

Instructions & Forms for an Agreed Paternity Case

These instructions explain the basic steps in an **agreed** paternity case. **Each step includes a link to the form or forms needed for that step.**

A paternity order says who is (and sometimes who is not) a child's legal father. A paternity order can include orders for custody, visitation, child support, medical support, and dental support (although it doesn't have to).

NOTE: Paternity cases are complicated. It may be better to open a case with the Office of the Attorney General (OAG) or hire a private lawyer, rather than file a paternity case yourself. For information about opening a case with the OAG, call (800) 255-8014 or go to the OAG's website: **[Texas Attorney General Child Support Division \(https://www.texasattorneygeneral.gov/cs/welcome-to-the-child-support-division\)](https://www.texasattorneygeneral.gov/cs/welcome-to-the-child-support-division)** [1].

Have you read the Frequently Asked Questions and related Articles?

These instructions are part of this TexasLawHelp.org toolkit: **[I need a paternity order. \(https://texaslawhelp.org/family-divorce-children/paternity/toolkit/i-need-paternity-order\)](https://texaslawhelp.org/family-divorce-children/paternity/toolkit/i-need-paternity-order)** [2] It's important to read the Frequently Asked Questions and Articles included with the toolkit before getting started.

WARNING! These instructions provide general information, not legal advice. It's a good idea to talk with a lawyer about your particular situation.

You can print these instructions to use as a checklist.

Step 1: Know these words.

It's important to understand these words.

- **Alleged Father** - A man who claims, or is claimed to be, the biological father or possible biological father of the child.
- **Presumed Father** - A man who:
 - married to the child's mother when the child was born; or
 - was married to the child's mother any time during the 300 days before the child was born; or
 - married the child's mother after the child was born and voluntarily claimed paternity of the child with the vital statistics unit, on the child's birth certificate, or in a record in which he promised to support the

child as his own; or

- during the first two years of the child's life, continuously lived with the child and represented to others that the child was his own.

- **Acknowledged Father** - A man who signed a valid Acknowledgment of Paternity claiming to be the father of a child. To be valid, the Acknowledgment of Paternity must also have been signed by the child's mother (and presumed father, if applicable) and filed with the Vital Statistics Unit.
- **Adjudicated Father** - A man named as the father of a child in a court order.
- **Acknowledgment of Paternity** - A legal form signed by a child's mother and biological father (and presumed father, if applicable) to establish paternity of the child. When the form is filed with the Vital Statistics Unit, the biological father becomes the child's legal father.
- **Denial of Paternity** - A legal form signed by a presumed father to swear that he is not the child's biological father. To be valid, the child's biological father and mother must also sign an Acknowledgment of Paternity.
- **Vital Statistics Unit** - State office responsible for birth certificates. For more information visit their website at <http://www.dshs.state.tx.us/vs/default.shtm> (<http://www.dshs.state.tx.us/vs/default.shtm>) [3] or call them at (888) 963-7111.

□ **Step 2: Make sure you can file the case.**

The law only allows the following people to file a paternity case for a minor child:

- the child's mother; or
- if the child's mother has died, then the mother's parent, grandparent, sibling, or child; or
- a man who thinks he may be the father; or
- a man presumed to be the father, asking the court to order that he's not the father; or
- the child; or

- a person who is the intended parent in an approved gestational agreement.

A governmental agency, adoption agency, or authorized representative may also file a court case to establish paternity of a minor child.

If the child is an adult, then a paternity case may only be filed by the adult child.

If the law allows you to file a paternity case, go to Step 3. If you're not sure, talk with a lawyer.

□ Step 3: Make sure the court has jurisdiction over the alleged father and the child.

If you're asking the court to establish paternity, the court must have jurisdiction over the man alleged to be the child's father. A Texas court has jurisdiction over an alleged father if:

- the alleged father agrees and files written papers in the case; or
- the alleged father is personally served in Texas with legal notice of the paternity case; or
- the alleged father lived in Texas with the child at some time; or
- the alleged father lived in Texas and paid prenatal expenses for the child; or
- the alleged father had sexual intercourse in Texas which led to the child's conception; or
- the child lives in Texas because of something the alleged father did; or
- the child was born in Texas and the alleged father 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

If you're also asking the court to make orders about custody and visitation, the court must also have jurisdiction over the child. Generally, a Texas court will only have jurisdiction over a child if the child has lived in Texas for at least the past 6 months or since birth for an infant.

