manutención conyugal recibida.
- Answer only if your spouse is not your opponent. Responda tan sólo si su ccónyuge no es parte contraria en esta causa legal.

\$\_\_\_\_\_ from my spouse's income / de ingresos de mi cónyuge.

- \$\_\_\_\_\_ from other jobs/sources of income / de otros trabajos/fuentes de ingresos.

Describe / describa:

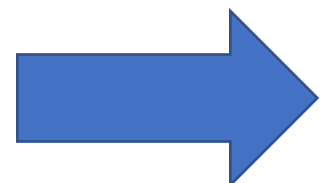
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**Total Monthly Income**  
**Ingresos Mensuales Totales**

\$



<b>6. What is the value of your assets or property? ¿Cuál es el valor de sus bienes o propiedades?</b>	
My property includes: Mis bienes incluyen:	<b>Value / Valor</b>  The value is the amount the item would sell for less the amount you still owe on it, if anything.  El valor de sus bienes es la cantidad por la que la propiedad o pertenencia se vendería, menos el monto que aún se adeuda, si lo hubiera.
➤ Cash Dinero en efectivo	\$
➤ Bank accounts, other financial assets Cuentas bancarias, otros bienes financieros	
	\$
	\$
	\$
➤ Cars and boats (make and year) Automóviles, lanchas (modelo y año)	
	\$
	\$
	\$
➤ Other property like jewelry, stocks, land, a second house. (Do not list your homestead.) Otros bienes como joyas, acciones, terrenos, una segunda casa. (No indique su hogar familiar.)	
	\$
	\$
	\$
<b>Total Value of Property</b> <b>Valor Total de Sus Bienes</b>	\$



**7. What are your monthly expenses that are not deducted from your paycheck? ¿Cuáles son sus gastos mensuales que no son descontados de su cheque de sueldo?**

My monthly expenses are: Mis gastos mensuales son:	Amount Cantidad
➤ Rent/house payments; maintenance Alquiler/hipoteca; mantenimiento de casa	\$
➤ Food and household supplies Alimentos y artículos para el hogar	\$
➤ Utilities and telephone Luz, gas, agua y teléfono	\$
➤ Clothing and laundry Ropa y lavado de ropa	\$
➤ Medical and dental expenses Gastos médicos y dentales	\$
➤ Insurance (life, health, auto, etc.) Seguros (de vida, médico, de automóvil etc.)	\$
➤ School and childcare Escuelas y guarderías	\$
➤ Transportation, auto repair, gas Transportación, reparaciones de auto-móviles, gasolina	\$
➤ Child/Spousal support Manutención a Menores/Manutención Conyugal	\$
➤ Debt payments to (list): Pagos por deudas hechas a (indíquelos):	
	\$
	\$
➤ Wages withheld by court order Sueldo retenido por orden judicial	\$
➤ Other expenses (list): Otros gastos (indíquelos):	
	\$
	\$
<b>Total Monthly Expenses</b> <b>Gastos Totales Mensuales</b>	\$



**8. Are there debts or other facts explaining your financial situation? ¿Hay deudas u otros factores que expliquen su situación económica?**

My debts include (list debt and amount owed):

Mis deudas incluyen (indique deuda y la cantidad que debe):

	\$
	\$
	\$
	\$
	\$

If you want the court to consider other facts, such as unusual medical expenses, family emergencies, etc., attach another page to this form labeled "Exhibit: Additional Supporting Facts."

Si usted desea que el tribunal considere otros factores, tales como gastos médicos excepcionales, emergencias familiares, etc., adjunte al formulario otra hoja con esta información y bajo el título, "Anexo: Información Adicional de Apoyo."

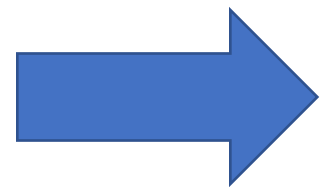
**9. Ability to Pay Court Costs. Declaración sobre su Habilidad de Pagar Costas de Tribunal**

Check only one box. Seleccione tan solo una casilla.

I cannot afford to pay court costs. No puedo pagar las costas de tribunal.

I cannot furnish an appeal bond or pay a cash deposit to appeal a justice court decision, and I cannot afford to pay court costs.

No puedo aportar una fianza de apelación ni pagar un depósito en efectivo para apelar la decisión judicial de un magistrado, y no puedo pagar costas de tribunal.

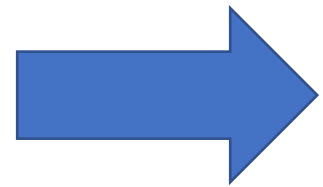




**10. Declaration/Affidavit. Declaración Escrita Bajo Juramento.**

Fill out only one box. If you fill out the Declaration (Option 1), you will not need to sign the form in front of a notary public. If you do not want to list your address for privacy or safety concerns, take the form and photo identification, and fill out the Affidavit box (Option 2) in front of a notary public.

Llene tan solo una opción. Si usted llena la Declaración (Opción 1), no necesitará firmar el formulario ante un notario. Si usted no quiere que aparezca su domicilio en el documento para conservar su privacidad o por motivos de su seguridad, lleve el formulario y una identificación con fotografía y llene la sección de la Declaración Escrita Bajo Juramento (Opción 2) ante un Notario.



## Option 1 / Opción 1

**Declaration:** I declare under penalty of perjury that the foregoing is true and correct.

**Declaración:** Yo declaro bajo pena de perjurio que la información a continuación es correcta y verdadera.

➤ My name is / Mi nombre es

---

➤ My date of birth is / Mi fecha de nacimiento es

\_\_\_\_/\_\_\_\_/\_\_\_\_

➤ My address is / Mi domicilio es

---

Street, city, zip, country

Calle y número, ciudad, estado, código postal, país

➤  
Signature  
Firma

---

➤  
Date (month, day, year)  
Fecha (mes, día, año)

---

➤  
County, state  
Condado, estado

---



## Option 2 / Opción 2

**Affidavit:** I swear under penalty of perjury that the foregoing is true and correct.

**Declaración Escrita Bajo Juramento:** Yo juro bajo pena de perjurio, que lo que precede es correcto y verdadero.

**You fill out this section. Do not sign until you are in front of a notary.**

**Usted llena esta sección. No firme hasta que esté en frente de un notary public.**

➤ \_\_\_\_\_  
Your printed name  
Su nombre en letra de molde

➤ \_\_\_\_\_  
Your signature  
Su firma

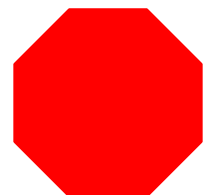
**The notary fills out this section.**

**El Notario llena esta sección.**

➤ \_\_\_\_\_  
Subscribed before me this day of  
Juramentado y suscrito ante mí el día de hoy del mes de

\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY  
NOTARIO



Cause Number: \_\_\_\_\_  
(Write the cause number and other case information exactly as it appears on the Petition.)

**In the Interest of the following Minor Child(ren):**

(Print the initials of each child.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

In the: (Check one.)

- ☐ \_\_\_\_\_ District Court  
☐ County Court at Law No. \_\_\_\_\_

\_\_\_\_\_  
County,  
Texas

## Order in Suit Affecting the Parent-Child Relationship (Nonparent Custody Order)

A hearing took place on (date): \_\_\_\_\_. A jury was waived as no one requested as jury.

### 1. Appearances

**Petitioner**

Petitioner's full name is: \_\_\_\_\_.

(Check one.)

- ☐ Petitioner **was present**, self-represented, and announced ready for trial.  
☐ Petitioner **was present**, self-represented, and agreed to the terms of this Order  
☐ Petitioner **was not present** but has signed this Order, agreeing to its terms.

**Respondent A**

Respondent A's full name is: \_\_\_\_\_.

(Check one.)

- ☐ Respondent A **was present**, self-represented, and announced ready for trial.  
☐ Respondent A **was present**, self-represented, and agreed to the terms of this Order.  
☐ Respondent A was **not present**, but filed an Answer or Waiver of Service and has signed this Order, agreeing to its terms.  
☐ Respondent A was **not present**, but filed a Global Waiver that waived their right to notice of this hearing and did not otherwise appear.  
☐ Respondent A was **not present**, but was served and has defaulted.

**Respondent B** ☐ Check this box if there is no Respondent B, and skip to section 2.

Respondent B's full name is: \_\_\_\_\_.

(Check one.)

- ☐ Respondent B **was present**, self-represented, and announced ready for trial.  
☐ Respondent B **was present**, self-represented, and agreed to the terms of this Order.  
☐ Respondent B was **not present**, but filed an Answer or Waiver of Service and signed this Order, agreeing to its terms.  
☐ Respondent B was **not present**, but filed a Global Waiver that waived their right to notice of this hearing and did not otherwise appear.  
☐ Respondent B was **not present**, but was served and has defaulted.

**Respondent C**     ☐ Check this box if there is no Respondent C, and skip to section 2.

Respondent C's full name is: \_\_\_\_\_.

(Check one.)

- ☐ Respondent C **was present**, self-represented, and announced ready for trial.
- ☐ Respondent C **was present**, self-represented, and agreed to the terms of this Order.
- ☐ Respondent C was **not present**, but filed an Answer or Waiver of Service and signed this Order, agreeing to its terms.
- ☐ Respondent C was **not present**, but filed a Global Waiver that waived their right to notice of this hearing and did not otherwise appear.
- ☐ Respondent C was **not present**, but was served and has defaulted.

**Respondent D**     ☐ Check this box if there is no Respondent D, and skip to section 2.

Respondent D's full name is: \_\_\_\_\_.

(Check one.)

- ☐ Respondent D **was present**, self-represented, and announced ready for trial.
- ☐ Respondent D **was present**, self-represented, and agreed to the terms of this Order.
- ☐ Respondent D was **not present**, but filed an Answer or Waiver of Service and signed this Order, agreeing to its terms.
- ☐ Respondent D was **not present**, but filed a Global Waiver that waived their right to notice of this hearing and did not otherwise appear.
- ☐ Respondent D was **not present**, but was served and has defaulted.

## 2. Jurisdiction

The Court, after examining the record and hearing the evidence and argument of counsel, finds that it has jurisdiction of this case and of all the parties and that no other court has continuing, exclusive jurisdiction of this case. All persons entitled to citation were properly cited.

## 3. Record (The Court fills out this section.)

- ☐ A court reporter recorded today's hearing.
- ☐ A court reporter did not record today's hearing because the parties agreed not to make a record.

## 4. Children

This case is about the following child(ren):

	Child's name	Sex	Date of Birth	Home State	Social Security No.
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

## 5. Paternity

(Check only if applicable.)

