

Child Name Change

(Both parents agree to file together)

Use these instructions & forms if:

- you and the other parent agree to file the request for name change together.

This packet includes:

1. Instructions for a Child Name Change - Both parents agree to file together
2. Petition to Change the Name of Child
3. Child's Consent to Name Change
4. Order to Change the Name of Child
5. Civil Case Information Sheet
6. Statement of Inability to Afford Payment of Court Costs
7. Information on Suit Affecting the Family Relationship

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

Instructions & Forms for Child Name Change: Both Parents Agree to File Together

Warning: *The information and forms in this guide are not legal advice and are not a substitute for the help of a lawyer. It's a good idea to talk with a lawyer about your particular situation.*

These instructions explain the steps to change your child's name if you and the child's other parent agree to file the request for name change together. Each step includes a link to the form or forms needed for that step.

Use these instructions if:

- The child has (or children have) two living parents whose parental rights have not been terminated, who both **agree** to the name change and will sign the necessary court forms.

Do not use these instructions if:

- There are any non-parent court ordered relationships for the children.

A lawyer is trained to protect your legal rights. Even if you decide to represent yourself, try to talk to a lawyer about your case before filing anything. Visit the [Legal Help Directory](#) or [Working with a Private Attorney](#) for more information.

You can print these instructions to use as a checklist.

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

Checklist Steps

Step 1: Fill out your court forms.

Fill out these forms:

- [Petition to Change the Name of a Child](#)
- This form asks the judge to change your child's name. You and your child's other parent must sign this form **under penalty of perjury**. This means it is a crime to lie on this form.
- You are the "Petitioner." The child's other parent is the "Co-Petitioner."
- Print your answers using blue or black ink. Do not leave blanks.
- [Order Changing the Name of a Child](#)

- You will ask the judge to sign this form to change your child's name. You must fill it out before going to court. Fill out all blanks except:
- 1) the date of judgment,
- 2) the judge's signature, and
- 3) the judge's name.
- This form must also be signed by both you and the other parent.
- [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).
- [Information on Suit Affecting the Family Relationship](#)

Fill out this additional form if your child is 10 years old or older:

- [Child's Consent to Name Change \(For Child Age 10 or Older\)](#)
- This form must be signed by your child if your child is 10 years old or older. It tells the judge that your child wants his or her name to be changed. **Note:** If your child is 10 years old or older, you cannot change your child's name without his or her consent.

Fill out this additional form if you cannot afford to pay the filing fee for your case. Call the clerk's office in the county where the child lives to learn the filing fee for your case.

- [Statement of Inability to Afford Payment of Court Costs](#)

Step 2: Make copies.

Make one copy of each of the following:

- your completed Petition to Change the Name of a Child (signed by both you and the other parent), **and**
- your Statement of Inability to Afford Payment of Court Costs (if you cannot afford the filing fee), **and**

- your child’s completed Child’s Consent to Name Change (if your child is 10 or older).

You do not need copies of the Civil Case Information Sheet form, the Information on Suit Affecting the Family Relationship form or the Order Changing the Name of a Child form.

Step 3: File your forms with the court.

File (turn in) your completed forms at the district clerk’s office in the county where your child lives.

At the clerk’s office:

- Turn in your completed court forms (and copies), except the [Order Changing the Name of a Child](#) form. Don’t turn in the Order form yet. You will present the Order form to the judge when you go to court.
- Pay the filing fee or file your completed Statement of Inability to Afford Payment of Court Costs if you cannot afford the fee.
- The clerk will write your “Cause Number” and “Court Number” at the top of the first page of your Petition to Change the Name of a Child and other forms. (Write these numbers at the top of your Order Changing the Name of a Child form.)
- The clerk will “file-stamp” your copies with the date and time. The clerk will keep the originals and give you back your copies.
- Ask the clerk if there are local rules or procedures you need to know about for your case. For example, there might be [standing orders](#) in your county that need to be attached to your petition.

Ask the clerk when you can present your proposed Order Changing the Name of a Child to a judge. You may be able to present your proposed order to a judge that day. Or you may have to come back another day.