If the court has jurisdiction over both the alleged father and the child, go

to Step 4. If you're not sure, talk with a lawyer. **Step 4: Determine if there is a deadline to file the case.**

The law limits when a paternity case may be filed if the child already has a presumed, acknowledged or adjudicated father.

- **If the child does not have a presumed, acknowledged or adjudicated father**, there is no deadline. A paternity case may be filed at any time. (However, after the child turns 18, only the child may file.)
- **If the child has a presumed father**, you must file a paternity case **before** the child turns 4, **unless**:
 - a. you are the presumed father and you didn't file the paternity case before the child turned 4 because you were misled into believing that you were the biological father **or**
 - b. the presumed father and mother did not live together or engage in sexual intercourse with each other during the time the child was conceived.
- **If the child has an acknowledged father**, you can file a paternity case **only if** you didn't sign the Acknowledgment of Paternity (or any accompanying Denial of Paternity) **and**:
 - a. it has been less than 4 years since the effective date of the Acknowledgment **or**
 - b. the Acknowledgment is void.
- **If the child has an adjudicated father**, you can file a paternity case **only if**:
 - a. you were not a party in the court case that named the father of the child **and**
 - b. it has been less than 4 years since the effective date of the court order naming the father of the child.

If there is no deadline to file (because the child does not have a presumed, acknowledged or adjudicated father) or the deadline has not passed, go to Step 5. If you're not sure, talk with a lawyer.

Step 5: Fill out the court forms.

Fill out this **starting form**:

- **[Petition to Adjudicate Parentage \(https://texaslawhelp.org/sites/default/files/fm-pat1-100_paternity_establish_petition_english_1.pdf\)](https://texaslawhelp.org/sites/default/files/fm-pat1-100_paternity_establish_petition_english_1.pdf) [4]** (called the Petition for short)

You will file the Petition with the court to start the case. It tells the judge and the other people involved 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 paternity order.

Who must be listed as a respondent? The following people must be included in a paternity case:

- the child's mother; **and**
- all alleged fathers; **and**
- any presumed, acknowledged or adjudicated fathers; **and**
- anyone with a court-ordered relationship with the child.

Note: The Petition asks for your address. Each respondent will get a copy of your Petition. If you are concerned about a 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 \(https://texaslawhelp.org/sites/default/files/pr-gen-116_civil_case_information_sheet.pdf\)](https://texaslawhelp.org/sites/default/files/pr-gen-116_civil_case_information_sheet.pdf) [5]** (NOTE: the Texas Supreme Court has repealed the rule requiring the civil case

[information sheet \(https://www.txcourts.gov/media/1442977/189163.pdf\)](https://www.txcourts.gov/media/1442977/189163.pdf) [6], 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.).

- **Information on Suit Affecting the Family Relationship** (https://texaslawhelp.org/sites/default/files/vs_165_rev_07-2017.pdf) [7] (required for all cases)
- **Exhibit: Out-of-State Party Declaration** (https://texaslawhelp.org/sites/default/files/fp_osp_302_ex_out_of_state_party_dec_final_0.pdf) [8] (required **only** if you or one of the respondents lives outside of Texas)
- **Statement of Inability to Afford Payment of Court Costs** (https://texaslawhelp.org/sites/default/files/tx-pr-pay-112_scot_statement_of_inability_to_pay_court_costs.pdf) [9] (required **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** (<https://texaslawhelp.org/article/court-fees-fee-waivers>) [10].

Fill out this **ending form**:

- **Order Adjudicating Parentage** (https://texaslawhelp.org/sites/default/files/fm_pat1_200_paternity_establish_order_english.pdf) [11] (if this case was filed *before* September 1, 2018)
- **Order Adjudicating Parentage** (https://texaslawhelp.org/sites/default/files/fm-pat1-200_paternity_establish_order_english_4.pdf) [12] (if this case was filed after September 1, 2018)

You will ask the judge to sign this form when it's time to finish your case. Fill it out completely (except for the signatures). You and the other party or parties may want to fill out the order form together. But don't sign the order form until you get to **Step 10**.