☐ The Court finds that the parent-child relationship between \_\_\_\_\_  
Print the full name of the Legal Father.  
and the child(ren) listed above has been legally established by a properly filed Acknowledgement of Paternity.  
A copy of each Acknowledgment of Paternity is attached to and fully incorporated into this Order.

(Check only if applicable.)

☐ The Court finds that the parent-child relationship between \_\_\_\_\_  
Print the full name of the Alleged Father.  
and the child(ren) listed above has **not** been legally established and he is not appointed as a conservator of the child(ren).

## 6. Parenting Plan

The Court finds that the following orders concerning the rights and duties of the parties in relation to the child(ren), including orders for conservatorship (custody), possession and access (visitation), child support and medical support, are in the child(ren)'s best interest. The Court further finds that these orders constitute the parenting plan of the Court for the child or children listed in section 4 above.

## 7. Conservatorship (Custody)

Texas Family Code Chapter 153

### 7A. Appointment of Conservators (Check only the boxes that apply to this case.)

☐ **Nonparent Appointed Sole Managing Conservator**

The Court ORDERS that \_\_\_\_\_ is  
Print Full Name of Nonparent Appointed Sole Managing Conservator  
appointed Nonparent Sole Managing Conservator of the child(ren).

☐ **Nonparents Appointed Joint Managing Conservators**

The Court ORDERS that \_\_\_\_\_ and  
Print Full Name of 1st Nonparent Appointed Joint Managing Conservator  
\_\_\_\_\_ are appointed  
Print Full Name of 2nd Nonparent Appointed Joint Managing Conservator  
Nonparent Joint Managing Conservators of the child(ren).

☐ **Mother Appointed Possessory Conservator**

The Court ORDERS that \_\_\_\_\_ is  
Print Mother's Full Name.  
appointed Possessory Conservator of the child(ren).

☐ **Father Appointed Possessory Conservator**

The Court ORDERS that \_\_\_\_\_ is  
Print Father's Full Name.  
appointed Possessory Conservator of the child(ren).

## **7B.Rights and Duties of Nonparent Managing Conservator(s)**

The Court ORDERS that the Nonparent Sole Managing Conservator or Nonparent Joint Managing Conservators named above shall have the following rights and duties:

1. the right to have physical possession and to direct the moral and religious training of the child(ren);
2. the duty of care, control, protection, and reasonable discipline of the child(ren);
3. the duty to provide the child(ren) with clothing, food, shelter, education, and medical, psychological, and dental care;
4. the right to consent for the child(ren) to medical, psychiatric, psychological, dental, and surgical treatment and to have access to the child(ren)'s medical records;
5. the right to receive and give receipt for payments for the support of the child(ren) and to hold or disburse funds for the benefit of the children;
6. except as provided by section 264.0111 of the Texas Family Code, the right to the services and earnings of the child(ren);
7. the right to consent to marriage and to enlistment in the armed forces of the United States;
8. the right to represent the child(ren) in legal action and to make other decisions of substantial legal significance concerning the child(ren);
9. except when a guardian of the child(ren)'s estates or a guardian or attorney ad litem has been appointed for the child(ren), the right to act as an agent of the child(ren) in relation to the child(ren)'s estates if the child(ren)'s action is required by a state, the United States, or a foreign government;
10. the right to designate the primary residence of the child(ren) and to make decisions regarding the child(ren)'s education;
11. if the parent-child relationship has been terminated with respect to the parents, or only living parent, or if there is no living parent, the right to consent to the adoption of the child(ren) and to make any other decision concerning the child(ren) that a parent could make;
12. the duty to inform the other conservators of the child(ren) in a timely manner of significant information concerning the health, education, and welfare of the child(ren); and
13. the duty to inform the other conservators of the child(ren) if the conservator resides with for at least thirty days, marries, or intends to marry a person who the conservator knows is registered as a sex offender under chapter 62 of the Code of Criminal Procedure or is currently charged with an offense for which on conviction the person would be required to register under that chapter. IT IS ORDERED that this information shall be given in the form of a notice made as soon as practicable, but not later than the fortieth day after the date the conservator of the child(ren) begins to reside with the person or on the tenth day after the date the marriage occurs, as appropriate. IT IS ORDERED that the notice must include a description of the offense that is the basis of the person's requirement to register as a sex offender or of the offense with which the person is charged. WARNING: A CONSERVATOR COMMITS AN OFFENSE PUNISHABLE AS A CLASS C MISDEMEANOR IF THE CONSERVATOR FAILS TO PROVIDE THIS NOTICE.
14. the duty to inform the other conservators if the conservator establishes a residence with a person who the conservator knows is the subject of a final protective order sought by an individual other than the conservator that is in effect on the date the residence with the person is established. The conservator is ORDERED to give this notice as soon as practicable but not later than the 30th day after the date the conservator establishes residence with the person who is the subject of the final protective order. WARNING: A CONSERVATOR COMMITS AN OFFENSE PUNISHABLE AS A CLASS C MISDEMEANOR IF THE CONSERVATOR FAILS TO PROVIDE THIS NOTICE.
15. the duty to inform the other conservators if the conservator resides with, or allows unsupervised access to a child by, a person who is the subject of a final protective order sought by the conservator after the expiration of the 60-day period following the date the final protective order is issued. The

conservator is ORDERED to give this notice as soon as practicable but not later than the 90th day after the date the protective order was issued. WARNING: A CONSERVATOR COMMITS AN OFFENSE PUNISHABLE AS A CLASS C MISDEMEANOR IF THE CONSERVATOR FAILS TO PROVIDE THIS NOTICE.

16. the duty to inform the other conservators if the conservator is the subject of a final protective order issued after the date of the order establishing conservatorship. The conservator is ORDERED to give this notice as soon as practicable but not later than the 30th day after the date the final protective order was issued. WARNING: A CONSERVATOR COMMITS AN OFFENSE PUNISHABLE AS A CLASS C MISDEMEANOR IF THE CONSERVATOR FAILS TO PROVIDE THIS NOTICE.

<b>Note:</b> A person who is the subject of a final protective order is the person who the protective order is against.
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## 7C. Annual Report by Nonparent Managing Conservator(s)

The Court ORDERS the Nonparent Managing Conservator or Conservators to file with the Court a report of facts concerning the children's welfare, including where the children are living and their physical condition. The report is due each 12 months after the Nonparent is appointed Managing Conservator.

## 7D. Order Regarding Passports for the Children

The Court **ORDERS** that: (Check one box.)

- ☐ The Non-Parent Sole Managing Conservator or Conservators named in this Order shall have the exclusive right to apply for, renew, and maintain passports for the child(ren).
- ☐ The Non-Parent Managing Conservator or Conservators named in this Order shall have the exclusive right to apply for and renew passports for the child(ren).
- ☐ A conservator who applies for or renews a passport for the child(ren) must obtain the written consent of the other conservators.

## 7E. Rights and Duties of Possessory Conservators

The Court ORDERS that, **at all times**, the Possessory Conservators named above shall have the following rights and duties:

1. the right to receive information from any other conservator of the child(ren) concerning the health, education, and welfare of the child(ren);
2. the right to confer with the other conservators to the extent possible before making a decision concerning the health, education, and welfare of the child(ren);
3. the right of access to medical, dental, psychological, and educational records of the child(ren);
4. the right to consult with a physician, dentist, or psychologist of the child(ren);
5. the right to consult with school officials concerning the child(ren)'s welfare and educational status, including school activities;
6. the right to attend school activities, including school lunches, performances, and field trips;
7. the right to be designated on the child(ren)'s records as a person to be notified in case of an emergency;
8. the right to consent to medical, dental, and surgical treatment during an emergency involving an immediate danger to the health and safety of the child(ren);
9. the right to manage the estates of the child(ren) to the extent the estates have been created by the parent.



10. the duty to inform the other conservators of the child(ren) in a timely manner of significant information concerning the health, education, and welfare of the child(ren);
11. the duty to inform the other conservators of the child(ren) if the conservator resides with for at least thirty days, marries, or intends to marry a person who the conservator knows is registered as a sex offender under chapter 62 of the Code of Criminal Procedure or is currently charged with an offense for which on conviction the person would be required to register under that chapter. IT IS ORDERED that this information shall be tendered in the form of a notice made as soon as practicable, but not later than the fortieth day after the date the conservator of the child(ren) begins to reside with the person or on the tenth day after the date the marriage occurs, as appropriate. IT IS ORDERED that the notice must include a description of the offense that is the basis of the person's requirement to register as a sex offender or of the offense with which the person is charged. WARNING: A CONSERVATOR COMMITS AN OFFENSE PUNISHABLE AS A CLASS C MISDEMEANOR IF THE CONSERVATOR FAILS TO PROVIDE THIS NOTICE.
12. the duty to inform the other conservators of the child(ren) if the conservator establishes a residence with a person who the conservator knows is the subject of a final protective order sought by an individual other than the conservator that is in effect on the date the residence with the person is established. The conservator is ORDERED to give this notice as soon as practicable but not later than the 30th day after the date the conservator establishes residence with the person who is the subject of the final protective order. WARNING: A CONSERVATOR COMMITS AN OFFENSE PUNISHABLE AS A CLASS C MISDEMEANOR IF THE CONSERVATOR FAILS TO PROVIDE THIS NOTICE.
13. the duty to inform the other conservators of the child(ren) if the conservator resides with, or allows unsupervised access to a child by, a person who is the subject of a final protective order sought by the conservator after the expiration of the 60-day period following the date the final protective order is issued. The conservator is ORDERED to give this notice as soon as practicable but not later than the 90th day after the date the protective order was issued. WARNING: A CONSERVATOR COMMITS AN OFFENSE PUNISHABLE AS A CLASS C MISDEMEANOR IF THE CONSERVATOR FAILS TO PROVIDE THIS NOTICE.
14. the duty to inform the other conservators of the child(ren) if the conservator is the subject of a final protective order issued after the date of the order establishing conservatorship. The conservator is ORDERED to give this notice as soon as practicable but not later than the 30th day after the date the final protective order was issued. WARNING: A CONSERVATOR COMMITS AN OFFENSE PUNISHABLE AS A CLASS C MISDEMEANOR IF THE CONSERVATOR FAILS TO PROVIDE THIS NOTICE.

<b>Note:</b> A person who is the subject of a final protective order is the person who the protective order is against.
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The Court ORDERS that, **during periods of possession**, the Possessory Conservators named above shall have the following rights and duties:

1. the duty of care, control, protection, and reasonable discipline of the child(ren);
2. the duty to support the child(ren), including providing the child(ren) with clothing, food, shelter, and medical and dental care not involving an invasive procedure;
3. the right to consent to medical and dental care for the child(ren) not involving invasive procedure; and
4. the right to direct the moral and religious training of the child(ren).