Step 4: Go to court to finish your case.

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

When you get to the courtroom, tell the judge's clerk you are there and give the clerk the following documents:

- your completed proposed Order Changing the Name of a Child (signed by both you and the other parent), **and**
- the file-stamped copy of your Petition to Change the Name of a Child, **and**
- the file-stamped copy of the Child's Consent to Name Change (if applicable).

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. Tell the judge that you and your child's other parent are asking that your child's name be changed. Be prepared to quickly tell the judge why you think changing your child's name is in your child's best interest.

The judge will listen to what you say and review your forms. If everything is in order and the judge agrees that changing your child's name would be in your child's best interest, the judge will sign your Order Changing the Name of a Child.

Step 5: File the signed Order with the clerk.

After the judge signs your Order Changing the Name of a Child, go back to the clerk's office.

- File (turn in) the signed Order Changing the Name of a Child. **Your case is NOT final until you do so.**
- Get several certified copies of the Order Changing the Name of a Child from the clerk. You must pay a small fee for each certified copy. You will need certified copies of the Order to change your child's name on your child's social security card, birth certificate, passport, school records, etc. Each agency will want a certified copy of the Order to keep. You will also want a certified copy of the Order for your records.

Step 6: After your case is finished.

You are responsible for notifying the appropriate agencies of your child's new name.

- To change your child's social security card, contact your local social security office.
- To change your child's Texas birth certificate, contact the Texas Department of State Health Services, Vital Statistics Unit. Read about birth certificate amendments and get the application [here](#). If your child was born in another state, contact the vital statistics office in that state.
- To change your child's passport, contact your local passport office.
- To change your child's school records, take a certified copy of the Order to your child's school.

Cause Number: _____

In the Matter of the Name Change of:

In the _____

District Court County Court at Law

(Print the child's current name - first, middle, last.)

_____ County, Texas

A Child

Petition to Change the Name of a Child

1. Discovery Level

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

2. Petitioner and Co-Petitioner (The Child's Parents)

The Petitioner and Co-Petitioner are the child's parents.

The **Petitioner** is: _____
First Middle Last

The Petitioner is the child's: mother father

The last three numbers of Petitioner's driver's license number are: _____.
Petitioner's driver's license was issued in (state) _____.

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.

The **Co-Petitioner** is: _____
First Middle Last

The Co-Petitioner is the child's: mother father

The last three numbers of Co-Petitioner's driver's license number are: _____.
Co-Petitioner's driver's license was issued in (state) _____.

Or I do not have a driver's license.

The last three numbers of social security number are: _____.
Or I do not have a social security number.

3. Child's Information

The child's information is as follows:

a. Child's Current name: _____
First Middle Last

b. Home Address: _____ County: _____

c. Social Security #: _____ - _____ - _____ **or** The child does not have a Social Security #.

d. Birth date: _____
Month / Day / Year

e. Place of birth: _____
City State Country

f. Consent by Child (*Check one.*)

- Child is younger than 10 years old. Consent is not required.
- Child is 10 years old or older and has consented in writing to this name change.

g. Sex Offender Registration (*Check one.*)

- The child **is not** required to register as a sex offender.
- The child **is** required to register as a sex offender. Proof that the child has notified local law enforcement of the proposed name change is attached to this Petition.

h. Are there any court orders about the child already in place? (*Check one.*)

- There are no court orders regarding the child.
- A court made orders involving the child in the following case:

Case/Cause Number _____ in _____
County State

Case type: _____
Print the case type (custody, support, divorce, paternity, etc.)

4. Name Change Request

a. Petitioner and Co-Petitioner ask the Court to change the child's name to:

First Middle Last

b. We want to change the child's name because:

c. We believe the requested name change is in the child's best interest.

5. Request for Judgment

We ask the Court to order the child's name changed as requested above. We ask for general relief.

Respectfully submitted,



Petitioner's Signature



Co-Petitioner's Signature

Note: Each parent must also sign a declaration under penalty of perjury on the next page.

7. Petitioner’s Declaration Under Penalty of Perjury

My name is: _____ . My date of birth is _____ .