## **8. Possession and Access (Visitation)**

Texas Family Code Chapter 153

The Court **ORDERS** that the conservators shall have possession and access to the child(ren) as ordered in the Modified Possession Order which is attached to and fully incorporated into this Order.

## 9. Child Support

Texas Family Code Chapter 154

Check **9A** if Mother will pay child support.

### 9A. ☐ Mother Ordered to Pay Child Support

The Court **ORDERS** \_\_\_\_\_ (**Mother**) to pay child support  
to \_\_\_\_\_ (**Obligee**) in the amount(s) described below.  
Print Mother's Full Name.  
Print the name of the conservator who will receive child support.

If only one child will receive support, check box **9A(1)**, and fill in the child support amount and start date.

If more than one child will receive support, check box **9A(2)** and fill in the child support amounts and start date.

#### 9A(1). ☐ Child Support Amount to be Paid by Mother for a Single Child

Mother is **ORDERED** to pay \$ \_\_\_\_\_ child support per month. The 1st payment is due on \_\_\_\_\_. A like payment is due on the 1st day of each month after  
Month / Day / Year  
**until** child support terminates for the child.

#### 9A(2). ☐ Child Support Amounts to be Paid by Mother for Multiple Children

Mother is **ORDERED** to pay \$ \_\_\_\_\_ child support per month. The 1st payment is due on \_\_\_\_\_. A like payment is due on the 1st day of each month after  
Month / Day / Year  
**until** child support terminates for one child.

After child support terminates for **one** child, Mother is **ORDERED** to pay \$ \_\_\_\_\_ child support per month. The 1st payment is due on the 1st day of the 1st month after child support terminates for one child. A like payment is due on the 1st day of each month after that **until** child support terminates for a second child.

After child support terminates for **two** children, Mother is **ORDERED** to pay \$ \_\_\_\_\_ child support per month. The 1st payment is due on the 1st day of the 1st month after child support terminates for a second child. A like payment is due on the 1st day of each month after that **until** child support terminates for a third child.

After child support terminates for **three** children, Mother is **ORDERED** to pay \$ \_\_\_\_\_ child support per month. The 1st payment is due on the 1st day of the 1st month after child support terminates for a third child. A like payment is due on the 1st day of each month after that **until** child support terminates for a **fourth** child.

After child support terminates for **four** children, Mother is **ORDERED** to pay \$ \_\_\_\_\_ child support per month. The 1st payment is due on the 1st day of the 1st month after child support terminates for a fourth child. A like payment is due on the 1st day of each month after that **until** child support terminates for a **fifth** child.

Check **9B** if Father will pay child support.

**9B. ☐ Father Ordered to Pay Child Support**

The Court **ORDERS** \_\_\_\_\_ (Father) to pay child support  
to \_\_\_\_\_ (Obligee) in the amount(s) described below.  
Print the Legal Father's Full Name.  
Print the name of the conservator who will receive child support.

If only one child will receive support, check box **9B(1)**, and fill in the child support amount and start date.

If more than one child will receive support, check box **9B(2)** and fill in the child support amounts and start date.

**9B(1). ☐ Child Support Amount to be Paid by Father for a Single Child**

Father is **ORDERED** to pay \$\_\_\_\_\_ child support per month. The 1st payment is due on \_\_\_\_\_. A like payment is due on the 1st day of each month after  
Month / Day / Year  
that **until** child support terminates for the child.

**9B(2). ☐ Child Support Amounts to be Paid by Father for Multiple Children**

Father is **ORDERED** to pay \$\_\_\_\_\_ child support per month. The 1st payment is due on \_\_\_\_\_. A like payment is due on the 1st day of each month after  
Month / Day / Year  
that **until** child support terminates for one child.

After child support terminates for one child, Father is **ORDERED** to pay \$\_\_\_\_\_ child support per month. The 1st payment is due on the 1st day of the 1st month after child support terminates for one child. A like payment is due on the 1st day of each month after that **until** child support terminates for a second child.

After child support terminates for two children, Father is **ORDERED** to pay \$\_\_\_\_\_ child support per month. The 1st payment is due on the 1st day of the 1st month after child support terminates for a second child. A like payment is due on the 1st day of each month after that **until** child support terminates for a third child.

After child support terminates for three children, Father is **ORDERED** to pay \$\_\_\_\_\_ child support per month. The 1st payment is due on the 1st day of the 1st month after child support terminates for a third child. A like payment is due on the 1st day of each month after that **until** child support terminates for a fourth child.

After child support terminates for four children, Father is **ORDERED** to pay \$\_\_\_\_\_ child support per month. The 1st payment is due on the 1st day of the 1st month after child support terminates for a fourth child. A like payment is due on the 1st day of each month after that **until** child support terminates for a fifth child.

## 9C.Events that Terminate Child Support

The obligation of Father and Mother to pay child support for a child terminates when:

- The child turns 18, unless when the child turns 18 he or she is enrolled and complying with attendance requirements in a secondary school program leading toward a high school diploma or enrolled in courses for joint high school and junior college credit then child support terminates at the end of the month in which the child graduates;
- The child marries, dies, or is emancipated by court order;
- The child begins active duty in the United States armed forces;
- A court terminates the parent-child relationship between the man ordered to pay child support and the child based on genetic testing that determines the man is not the father; **or**
- The person ordered to pay child support and the person ordered to receive child support marry or remarry each other, unless a nonparent or agency has been appointed conservator.

## 9D.“Obligor” and “Obligee”

IT IS ORDERED that any parent ordered to **pay** child support will be referred to as “**Obligor**” throughout the remainder of this section.

IT IS ORDERED that the conservator ordered to **receive** child support will be referred to as “**Obligee**” throughout the remainder of this section.

## 9E. Place of Payment

The Court ORDERS each Obligor to send all child support payments to the **Texas Child Support State Disbursement Unit, PO Box 659791, San Antonio, TX 78265**, for distribution according to law.

The Court ORDERS each Obligor to Include the following information with each payment:

- Name of parent ordered to *pay* child support,
- Name of parent ordered to *receive* child support,
- Cause Number and County of Order or Order, **and**
- Attorney General Case Number, if applicable.

Payments should be made out to the Texas State Disbursement Unit or TXSDU.

**WARNING!** Do **not** pay child support directly to the managing conservator. Send all child support payments to the **Texas Child Support Disbursement Unit, PO Box 659791, San Antonio, TX 78265**. If you pay child support directly to the managing conservator you may have to pay again!

## 9F. No Credit for Informal Payments

IT IS ORDERED that money paid by an Obligor directly to Obligee or spent while in possession of the child(ren) does **NOT** count as child support and shall be deemed in addition to and not instead of the support ordered in this order.

## 9G. Child Support Account / Fees

Each conservator is ORDERED to:

- Fill out any forms necessary to set up a child support account, **and**
- Take the forms to the local Domestic Relations Office or county child support liaison within 5 days after the judge orders child support, **and**
- Pay when due all fees charged to that conservator by the state disbursement unit and any other agency authorized by law to charge a fee for the collection and distribution of child support.

## 9H. Guideline or Non-Guideline Support

The Court finds that the child support ordered paid by **Mother** above is: **(Check one.)**

- ☐ **Guideline Support:** The amount of child support is approximately the amount recommended by the Texas Family Code Child Support Guidelines. See Texas Family Code, Chapter 154, Subchapter C.
- ☐ **Non-Guideline Support:** The amount of child support differs significantly from the amount recommended by the Texas Family Code Child Support Guidelines. (If the amount ordered is not based on the guidelines, you must also provide the following information.)

The net monthly income/resources of the Mother is \$ \_\_\_\_\_.

The net monthly income/resources of the Obligee is \$ \_\_\_\_\_.

Guideline child support would be \_\_\_\_\_ % of Mother's net monthly resources, which is \$ \_\_\_\_\_ per month.

The **actual** monthly child support amount ordered is \$ \_\_\_\_\_, which is \_\_\_\_\_ % of Mother's net monthly income/resources.

Guideline child support would be unjust or inappropriate under the circumstances because:

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The Court finds that the child support ordered paid by **Father** above is: **(Check one.)**

- ☐ **Guideline Support:** The amount of child support is approximately the amount recommended by the Texas Family Code Child Support Guidelines. See Texas Family Code, Chapter 154, Subchapter C.
- ☐ **Non-Guideline Support:** The amount of child support differs significantly from the amount recommended by the Texas Family Code Child Support Guidelines. (If the amount ordered is not based on the guidelines, you must also provide the following information.)

The net monthly income/resources of the Father is \$ \_\_\_\_\_.

The net monthly income/resources of the Obligee is \$ \_\_\_\_\_.

Guideline child support would be \_\_\_\_\_ % of Father's net monthly resources, which is \$ \_\_\_\_\_ per month.

The **actual** monthly child support amount ordered is \$ \_\_\_\_\_, which is \_\_\_\_\_ % of Father's net monthly income/resources.

Guideline child support would be unjust or inappropriate under the circumstances because:

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## 9I. Income Withholding

**IT IS ORDERED** that any employer of an Obligor is ordered to withhold child support from the Obligor's disposable earnings.

If an income withholding for support order is served on Obligor's employer, the employer shall withhold child support payments from Obligor's pay, and send it to the **Texas Child Support Disbursement Unit, PO Box 659791, San Antonio, TX 78265**, where the payments shall be recorded, and forwarded to Obligee. All child support withheld and paid in accordance with this order shall be credited against Obligor's child support obligation.

If the employer withholds less than 100% of the child support ordered, Obligor is ORDERED to send the balance owed to the **Texas Child Support Disbursement Unit, PO Box 659791, San Antonio, TX 78265**.

If an income withholding for support order is not served on the employer, or if Obligor's is self-employed or unemployed, Obligor's is ORDERED to send all child support payments to the **Texas Child Support Disbursement Unit, PO Box 659791, San Antonio, TX 78265**.

IT IS ORDERED that the Clerk of this Court shall cause a certified copy of the income withholding for support order to be delivered to any employer of Obligor, if asked to do so by Obligor, Obligee, a prosecuting attorney, the title IV-D agency, a friend of the Court, or a domestic relations office.

## 9J. Suspension of Income Withholding

Check here if all parties agree not to have the employer withhold child support payments at this time.

☐ The parties agree, and the Court ORDERS that an income withholding for support order shall not be served on the employer **unless**: 1) child support payments are more than 30 days late, 2) the past due amount is the same or more than the monthly child support amount, 3) another violation of this child support order occurs or 4) the Office of the Attorney General Child Support Division is providing services to Obligee. Obligor is ORDERED to send all child support payments to the **Texas Child Support Disbursement Unit, PO Box 659791, San Antonio, TX 78265**, where the payment will be recorded, and forwarded to Obligee.

## 9K. Change of Employment

Obligor is ORDERED to notify this Court and Obligee by U.S. certified mail, return receipt requested, of any change of address and of any termination of employment. This notice shall be given no later than **7 days** after the change of address or the termination of employment. This notice or a subsequent notice shall also provide the current address of Obligor and the name and address of Obligor's current employer, whenever that information becomes available.

## 9L. Child Support After Death

IT IS ORDERED that the provisions for child support in this order shall be an obligation of Obligor's estate and shall not terminate on his/her death. Payments received for the benefit of the child(ren), including payments from the Social Security Administration, Department of Veterans Affairs, or other governmental agency or life insurance proceeds, annuity payments, trust distributions, or retirement survivor benefits, shall be a credit against this obligation. Any remaining balance of the child support is an obligation of Obligor's estate.

## 9M. Life Insurance Policy

Check here if Mother will maintain a life insurance policy for as long as child support is ordered.

☐ As additional child support, \_\_\_\_\_ (**Mother**) is ORDERED to obtain  
Print Mother's Full Name.

and maintain a life insurance policy on her life for as long as child support is ordered. The value of the policy shall be at least as much as the total child support obligation. The person receiving child support under this order must be named as the primary beneficiary for the benefit of the child(ren).

Check here if Father will maintain a life insurance policy for as long as child support is ordered.

☐ As additional child support, \_\_\_\_\_ (**Father**) is ORDERED to obtain  
Print the Legal Father's Full Name.

and maintain a life insurance policy on his life for as long as child support is ordered. The value of the policy shall be at least as much as the total child support obligation. The person receiving child support under this order must be named as the primary beneficiary for the benefit of the child(ren).

### NOTICE REGARDING MODIFYING (CHANGING) THIS CHILD SUPPORT ORDER

The court may modify this order that provides for the support of a child if:

- (1) The circumstances of the child or a person affected by the order have materially or substantially changed; or
- (2) It has been three years since the order was rendered or last modified and the monthly amount of the child support award under the order differs by either 20 percent or \$100 from the amount that would be awarded in accordance with the child support guidelines.

## 10. Medical and Dental Support

### 10A. Duty to Provide Medical and Dental Support

As additional child support, the Court **ORDERS** the conservators to provide medical and dental support as set out in this order for each child until one of the following ***events that terminate medical and dental support*** occurs for the child.

### 10B. Events that Terminate Medical and Dental Support

The obligation to provide medical and dental support for a child terminates when:

- The child turns 18, unless when the child turns 18 he or she is enrolled and complying with attendance requirements in a secondary school program leading toward a high school diploma or enrolled in courses for joint high school and junior college credit then child support terminates at the end of the month in which the child graduates;
- The child marries, dies, or is emancipated by court order;
- The child begins active duty in the United States armed forces;
- A court terminates the parent-child relationship between the man ordered to pay child support and the child based on genetic testing that determines the man is not the child's father; **or**
- The person ordered to pay child support and the person ordered to receive child support marry or remarry each other, unless a nonparent or agency has been appointed conservator of the child.

### 10C. Definitions

**"Child(ren)"** means all children, whether one or more, listed in Section 4 of this Order.

**"Obligor"** means the conservator ordered to pay child support.

**“Obligee”** means the conservator ordered to receive child support.

**“Health insurance”** means insurance coverage that provides basic health-care services, including usual physician services, office visits, hospitalization, and laboratory, X-ray, and emergency services, that may be provided through a health maintenance organization or other private or public organization, other than medical assistance under chapter 32 of the Texas Human Resources Code.

**“Dental insurance”** means insurance coverage that provides preventive dental care and other dental services, including usual dentist services, office visits, examinations, X-rays, and emergency services, that may be provided through a single service health maintenance organization or other private or public organization.

**“Health-care expenses”** include, without limitation, medical, surgical, prescription drug, mental health-care services, dental, eye care, ophthalmological, and orthodontic charges but do not include expenses for travel to and from the provider or for nonprescription medication.

**“Health-care expenses that are not reimbursed by insurance”** (also called “unreimbursed expenses”) include related copayments and deductibles.

**“Furnish”** means—

- to hand deliver the document by a person eighteen years of age or older either to the recipient or to a person who is eighteen years of age or older and permanently resides with the recipient; **or**
- to deliver the document to the recipient by first-class mail or by certified mail, return receipt requested, to the recipient’s last known mailing or residence address; **or**
- to deliver the document to the recipient at the recipient’s last known mailing or residence address using any person or entity whose principal business is that of a courier or deliverer of papers or documents either within or outside the United States; **or**
- to deliver the document to the recipient at the recipient’s email address if an email address for the recipient is provided below: **(Check and print email address(s) if delivery by email is OK.)**

☐ Obligee’s email address: \_\_\_\_\_

☐ Obligor’s email address: \_\_\_\_\_

In the event of any change in either recipient’s email address, that recipient is ORDERED to notify the other recipient of such change in writing within twenty-four hours after the change.

#### **10D. Court Findings about Health Insurance**

**Note:** Texas law says that health insurance is available at a **“reasonable cost”** if the total cost of health insurance coverage for all children for which the Obligor is responsible under a medical support order is not more than **9 percent** of the Obligor’s annual resources. See Texas Family Code 154.181(e).

The Court finds that private health insurance for the child(ren): **(Check one.)**

- ☐ **is not** available at a reasonable cost to any conservator. The Court finds that the children are:

**(Check one.)**

☐ currently covered by **Medicaid**.

☐ currently covered by **C.H.I.P.** at this cost: \$ \_\_\_\_\_.

☐ not currently covered by **Medicaid** or **C.H.I.P.**

- ☐ **is** available at a reasonable cost to the person ordered to pay child support through:

**(Check one.)**

☐ **Father’s** work, membership in a union, trade association, or other organization, or other source available to Father.

☐ **Mother’s** work, membership in a union, trade association, or other organization, or other source available to Mother.



### 10E. Orders about Health Insurance / Medical Support

The Court makes the following orders about health insurance / medical support for the child(ren).

Check box **10E(1)** if the **Obligor** will provide and pay for health insurance for the children.

Check box **10E(2)** if the **Obligee** will provide health insurance for the children and the **Obligor** will pay cash medical support to reimburse the Obligee for the cost of the insurance.

Check box **10E(3)** if no conservator has access to private health insurance at a reasonable cost. **Obligee** will be ordered to apply for coverage under a government medical assistance program and **Obligor** will be ordered to pay cash medical support.

**Note:** The **Obligor** is the conservator ordered to pay child support. The **Obligee** is the conservator who will receive child support.

#### 10E(1) ☐ Obligor to Provide and Pay for Health Insurance

As additional child support, the Court ORDERS **Obligor**, \_\_\_\_\_,  
(Print name of conservator ordered to pay child support)  
to obtain health insurance for the child(ren) within 15 days of the date of this order.

Obligor is ORDERED to then maintain health insurance for each child until one of the above “events that terminate medical and dental support” occurs for the child.

If health insurance for the child(ren) terminates or lapses, Obligor is ORDERED to enroll the child(ren) in a health insurance plan at the next available enrollment period.

#### 10E(2) ☐ Obligee to Provide Health Insurance / Obligor to Pay Cash Medical Support

As additional child support, the Court ORDERS **Obligee**, \_\_\_\_\_,  
(Name of conservator who will receive child support)  
to obtain health insurance for the child(ren) within 15 days of the date of this order.

Obligee is ORDERED to then maintain health insurance for each child until one of the above “events that terminate medical and dental support” occurs for the child.

If health insurance for the child(ren) terminates or lapses, Obligee is ORDERED to enroll the child(ren) in a health insurance plan at the next available enrollment period.

As additional child support, the Court ORDERS **Obligor**, \_\_\_\_\_,  
(Print name of conservator ordered to pay child support)

to pay Obligee **cash medical support** of \$ \_\_\_\_\_ per month for **reimbursement** of health insurance premiums. The 1st payment is due on \_\_\_\_\_. A like payment is  
Month / Day / Year  
due on the 1st day of each month after that until one of the above “events that terminate medical and dental support” occurs for each child.

The Court ORDERS Obligor to send all cash medical support payments to the **Texas Child Support Disbursement Unit, PO Box 659791, San Antonio, TX 78265** for distribution according to law.

The Income Withholding Order for Support authorized in this order shall include the cash medical support payments. Additional payment options are found on the Office of the Attorney General's website at [www.texasattorneygeneral.gov/cs/payment-options-and-types](http://www.texasattorneygeneral.gov/cs/payment-options-and-types).

The Court ORDERS Obligor to Include the following information with each payment:

- Obligor's name

- Obligee's name
- Cause Number and County of Order or Order
- Attorney General Case Number (if applicable)

Payments should be made out to the Texas State Disbursement Unit or TXSDU.

The Court ORDERS that the cash medical support provisions of this order shall be an obligation of the estate of Obligor and shall not terminate on Obligor's death.

**Warning!** Do not pay cash medical support directly to the other conservator. Send all payments to the **Texas Child Support Disbursement Unit, PO Box 659791, San Antonio, TX 78265.**

**10E(3) ☐ Obligee to Apply for Coverage under a Government Medical Assistance Program or Health Plan / Obligor to Pay Cash Medical Support**

The Court ORDERS Obligee, \_\_\_\_\_, to apply on behalf of  
(Print name of conservator who will receive child support)

each child for coverage under a governmental medical assistance program or health plan (i.e. Medicaid or C.H.I.P) **within 15** days of the date this Order or order is signed by the Court. If the children are already covered under such a program or plan, the Court ORDERS Obligee to continue such coverage.

When such health coverage is obtained, Obligee is ORDERED to maintain the coverage in full force and effect on each child by paying all applicable fees required for the coverage, including but not limited to enrollment fees and premiums for as long as the children are eligible for such coverage.

As additional child support, the Court ORDERS Obligor, \_\_\_\_\_,  
(Name of conservator ordered to pay child support)

to pay Obligee **cash medical support** of \$ \_\_\_\_\_ per month. The 1st payment is due on \_\_\_\_\_. A like payment is due on the 1st day of each month after that until  
Month / Day / Year

one of the above "events that terminate medical and dental support" occurs for each child.

The Court ORDERS Obligor to send all cash medical support payments to the **Texas Child Support Disbursement Unit, PO Box 659791, San Antonio, TX 78265** for distribution according to law.