My address is: _____ .

My email address is _____ . My phone number is: _____ .

I declare under penalty of perjury that all information in this Petition to Change the Name of a Child is true and correct.

Completed and formally signed on _____ in _____ County, _____ .

Petitioner’s Signature

8. Co-Petitioner’s Declaration Under Penalty of Perjury

My name is: _____ . My date of birth is _____ .

My address is: _____ .

My email address is _____ . My phone number is: _____ .

I declare under penalty of perjury that all information in this Petition to Change the Name of a Child is true and correct.

Completed and formally signed on _____ in _____ County, _____ .

Co-Petitioner’s Signature

Cause Number: _____

In the Matter of the Name Change of:

In the _____

District Court County Court at Law

Print the child's current name - first, middle, last.

_____ County, Texas

A Child

Child's Consent to Name Change (For Child Age 10 or Older)

Print your answers

1. My name is _____
first middle last

2. My age is _____

3. The name change is for me.

4. I want my name changed to

_____ *First middle last*

Child **prints** his/her current name here: _____



Child **signs** here _____

_____ Date the child signed

Cause Number: _____

In the Matter of the Name Change of:

In the _____

District Court County Court at Law

(Print the child's current name - first, middle, last.)

_____ County, Texas

A Child

Order Changing the Name of a Child

A hearing took place on _____.
Date

1. Appearances

Petitioner

The Petitioner's name is: _____
First Middle Last

The Petitioner is the child's: Mother Father

The Petitioner was present, representing him/herself, and has agreed to the terms of this Order.

Co-Petitioner

The Co-Petitioner's name is: _____
First Middle Last

The Co-Petitioner is the child's: Mother Father

(Check one.)

The Co-Petitioner was **present** and has signed below agreeing to this Order.

The Co-Petitioner was **not present** but has signed below agreeing to this Order.

2. Jurisdiction

The Court received evidence and finds that it has jurisdiction over this case and the parties, that the notice requirements have been met, and that the Petition meets all legal requirements.

3. Record

A court reporter:

(Check one.)

recorded today's hearing.

did not record today's hearing because the parties and judge agreed not to make a record.

4. Findings

The Court makes the following findings about the child.

- a. Child's Current name: _____
First Middle Last
- b. Home Address: _____ County: _____
- c. Social Security #: _____ - _____ - _____ **or** The child does not have a Social Security #.
- d. Birth date: _____ *Month / Day / Year* e. Place of birth: _____
City State Country
- f. Consent by Child (*Check one.*)
 The child is younger than 10 years old. Consent is not required.
 The child is 10 years old or older and has consented in writing to this name change.
- g. Sex Offender Registration (*Check one.*)
 The child **is not** required to register as a sex offender.
 The child **is** required to register as a sex offender. Petitioners attached proof to the Petition that the child has notified local law enforcement of the proposed name change. The requested name change is in the best interest of the public.
- h. Court of Continuing Exclusive Jurisdiction (*Check one.*)
 There are no court orders regarding the child.
 A court made orders involving the child in the following case:

_____ *Case Number* _____ *County* _____ *State* _____ *Case type (custody, support, divorce etc.)*
- i. The requested name change is in the best interest of the child.

5. Orders

The Court ORDERS the child's name changed from:

Current name: _____
First middle last

To this name: _____
First middle last

6. Other Orders

The court reserves the right to make further orders to clarify the above orders, if needed. Any orders requested that do not appear above are denied.

Date of Judgment

 _____
Judge's signature

Judge's name

APPROVED AS TO FORM AND SUBSTANCE:

 _____
Petitioner's signature

Phone #: _____

Mailing Address: _____
street address city state zip

Email address: _____ Fax # (if available): _____

 _____
Co-Petitioner's signature

Phone #: _____

Mailing Address: _____
street address city state zip

Email address: _____ Fax # (if available): _____

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: Name: _____ Email: _____ Address: _____ Telephone: _____ City/State/Zip: _____ Fax: _____ Signature: _____ State Bar No: _____	Names of parties in case: Plaintiff(s)/Petitioner(s): _____ Defendant(s)/Respondent(s): _____ _____ _____ _____ _____	Person or entity completing sheet is: <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: _____ Additional Parties in Child Support Case: Custodial Parent: _____ Non-Custodial Parent: _____ Presumed Father: _____
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[Attach additional page as necessary to list all parties]