The Income Withholding Order for Support authorized in this order shall include the cash medical support payments. Additional payment options are found on the Office of the Attorney General's website at [www.texasattorneygeneral.gov/cs/payment-options-and-types](http://www.texasattorneygeneral.gov/cs/payment-options-and-types).

The Court ORDERS Obligor to Include the following information with each payment:

- Obligor's name and Obligee's name
- Cause Number and County of Order or Order
- Attorney General Case Number (if applicable)

Payments should be made out to the Texas State Disbursement Unit or TXSDU.

**Warning!** Do not pay cash medical support directly to the other conservator. Send all payments to the **Texas Child Support Disbursement Unit, PO Box 659791, San Antonio, TX 78265.**

The Court ORDERS that Obligor is allowed to **stop paying cash medical support**, for the time Obligor is providing health insurance coverage for the children, **if**:

- health insurance for the children becomes available to Obligor at a reasonable cost;
- Obligor enrolls the child(ren) in the insurance plan and pays all costs of the insurance; and
- Obligor provides Obligee and the Texas Office of the Attorney General Child Support Division the following information:

- (1) proof that health insurance has been provided for the child(ren);
- (2) Obligor's social security number;
- (3) name and address of the Obligor's employer;
- (4) whether the employer is self-insured or has health insurance available; *and*
  - (4i) if the employer is self-insured, a copy of the schedule of benefits, a membership card, claim forms, and any other information necessary to submit a claim; *or*
  - (4ii) if the employer has health insurance available, the name of the health insurance carrier, the policy number, a copy of the policy and schedule of benefits, a health insurance membership card, claim forms, and any other information necessary to submit a claim.

**Note:** This provision regarding when the Obligor may stop paying cash medical support is part of section **10E3**. It does not apply to any other section.

## 10F. Court Findings about Dental Insurance

**Note:** Texas Law says that dental insurance is available at a “reasonable cost” if the total cost of dental insurance coverage for all children for which the Obligor is responsible under a dental support order is not more than **1.5 percent** of the Obligor's annual resources. See Texas Family Code 154.1815.

The Court finds that dental insurance for the children: **(Check one.)**

- ☐ **is not** available at a reasonable cost to any conservator.
- ☐ **is** available at a reasonable cost to the person ordered to pay child support (**Obligor**) through:  
(Check one.)
- ☐ \_\_\_\_\_'s work, membership in a union, trade association, or other organization, or other source available to that conservator.
- ☐ \_\_\_\_\_'s work, membership in a union, trade association, or other organization, or other source available to that conservator.

## 10G. Orders about Dental Insurance / Dental Support

**(Check one.)**

- ☐ No orders about dental insurance/dental support are made at this time because no conservator has access to dental insurance at a reasonable cost.
- ☐ The Court makes the following orders about dental insurance / dental support for the child(ren):

Check box **10G(1)** if the **Obligor** will provide and pay for dental insurance for the children.

Check box **10G(2)** if the **Obligee** will provide dental insurance for the children and the **Obligor** will pay cash dental support to reimburse the Obligee for the cost of the insurance.

**Note:** The **Obligor** is the conservator ordered in this Order to pay child support and the **Obligee** is the conservator who will receive child support.

### 10G(1) ☐ Obligor to Provide and Pay for Dental Insurance

As additional child support, the Court ORDERS **Obligor**, \_\_\_\_\_,  
(Name of conservator ordered to pay child support)

to get dental insurance for the child(ren) within 15 days of the date of this order.

Obligor is ORDERED to then maintain dental insurance for each child until one of the above “events that terminate medical and dental support” occurs for the child.

If dental insurance for the child(ren) terminates or lapses, Obligor is ORDERED to enroll the child(ren) in a dental insurance plan at the next available enrollment period.

**10G(2) ☐ Obligee to Provide Dental Insurance / Obligor to Reimburse Cost**

As additional child support, the Court ORDERS **Obligee**, \_\_\_\_\_,  
(Name of conservator ordered to pay child support)

to get dental insurance for the child(ren) within 15 days of the date of this order.

Obligee is ORDERED to then maintain dental insurance for each child until one of the above “events that terminate medical and dental support” occurs for the child.

If dental insurance for the child(ren) terminates or lapses, Obligee is ORDERED to enroll the child(ren) in a dental insurance plan at the next available enrollment period.

As additional child support, the Court ORDERS **Obligor**, \_\_\_\_\_,  
(Name of conservator ordered to pay child support)

to pay Obligee **cash dental support** of \$ \_\_\_\_\_ per month for **reimbursement** of dental insurance premiums. The 1st payment is due on \_\_\_\_\_. A like payment is

Month / Day / Year

due on the 1st day of each month after that until one of the above “events that terminate medical and dental support” occurs for each child.

The Court ORDERS Obligor to send all cash dental support payments to the **Texas Child Support Disbursement Unit, PO Box 659791, San Antonio, TX 78265** for distribution according to law.

The Income Withholding Order for Support authorized in this order shall include the cash dental support payments. Additional payment options are found on the Office of the Attorney General's website at [www.texasattorneygeneral.gov/cs/payment-options-and-types](http://www.texasattorneygeneral.gov/cs/payment-options-and-types).

The Court ORDERS Obligor to Include the following information with each payment:

- Obligor's name
- Obligee's name
- Cause Number and County of Order or Order
- Attorney General Case Number (if applicable)

Payments should be made out to the Texas State Disbursement Unit or TXSDU.

The Court ORDERS that the cash dental support provisions of this order shall be an obligation of the estate of Obligor and shall not terminate on Obligor's death.

**10H. Conservator to Furnish Information about Health Insurance**

The Conservator providing health insurance for the child(ren) (called the “Insuring Conservator” throughout this section) is also ORDERED to furnish to each conservator the following information **within 30 days** of the date the Insuring Conservator receives notice of this order:

- Insuring Conservator's social security number;
- the name and address of Insuring Conservator's employer;
- proof that health insurance has been provided for each child;
- whether Insuring Conservator's employer is self-insured or has health insurance available;
- if Insuring Conservator's employer has health insurance available:
  - the name of the insurance carrier and the policy number;
  - a copy of the policy and a schedule of benefits;
  - a health insurance membership card;
  - claim forms and any other information necessary to submit a claim; and
- if Insuring Conservator's employer is self-insured:
  - a copy of the schedule of benefits;
  - a membership card;

- claim forms and any other information necessary to submit a claim.

Insuring Conservator is ORDERED to furnish to each conservator a copy of any renewals or changes to the health insurance policy covering the child(ren) and any additional information regarding health insurance coverage of the child(ren) **within 15 days** of receipt.

An Obligor ordered to provide health insurance coverage, is ORDERED to notify each conservator and any child support agency enforcing a support obligation against the Obligor of the:

- termination or lapse of the health insurance coverage of the child(ren) **within 15 days** of the date of termination or lapse.
- availability of additional health insurance for the child(ren) **within 15 days** of the date the additional health insurance becomes available.

If health insurance coverage terminates due to a change of employer, the Obligor, Obligee or the child support agency may send the new employer a copy of the order requiring the employee to provide health insurance.

## **10I. Conservator to Furnish Information about Dental Insurance**

The Conservator providing dental insurance for the child(ren) (called the “Insuring Conservator” throughout this section) is ORDERED to furnish to each conservator the following information **within 30 days** of the date the Insuring Conservator receives notice of this order:

- Insuring Conservator’s social security number;
- the name and address of Insuring Conservator’s employer;
- proof that dental insurance has been provided for each child;
- whether Insuring Conservator’s employer is self-insured or has dental insurance available;
- if Insuring Conservator’s employer has dental insurance available:
  - the name of the insurance carrier,
  - the policy number;
  - a copy of the policy and a schedule of benefits;
  - a dental insurance membership card;
  - claim forms; and
  - any other information necessary to submit a claim; and
- if Insuring Conservator’s employer is self-insured:
  - a copy of the schedule of benefits;
  - a membership card;
  - claim forms; and
  - any other information necessary to submit a claim.

Insuring Conservator is ORDERED to furnish to each conservator a copy of any renewals or changes to the dental insurance policy covering the child(ren) and any additional information regarding dental insurance coverage of the child(ren) **within 15 days** of receipt.

An Obligor ordered to provide dental insurance coverage, is ORDERED to notify each conservator and any child support agency enforcing a support obligation against the Obligor of the:

- termination or lapse of the dental insurance coverage of the child(ren) **within 15 days** of the date of termination or lapse.
- availability of additional dental insurance for the child(ren) **within 15 days** of the date the additional dental insurance becomes available.

If dental insurance coverage terminates due to a change of employer, then the Obligor, Obligee, or the child support agency may send the new employer a copy of the order requiring the employee to provide dental insurance.

## 10J. Order for Insurer to Enroll Child(ren)

If the Conservator ordered to provide health insurance for the child(ren) is eligible for dependent health coverage but fails to apply to obtain coverage for the child(ren), the insurer is ORDERED to enroll the child(ren) on application of the other Conservator or others as authorized by law. See Texas Insurance Code, 1504.051

If the Conservator ordered to provide dental insurance for the child(ren) is eligible for dependent dental coverage but fails to apply to obtain coverage for the child(ren), the insurer is ORDERED to enroll the child(ren) on application of the other Conservator or others as authorized by law. See Texas Insurance Code, 1504.051

## 10K. Expenses Not Covered by Insurance

Obligor and Obligee are each ORDERED to pay **50 percent** of all reasonable and necessary health-care expenses for the child(ren) that are not covered by health insurance, unless:

- the Conservator ordered to provide health insurance is not providing health insurance as ordered, then that Conservator is liable for **100 percent** of all necessary medical expenses of the child(ren) and for the costs of health insurance premiums or contributions, if any, paid on behalf of the child(ren).
- the Conservator ordered to provide dental insurance is not providing dental insurance as ordered, then that Conservator is liable for **100 percent** of all necessary dental expenses of the child(ren) and for the costs of dental insurance premiums or contributions, if any, paid on behalf of the child(ren).

If **10E(3)** above is checked, Obligee is ORDERED to pay **50 percent** of all reasonable and necessary health-care expenses for the child(ren) that are not reimbursed by health insurance or covered by the cash medical support paid by Obligor and Obligor is ORDERED to pay **50 percent** of the total unreimbursed health-care expenses that exceed the amount of cash medical support paid by Obligor. Obligor is liable for **100 percent** of all necessary medical expenses incurred for the child(ren) in any month that Obligor neither pays cash medical support nor provides health insurance for the child(ren).