2. Indicate case type, or identify the most important issue in the case (select only 1):				
<i>Civil</i>			<i>Family Law</i>	
Contract	Injury or Damage	Real Property	Marriage Relationship	Post-judgment Actions (non-Title IV-D)
<input type="checkbox"/> Debt/Contract <input type="checkbox"/> Consumer/DTPA <input type="checkbox"/> Debt/Contract <input type="checkbox"/> Fraud/Misrepresentation <input type="checkbox"/> Other Debt/Contract: _____ <input type="checkbox"/> Foreclosure <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: _____ Related to Criminal Matters <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 Other Family Law <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 Title IV-D <input type="checkbox"/> Enforcement/Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Reciprocals (UIFSA) <input type="checkbox"/> Support Order Parent-Child Relationship <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	<i>Probate/Wills/Intestate Administration</i> <input type="checkbox"/> Dependent Administration <input type="checkbox"/> Independent Administration <input type="checkbox"/> Other Estate Proceedings <input type="checkbox"/> Guardianship—Adult <input type="checkbox"/> Guardianship—Minor <input type="checkbox"/> Mental Health <input type="checkbox"/> Other: _____			

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

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

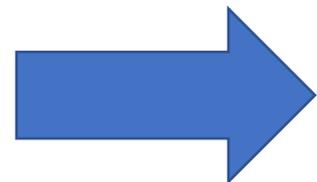
Home / Domicilio _____

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 am not represented by legal aid.

No me está representando ninguna entidad de 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 / *Sí*

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).

➤ \$_____ is my total **monthly** income / son mis ingresos totales **al mes**.

These are my income sources. Estas son mis 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.

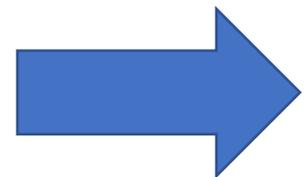
➤ \$_____ from social security / de seguro social.



- \$ _____ 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:

Go to next page



Pase a la siguiente página

6. What is the value of your assets or property? ¿Cuál es el valor de sus bienes o propiedades?

My property includes: Mis bienes incluyen:	Value / Valor
	<p>The value is the amount the item would sell for less the amount you still owe on it, if anything.</p> <p>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.</p>
➤ 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.)	
	\$
	\$
	\$
Total Value of Property Valor Total de Sus Bienes	\$0



**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 automóviles, 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):	
	\$
	\$
Total Monthly Expenses Gastos Totales Mensuales	\$ 0



**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 duedas 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.

Go to next page



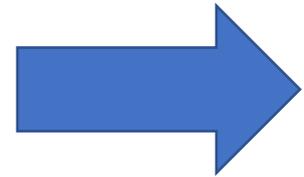
Pase a la siguiente página

10. Declaration/Affidavit. Declaración Escrita Bajo Juramento.

Fill out **only one** box. If you fill out the Declaration, 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 in front of a notary public.

Llene tan **solo una** opción. Si usted llena la Declaración, 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 ante un Notario.

Go to next page



Pase a la siguiente página

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

Go to next page



Pase a la siguiente página

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.
Usted llena esta sección.

➤ _____
Your printed name
Su nombre en letra de molde

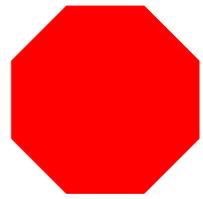
➤ _____
Your signature
Su firma

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



**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 (SEC1,3 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

PETITIONER	4. NAME (FIRST MIDDLE LAST SUFFIX)		5. MAIDEN LAST NAME (NAME BEFORE 1 ST 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
RESPONDENT	10. NAME (FIRST MIDDLE LAST SUFFIX)		11. MAIDEN LAST NAME (NAME BEFORE 1 ST 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

CHILD 1	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			
CHILD 2	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			
CHILD 3	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 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.