The Conservator who incurs a health-care expense on behalf of a child (called the “incurring Conservator”) is ORDERED to give the other Conservator (called the “nonincurring Conservator”) a copy of all forms, receipts, bills, statements, and explanations of benefits that show the portion of the expense not covered by insurance **within 30 days** of receipt. The nonincurring Conservator is ORDERED to pay their percentage of any uninsured expense **within 30 days** of receiving documentation of the expense by paying the health-care provider directly **or** reimbursing the incurring Conservator, if the nonincurring Conservator’s portion has already been paid.

## 10L. Claims

Either Conservator may file claims and receive payments directly from the insurance carrier. Further, for the sole purpose of Texas Insurance Code Sections 1204.251 and 1204.252, the party who is not carrying the insurance policy is designated the managing conservator or possessory conservator of the children. Any reimbursement payments received from the health insurance carrier belongs to the Conservator who paid the expense. If the insurance carrier sends reimbursement to the Conservator who did not pay the expense, they are ORDERED to endorse the check and deliver it to the Conservator who paid the expense **with 3 days**.

## 10M. Health Insurance Policy Requirements

Each conservator is ORDERED to follow all requirements of any health insurance policy covering the child(ren) to get maximum reimbursement and direct payment from the insurance company. This includes requirements for giving advance notice to the insurance company, getting second opinions, **and** using “preferred providers.” If a Conservator incurs health-care expenses for the child(ren) using “out-of-network” health-care providers or services, or fails to follow the health insurance company procedures or requirements, that Conservator shall pay all such health-care expenses incurred unless: the expenses are emergency health-care expenses, the Conservators have a written agreement regarding such health-care expenses, **or** the Court makes a different order. Denial of a bill by an insurance carrier does not excuse the obligation of the Conservators to pay the expense.

## 10N. WARNING

A CONSERVATOR ORDERED TO PROVIDE HEALTH INSURANCE OR DENTAL INSURANCE OR TO PAY THE OTHER CONSERVATOR ADDITIONAL CHILD SUPPORT FOR THE COST OF HEALTH INSURANCE OR DENTAL INSURANCE WHO FAILS TO DO SO IS LIABLE FOR NECESSARY MEDICAL EXPENSES OR DENTAL EXPENSES OF THE CHILD(REN), WITHOUT REGARD TO WHETHER THE EXPENSES WOULD HAVE BEEN PAID IF HEALTH INSURANCE OR DENTAL INSURANCE HAD BEEN PROVIDED, AND FOR THE COST OF HEALTH INSURANCE PREMIUMS, DENTAL INSURANCE PREMIUMS, OR CONTRIBUTIONS, IF ANY, PAID ON BEHALF OF THE CHILD(REN).

## 11. Conservator's Information

Texas Family Code Sections 105.006 and 105.007

### 11A. Disclosure of Mother's Information (Check one.)

- ☐ The Court ORDERS Mother to disclose the following information and changes in that information to the other conservators, the Court and the State Case Registry. (Fill in Mother's information.)

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

FULL Social Security no.: \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_

Driver's License no.: \_\_\_\_\_ Issuing state: \_\_\_\_\_

Employer: \_\_\_\_\_

Work address: \_\_\_\_\_

- ☐ The Court finds that disclosure of Mother's information to the other conservators is likely to cause Mother or the children harassment, abuse, serious harm or injury or would subject Mother or the children to family violence. The Court ORDERS that Mother's address and other identifying information not be disclosed. The Court further ORDERS that Mother is **not** required to give her address or other identifying information to the other conservators or notify the other conservators or the Court of changes in that information. The Court ORDERS Mother to provide her mailing address and changes in her mailing address to the State Case Registry, Contract Services Section, MC046S, P.O. Box 12017, Austin, Texas 78711-2017.

### 11B. Disclosure of Father's Information (Check one.)

- ☐ The Court ORDERS Father to disclose the following information and changes in that information to the other conservators, the Court and the State Case Registry. (Fill in Father's information.)

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

FULL Social Security no.: \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_

Driver's License no.: \_\_\_\_\_ Issuing state: \_\_\_\_\_

Employer: \_\_\_\_\_

Work address: \_\_\_\_\_

- ☐ The Court finds that disclosure of Father's information to the other conservators is likely to cause Father or the children harassment, abuse, serious harm or injury or would subject Father or the children to family violence. The Court ORDERS that Father's address and other identifying information **not** be disclosed.

The Court further ORDERS that Father is **not** required to give his address or other identifying information to the other conservators or notify the other conservators or the Court of changes in that information. The Court ORDERS Father to provide his mailing address and changes in his mailing address to the State Case Registry, Contract Services Section, MC046S, P.O. Box 12017, Austin, Texas 78711-2017.

**11C. Disclosure of Nonparent Managing Conservator's Information (Check one.)**

- ☐ The Court ORDERS the nonparent managing conservator named below to disclose the following information and changes in that information to the other conservators, the Court and the State Case Registry. (Fill in the following information for the nonparent managing conservator.)

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

FULL Social Security no.: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Driver's License no.: \_\_\_\_\_ Issuing state: \_\_\_\_\_

Employer: \_\_\_\_\_

Work address: \_\_\_\_\_

- ☐ The Court finds that disclosure of the nonparent managing conservator's information to the other conservators is likely to cause the nonparent managing conservator or the children harassment, abuse, serious harm or injury, or family violence. The Court ORDERS that the nonparent managing conservator's address and other identifying information not be disclosed. The Court further ORDERS that the nonparent managing conservator is **not** required to give their address or other identifying information to the other conservators or notify the other conservators or the Court of changes in that information. The Court ORDERS the nonparent managing conservator to provide their mailing address and changes in their mailing address to the State Case Registry, Contract Services Section, MC046S, P.O. Box 12017, Austin, Texas 78711-2017.

**11D. Disclosure of Nonparent Managing Conservator's Information (Check one.)**

- ☐ The Court ORDERS the nonparent managing conservator named below to disclose the following information and changes in that information to the other conservators, the Court, and the State Case Registry. (Fill in the following information for a second nonparent managing conservator.)

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

FULL Social Security no.: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Driver's License no.: \_\_\_\_\_ Issuing state: \_\_\_\_\_

Employer: \_\_\_\_\_

Work address: \_\_\_\_\_

- ☐ The Court finds that disclosure of the nonparent managing conservator's information to the other conservators is likely to cause the nonparent managing conservator or the children harassment, abuse, serious harm or injury, or family violence. The Court ORDERS that the nonparent managing conservator's address and other identifying information not be disclosed. The Court further ORDERS that the nonparent managing conservator is **not** required to give their address or other identifying information to the other conservators or notify the other conservators or the Court of changes in that information. The Court



ORDERS the nonparent managing conservator to provide their mailing address and changes in their mailing address to the State Case Registry, Contract Services Section, MC046S, P.O. Box 12017, Austin, Texas 78711-2017.

## 12. Required Notice

**This section is not applicable if and to the extent it conflicts with the Court's Order regarding disclosure of information in section 11 above.**

EACH PERSON WHO IS A PARTY TO THIS ORDER IS ORDERED TO NOTIFY EVERY OTHER PARTY, THE COURT, AND THE STATE CHILD SUPPORT REGISTRY OF ANY CHANGE IN THE PARTY'S:

- CURRENT RESIDENCE ADDRESS,
- MAILING ADDRESS,
- E-MAIL ADDRESS,
- HOME TELEPHONE NUMBER,
- NAME OF EMPLOYER,
- ADDRESS OF EMPLOYMENT,
- DRIVER'S LICENSE NUMBER, AND
- WORK TELEPHONE NUMBER.

THE PARTY IS ORDERED TO GIVE NOTICE OF AN INTENDED CHANGE IN ANY OF THE REQUIRED INFORMATION TO THE OTHER PARTY, THE COURT, AND THE STATE CASE REGISTRY ON OR BEFORE THE 60TH DAY BEFORE THE INTENDED CHANGE. IF THE PARTY DOES NOT KNOW OR COULD NOT HAVE KNOWN OF THE CHANGE IN SUFFICIENT TIME TO GIVE NOTICE OF THE CHANGE TO PROVIDE 60-DAYS NOTICE, THE PARTY IS ORDERED TO GIVE NOTICE OF THE CHANGE ON OR BEFORE THE 5TH DAY AFTER THE DATE THAT THE PARTY KNOWS OF THE CHANGE.

THE DUTY TO FURNISH THIS INFORMATION TO EVERY OTHER PARTY, THE COURT, AND THE STATE CASE REGISTRY CONTINUES AS LONG AS ANY PERSON, BY VIRTUE OF THIS ORDER, IS UNDER AN OBLIGATION TO PAY CHILD SUPPORT OR ENTITLED TO POSSESSION OF OR ACCESS TO A CHILD.

FAILURE BY A PARTY TO OBEY THE ORDER OF THIS COURT TO PROVIDE EVERY OTHER PARTY, THE COURT, AND THE STATE CASE REGISTRY WITH THE CHANGE IN THE REQUIRED INFORMATION MAY RESULT IN FURTHER LITIGATION TO ENFORCE THE ORDER, INCLUDING CONTEMPT OF COURT. A FINDING OF CONTEMPT MAY BE PUNISHABLE BY CONFINEMENT IN JAIL FOR UP TO SIX MONTHS, A FINE OF UP TO \$500 FOR EACH VIOLATION AND A MONEY JUDGMENT FOR PAYMENT OF ATTORNEY'S FEES AND COURT COSTS.

Notice shall be given to **every other party** by delivering a copy of the notice to each party by registered or certified mail, return receipt requested.

Notice shall be given to the **Court** by delivering a copy of the notice either in person to the clerk of the Court or by registered or certified mail addressed to the clerk.

Notice shall be given to the **State Case Registry** by mailing a copy of the notice to the State Case Registry, Contract Services Section, MC046S, P.O. Box 12017, Austin, Texas 78711-2017.

## 13. Notice to Peace Officer

NOTICE TO ANY PEACE OFFICER OF THE STATE OF TEXAS: YOU MAY USE REASONABLE EFFORTS TO ENFORCE THE TERMS OF CHILD CUSTODY SPECIFIED IN THIS ORDER.

A PEACE OFFICER WHO RELIES ON THE TERMS OF A COURT ORDER AND THE OFFICER'S AGENCY ARE ENTITLED TO THE APPLICABLE IMMUNITY AGAINST ANY CLAIM, CIVIL OR OTHERWISE, REGARDING THE OFFICER'S GOOD FAITH ACTS PERFORMED IN THE SCOPE OF THE OFFICER'S DUTIES IN ENFORCING THE TERMS OF THE ORDER THAT RELATE TO CHILD CUSTODY.

ANY PERSON WHO KNOWINGLY PRESENTS FOR LAW ENFORCEMENT AN ORDER THAT IS INVALID OR NO LONGER IN EFFECT COMMITS AN OFFENSE THAT MAY BE PUNISHABLE BY CONFINEMENT IN JAIL FOR AS LONG AS TWO YEARS AND A FINE OF AS MUCH AS \$10,000.

#### **14. Warnings to Parties**

FAILURE TO OBEY A COURT ORDER FOR CHILD SUPPORT OR FOR POSSESSION OF OR ACCESS TO A CHILD MAY RESULT IN FURTHER LITIGATION TO ENFORCE THIS ORDER, INCLUDING CONTEMPT OF COURT. A FINDING OF CONTEMPT MAY BE PUNISHABLE BY CONFINEMENT IN JAIL FOR UP TO SIX MONTHS, A FINE OF UP TO \$500 FOR EACH VIOLATION AND A MONEY JUDGMENT FOR PAYMENT OF ATTORNEY'S FEES AND COURT COSTS.

FAILURE OF A PARTY TO MAKE A CHILD SUPPORT PAYMENT TO THE PLACE AND IN THE MANNER REQUIRED BY A COURT ORDER MAY RESULT IN THE PARTY'S NOT RECEIVING CREDIT FOR MAKING THE PAYMENT.

FAILURE OF A PARTY TO PAY CHILD SUPPORT DOES NOT JUSTIFY DENYING THAT PARTY COURT-ORDERED POSSESSION OF OR ACCESS TO A CHILD. REFUSAL BY A PARTY TO ALLOW POSSESSION OF OR ACCESS TO A CHILD DOES NOT JUSTIFY FAILURE TO PAY COURT-ORDERED CHILD SUPPORT TO THAT PARTY.

#### **15. Court Costs**

Court costs shall be paid by the person who incurred the costs to the extent they are required to pay such costs. A party who filed an affidavit or declaration of indigency that was not successfully contested is not required to pay court costs.

#### **16. Final Order**

All relief requested in this case and not expressly granted is denied. This is a final judgment and is appealable.

#### **17. Date of Judgment**

Signed on \_\_\_\_\_

By: \_\_\_\_\_  
JUDGE PRESIDING

**By signing here, I agree to the form and substance of this Order in Suit Affecting the Parent-Child Relationship.**

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**Petitioner's signature**

---

**Date**

---

**Petitioner's Printed name**

---

**Respondent A's signature**

---

**Date**

---

**Respondent A's Printed name**

---

**Respondent B's signature**

---

**Date**

---

**Respondent B's Printed name**

---

**Respondent C's signature**

---

**Date**

---

**Respondent C's Printed name**

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**Respondent D's signature**

---

**Date**

---

**Respondent D's Printed name**

## Modified Possession Order

(Nonparent is Managing Conservator)

The Court **ORDERS** that this Modified Possession Order is fully incorporated into the Order to which it is attached.

The Court **FINDS** that it is in the best interest of the subject child(ren) to deviate from the requirements of Chapter 153 of the Texas Family Code.

The Court **ORDERS** that the conservators shall have possession of the child(ren) at all times mutually agreed to in advance by the conservators. In the absence of mutual agreement, the Court **ORDERS** that the conservators shall have possession of the child(ren) as **ORDERED** below:

### **Mother**

The Court **ORDERS** that Mother, \_\_\_\_\_, shall have the  
*Print Mother's Full Name.*

right to possession of the child(ren) each month on the days and at the times listed here:

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(Check only if applicable)

☐ The Court also **ORDERS** that Mother's possession of the child(ren) shall be supervised at all times by \_\_\_\_\_ or other person or agency designated by \_\_\_\_\_.  
*Print the Full Name(s) of Nonparent Managing Conservator(s)*

☐ The Court also **ORDERS**:

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### **Father**

The Court **ORDERS** that Father, \_\_\_\_\_, shall have the  
*Print Father's Full Name.*

right to possession of the child(ren) each month on the days and at the times listed here:

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(Check only if applicable)

☐ The Court also **ORDERS** that Father's possession of the child(ren) shall be supervised at all times by \_\_\_\_\_ or other person or agency designated by \_\_\_\_\_.  
*Print the Full Name(s) of Nonparent Managing Conservator(s)*

☐ The Court also ORDERS:

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**Nonparent Managing Conservator(s)**

The Court ORDERS that \_\_\_\_\_  
*Print the Full Name(s) Nonparent Managing Conservator(s)*

shall have the right to possession of the child(ren) at all times not specifically designated for Mother or Father above.

**Exchange of Child(ren)**

The Court ORDERS Mother to pick up the child(ren) at the beginning of each period of Mother's possession at this location: \_\_\_\_\_.

The Court ORDERS Mother to return the child(ren) to the Nonparent Managing Conservator(s) at the end of each period of Mother's possession at that same location.

The Court ORDERS Father to pick up the child(ren) at the beginning of each period of Father's possession at this location: \_\_\_\_\_.

The Court ORDERS Father to return the child(ren) to the Nonparent Managing Conservator(s) at the end of each period of Father's possession at that same location.

Each conservator is ORDERED to give notice to the person in possession of the child on each occasion that the conservator will be unable to exercise that conservator's right of possession for any specified period.

Written notice, including notice by email or fax, shall be deemed to have been timely made if received or, if applicable, postmarked before or at the time that notice is due.

Notice to School—If a conservator's time of possession of the child ends at the time school resumes and for any reason the child is not or will not be returned to school, that parent shall immediately notify the school and the other parent that the child will not be or has not been returned to school.

**Notice to any Peace Officer of the State of Texas**

**YOU MAY USE REASONABLE EFFORTS TO ENFORCE THE TERMS OF CHILD CUSTODY SPECIFIED IN THIS ORDER. A PEACE OFFICER WHO RELIES ON THE TERMS OF A COURT ORDER, AND HIS AGENCY, ARE ENTITLED TO THE APPLICABLE IMMUNITY AGAINST ANY CLAIM, CIVIL OR OTHERWISE, REGARDING THE OFFICER'S GOOD FAITH ACTS PERFORMED IN THE SCOPE OF THE OFFICER'S DUTIES IN ENFORCING THE TERMS OF THE ORDER THAT RELATE TO CHILD CUSTODY.**

**Any person who knowingly presents for enforcement an order that is invalid or is no longer in effect commits an offense that may be punishable by confinement in jail for as long as two years and a fine of as much as \$10,000.**

This concludes the Possession Order.

## INCOME WITHHOLDING FOR SUPPORT

- ☒ ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)  
☐ AMENDED IWO  
☐ ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT  
☐ TERMINATION OF IWO

Date: \_\_\_\_\_

☐ Child Support Enforcement (CSE) Agency ☒ Court ☐ Attorney ☐ Private Individual/Entity (Check One)

**NOTE:** This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions [www.acf.hhs.gov/programs/css/resource/income-withholding-for-support-instructions](http://www.acf.hhs.gov/programs/css/resource/income-withholding-for-support-instructions)). If you receive this document from someone other than a state or tribal CSE agency or a court, a copy of the underlying order must be attached.

State/Tribe/Territory TEXAS Remittance ID (include w/payment) \_\_\_\_\_  
 City/County/Dist./Tribe \_\_\_\_\_ Order ID \_\_\_\_\_  
 Private Individual/Entity \_\_\_\_\_ CSE Agency Case ID \_\_\_\_\_

Employer/Income Withholder's Name	RE: Employee/Obligor's Name (Last, First, Middle)
Employer/Income Withholder's Address	Employee/Obligor's Social Security Number
	Custodial Party/Obligee's Name (Last, First, Middle)

Employer/Income Withholder's FEIN \_\_\_\_\_

Child(ren)'s Name(s) (Last, First, Middle) Child(ren)'s Birth Date(s)



**ORDER INFORMATION:** This document is based on the support or withholding order from \_\_\_\_\_  
(State/Tribe). You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ \_\_\_\_\_ Per \_\_\_\_\_ current child support  
 \$ \_\_\_\_\_ Per \_\_\_\_\_ past-due child support - **Arrears greater than 12 weeks?** ☐ Yes ☐ No  
 \$ \_\_\_\_\_ Per \_\_\_\_\_ current cash medical support  
 \$ \_\_\_\_\_ Per \_\_\_\_\_ past-due cash medical support  
 \$ \_\_\_\_\_ Per \_\_\_\_\_ current spousal support  
 \$ \_\_\_\_\_ Per \_\_\_\_\_ past-due spousal support  
 \$ \_\_\_\_\_ Per \_\_\_\_\_ other (must specify) \_\_\_\_\_  
 for a **Total Amount to Withhold** of \$ \_\_\_\_\_ per \_\_\_\_\_.

**AMOUNTS TO WITHHOLD:** You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$ \_\_\_\_\_ per weekly pay period \$ \_\_\_\_\_ per semimonthly pay period (twice a month)  
 \$ \_\_\_\_\_ per biweekly pay period (every two weeks) \$ \_\_\_\_\_ per monthly pay period  
 \$ \_\_\_\_\_ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

Employer's Name: \_\_\_\_\_ Employer FEIN: \_\_\_\_\_

Employee/Obligor's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

CSE Agency Case Identifier: \_\_\_\_\_ Order Identifier: \_\_\_\_\_

**REMITTANCE INFORMATION:** If the employee/obligor's principal place of employment is Texas (State/Tribe), you must begin withholding no later than the first pay period that occurs zero days after the date of delivery. Send payment within two working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to 50 % of disposable income. If the obligor is a non-employee, obtain withholding limits from Supplemental Information on page 3. If the employee/obligor's principal place of employment is not Texas (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees at [www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information](http://www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information) for the employee/obligor's principal place of employment.

For electronic payment requirements and centralized payment collection and disbursement facility information (State Disbursement Unit (SDU)), see [www.acf.hhs.gov/programs/css/employers/electronic-payments](http://www.acf.hhs.gov/programs/css/employers/electronic-payments).

Include the **Remittance ID with the payment** and if necessary this FIPS code: \_\_\_\_\_.

**Remit payment to** TX CHILD SUPPORT SDU (SDU/Tribal Order Payee)  
at PO BOX 659791, SAN ANTONIO, TX 78265-9791 (SDU/Tribal Payee Address)

☐ **Return to Sender [Completed by Employer/Income Withholder].** Payment must be directed to an SDU in accordance with 42 USC §666(b)(5) and (b)(6) or Tribal Payee (see Payments to SDU below). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you *must* check this box and return the IWO to the sender.

Signature of Judge/Issuing Official (if Required by State or Tribal Law): _____ Print Name of Judge/Issuing Official: _____ Title of Judge/Issuing Official: _____ Date of Signature: _____
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If the employee/obligor works in a state or for a tribe that is different from the state or tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

☐ If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

### ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at [www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information](http://www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-information).

**Priority:** Withholding for support has priority over any other legal process under State law against the same income (42 USC §666(b)(7)). If a federal tax levy is in effect, please notify the sender.

**Combining Payments:** When remitting payments to an SDU or tribal CSE agency, you may combine withheld amounts from more than one employee/obligor's income in a single payment. You must, however, separately identify each employee/obligor's portion of the payment.

**Payments To SDU:** You must send child support payments payable by income withholding to the appropriate SDU or to a tribal CSE agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., payable to the custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: If this IWO was sent by a court, attorney, or private individual/entity and the initial order was entered before January 1, 1994 or the order was issued by a tribal CSE agency, you must follow the "Remit payment to" instructions on this form.

**Reporting the Pay Date:** You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the state (or tribal law if applicable) of the employee/obligor's principal place of employment regarding time periods within which you must implement the withholding and forward the support payments.

**Multiple IWOs:** If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to federal, state, or tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support. Follow the state or tribal law/procedure of the employee/obligor's principal place of employment to determine the appropriate allocation method.

OMB Expiration Date - 7/31/2017. The OMB Expiration Date has no bearing on the termination date of the IWO; it identifies the version of the form currently in use.

Employer's Name: \_\_\_\_\_ Employer FEIN: \_\_\_\_\_

Employee/Obligor's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

CSE Agency Case Identifier: \_\_\_\_\_ Order Identifier: \_\_\_\_\_

**Lump Sum Payments:** You may be required to notify a state or tribal CSE agency of upcoming lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to report and/or withhold lump sum payments.

**Liability:** If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by state or tribal law/procedure.

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**Anti-discrimination:** You are subject to a fine determined under state or tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO.

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**Withholding Limits:** You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) (15 USC §1673(b)); or 2) the amounts allowed by the state of the employee/obligor's principal place of employment or tribal law if a tribal order (see *Remittance Information*). Disposable income is the net income after mandatory deductions such as: state, federal, local taxes; Social Security taxes; statutory pension contributions; and Medicare taxes. The federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, those limits increase 5% --to 55% and 65% --if the arrears are greater than 12 weeks. If permitted by the state or tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit indicated in this section.

For tribal orders, you may not withhold more than the amounts allowed under the law of the issuing tribe. For tribal employers/income withholders who receive a state IWO, you may not withhold more than the limit set by tribal law.

Depending upon applicable state or tribal law, you may need to consider amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

**Arrears greater than 12 weeks?** If the *Order Information* does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

**Supplemental Information:** Non-employees' withholding limitations are the same as that for employees under Texas Family Code

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IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.



Employer's Name: \_\_\_\_\_ Employer FEIN: \_\_\_\_\_

Employee/Obligor's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

CSE Agency Case Identifier: \_\_\_\_\_ Order Identifier: \_\_\_\_\_

**NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS:** If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the contact information below:

☐ This person has never worked for this employer nor received periodic income.

☐ This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: \_\_\_\_\_ Last known phone number: \_\_\_\_\_

Last known address: \_\_\_\_\_

Final payment date to SDU/tribal payee: \_\_\_\_\_ Final payment amount: \_\_\_\_\_

New employer's name: \_\_\_\_\_

New employer's address: \_\_\_\_\_

#### CONTACT INFORMATION:

**To Employer/Income Withholder:** If you have questions, contact \_\_\_\_\_ (issuer name)

by phone: \_\_\_\_\_, by fax: \_\_\_\_\_, by e-mail or website: <http://texasattorneygeneral.gov.cs/> \_\_\_\_\_.

Send termination/income status notice and other correspondence to:

Office of the Attorney General, Child Support Division, Central File Maintenance, PO Box 12048, Austin TX 78711-2048 (issuer address).

**To Employee/Obligor:** If the employee/obligor has questions, contact \_\_\_\_\_ (issuer name)

by phone: \_\_\_\_\_, by fax: \_\_\_\_\_, by e-mail or website: <http://texasattorneygeneral.gov.cs/> \_\_\_\_\_.

#### The Paperwork Reduction Act of 1995

This information collection and associated responses are conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. This form is designed to provide uniformity and standardization. Public reporting burden for this collection of information is estimated to average 5 minutes per response for Non-IV-D CPs; 2 minutes per response for employers; 3 seconds for e-IWO employers, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Figure: 1 TAC §55.121



## Record of Support Order

This completed form must be submitted to the county's clerk of the court to set up the child support account. (See Texas Family Code §105.008)  
Note to Clerks: Send the completed form to the State Case Registry/County Contact Team by fax 877-924-6872, e-mail [csd-sdu@oag.texas.gov](mailto:csd-sdu@oag.texas.gov), or mail to TxCSDU, P.O. Box 659400, San Antonio, TX 78265, or use the TXCSES Web Portal to provide this information in lieu of forwarding the document to the TXSUDU. In Dallas, El Paso, Harris, Tarrant, Taylor and Travis counties, the completed form must be sent to the Domestic Relations Office.

### Order Information

County Name:	Court Number:	Cause Number:
Attorney General Case Number:	Date of Hearing:	Order Sign Date:

Order Type: <input type="checkbox"/> New Order <input type="checkbox"/> Modified Order	Payment Location: <input type="checkbox"/> State Disbursement Unit (SDU)   Other:
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By signing below, the party or attorney for the party requests child support services, also called Title IV-D services, for the benefit of the family. (Note: Handwritten or electronic signatures are acceptable.)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Typed/printed name: \_\_\_\_\_

Signing person's relationship to the case: ☐ Custodial Parent (CP) ☐ CP attorney ☐ Non-Custodial Parent (NCP) ☐ NCP attorney

Note to Counties: If the document is signed above, and the Record of Support Order information was entered in the TXCSES Web Portal, the document must be forwarded to the Office of the Attorney General by e-mail to [csd-fax051@oag.texas.gov](mailto:csd-fax051@oag.texas.gov) or by fax to (512) 781-7206. In counties that forward the Record of Support Order directly to the State Case Registry/County Contact Team, no further action is required. In Dallas, El Paso, Harris, Tarrant, Taylor and Travis counties, the document must be forwarded to the Domestic Relations Office.

### Obligee/Payee/Custodial Parent Information

<input type="checkbox"/> Family Violence Protection (FV) <i>(Check if individual below is a victim of family violence)</i>			
Name:	Date of Birth:	Social Security Number:	
Address:	City:	State:	Zip:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License Number:		
Home Phone:	Work Phone:	Cell Phone:	Email:
Relationship to Child(ren):			
Employer Name:			
Address:	City:	State:	Zip:



Figure: 1 TAC §55.121

Obligor/Payor/Non-Custodial Parent Information				
<input type="checkbox"/> Family Violence Protection (FV) <i>(Check if individual below is a victim of family violence)</i>				
Name:		Date of Birth:		Social Security Number:
Address:		City:	State:	Zip:
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License Number:		
Home Phone:	Work Phone:	Cell Phone:	Email:	
Relationship to Child(ren):				
Employer Name:				
Address:		City:	State:	Zip:
Dependent Information				
<input type="checkbox"/> Family Violence Protection (FV) <i>(Check if dependent below is a victim of family violence)</i>				
Name:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Social Security Number:
<input type="checkbox"/> Family Violence Protection (FV) <i>(Check if dependent below is a victim of family violence)</i>				
Name:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Social Security Number:
<input type="checkbox"/> Family Violence Protection (FV) <i>(Check if dependent below is a victim of family violence)</i>				
Name:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Social Security Number:
<input type="checkbox"/> Family Violence Protection (FV) <i>(Check if dependent below is a victim of family violence)</i>				
Name:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Social Security Number:
<i>If there are more children, attach an additional page listing the above information for each additional child.</i>				
Attorney Information				
Obligee Attorney:		Phone:	Obligor Attorney:	Phone:
Prepared by:		Phone:	Date:	
County Name:		Court Number:	Cause Number:	

Case No: \_\_\_\_\_  
(Print court information exactly as it appears on your Petition)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ In the (check one):  
☐ District ☐ County ☐ Justice Court of:  
\_\_\_\_\_ County, Texas

## Certificate of Last Known Mailing Address

1. My name is: \_\_\_\_\_  
First Middle Last
2. I am the Petitioner in this case.
3. The Respondent's name is: \_\_\_\_\_  
First Middle Last
4. I certify that the last known mailing address I have for the Respondent is:

Address City State Zip Country

Respectfully submitted,

\_\_\_\_\_  
Your Signature Date



\_\_\_\_\_  
Your Printed Name Phone

\_\_\_\_\_  
Your Mailing Address City State Zip

Email Address: \_\_\_\_\_ Fax # (if available) \_\_\_\_\_

Case No: \_\_\_\_\_  
(Print court information exactly as it appears on your Petition)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ In the (check one):  
☐ District ☐ County ☐ Justice Court of:  
\_\_\_\_\_ County, Texas

## Military Status Affidavit

THE STATE OF TEXAS

COUNTY OF \_\_\_\_\_

**The person who signed this affidavit appeared, in person, before me, the undersigned notary, and stated under oath:**

"My name is: \_\_\_\_\_  
First Middle Last

"I am above the age of 18 years.

"I am fully competent to make this affidavit.

"The facts stated in this affidavit are within my personal knowledge and are true and correct.

"I am the Petitioner in this case.

"The Respondent is: \_\_\_\_\_  
First Middle Last

☐ "I submitted a record request using the Department of Defense personnel locator website, <https://scra.dmdc.osd.mil/scra/>, also known as the Defense Manpower Data Center (DMDC) database.

"The search results showed that the Respondent is not on active duty in any of the armed forces. I have attached a true and correct copy of the DMDC verification to this affidavit.

(If you check this box, you must attach a copy of the DMDC verification.

You can print a copy of the DMDC verification from this web address:  
<https://scra.dmdc.osd.mil/scra/>.)

- ☐ "I believe the Respondent may be in the military. Therefore, I contacted the following military locator services:

Military Locator Service Contacted	Results
<u>Air Force: 210-565-2660</u>	<u></u>
<u>Navy: 866-827-5672</u>	<u></u>
<u>Marines: 800-268-3710</u>	<u></u>

- ☐ I know that the Respondent is not now in the military because:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- ☐ I do not know if the Respondent is in the military now.

\_\_\_\_\_  
**Your Signature (Do not sign until you are in front of a notary.)**

State of Texas

County of \_\_\_\_\_

SIGNED under oath before me on \_\_\_\_\_, 20\_\_\_\_\_, by

\_\_\_\_\_  
**PRINT the first and last names of the person who signed this affidavit.**

\_\_\_\_\_  
**Notary Public, State of Texas**

*(Notary's seal must be included.)*