If you asked the judge to make custody, visitation, child support and medical support orders, you must also fill out these **ending forms** and attach them to the Order Adjudicating Parentage form.

- Fill out and attach this child support order form: **Child Support Order** (<https://texaslawhelp.org/sites/default/files>

- [/fm_chil_308_ex_child_support_order_final.pdf](#)** [13]
- Fill out and attach this medical support order form: **https://texaslawhelp.org/sites/default/files/fm_chil_312_ex_med_support_order_final.pdf** [14] (if this case to establish paternity was filed before September 1, 2018)
 - **https://texaslawhelp.org/sites/default/files/fm_chil_312_ex_med_support_order_final_0.pdf** [15]
NOTE: The above version of the Medical Support Order (Rev. 01-2017) will only be available until December 31, 2018.
 - If you filed a suit to adjudicate parentage before September 1, 2018, but it has not been finalized by December 31, 2018, consult an attorney, because this form will no longer be on TexasLawHelp.
 - Fill out and attach this dental support order form: **https://texaslawhelp.org/sites/default/files/fm-chil-312_ex_medical_dental_support_order_3.pdf** [16] (if this case to establish paternity was filed on or after September 1, 2018)
 - Fill out and attach **one** of these custody order forms:
https://texaslawhelp.org/sites/default/files/fm_chil_310_ex_custody_parent_order_final_0.pdf [17] - or -
https://texaslawhelp.org/sites/default/files/fm_chil_309_ex_custody_nonparent_order_final.pdf [18]
 - Fill out and attach a possession order form. Learn about the standard possession order, modified possession orders and supervised possession orders here: **<https://texaslawhelp.org/article/child-visitation-possession-orders>** [19]. Sample forms are included with the article. You can also hire a lawyer to help you write a possession order that meets the specific needs of your family.

Fill out this additional **ending form** if child support will be ordered:

- **https://texaslawhelp.org/sites/default/files/fm-iw-200_income_withholding_order_english.pdf**

[20] **Step 6: Have your forms reviewed (if possible).**

Although 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 paternity cases.

You can hire a family law lawyer *just* to review your forms. Hiring a lawyer for a limited purpose 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 Finder \(https://texaslawhelp.org/legal-help/legal-help-finder\)](https://texaslawhelp.org/legal-help/legal-help-finder)** [21] to search for a lawyer referral service, legal aid office or self-help center in your area.
- Check our **[Legal Clinic Calendar \(https://texaslawhelp.org/legal-clinic-calendar\)](https://texaslawhelp.org/legal-clinic-calendar)** [22] for free legal clinics in your area.
- Use **[Ask a Question \(https://texaslawhelp.org/ask-question\)](https://texaslawhelp.org/ask-question)** [23] to chat online with a lawyer or law student.

 Step 7: Make copies of your starting forms.

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

- Petition to Adjudicate Parentage
- Exhibit: Out-of-State Party Declaration (if required for your case)
- Statement of Inability to Afford Payment of Court Costs (if required for your case)

 Step 8: 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.**

- To file your forms online, go to **[E-File Texas \(https://efile.txcourts.gov/ofswab\)](https://efile.txcourts.gov/ofswab)** [24] 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).
- Pay the filing fee (or file your completed **Statement of Inability to Afford Payment of Court Costs** (<https://texaslawhelp.org/form/statement-inability-afford-payment-court-costs>) [25] if you cannot afford the fee).
- 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.

Step 9: 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.
 - **Send 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** (<https://texasattorneygeneral.gov/cs/service-of-citation-notice-directory>) [26]. 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. Bring it with you when it's time to finish your case.

- **Send 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 \(https://www.texasattorneygeneral.gov/apps/cs_locations\)](https://www.texasattorneygeneral.gov/apps/cs_locations)** [27]. The post office will give you a receipt when you mail the Petition. Someone at the OAG child support office will sign the return receipt (often called the “green card”) and mail it back to you. Bring the receipt and the return receipt (green card) with you when it’s time to finish your case.

□ **Step 10: Ask each respondent to fill out and sign court forms.**

Give each respondent:

- a **file-stamped** copy of your Petition to Adjudicate Parentage, and
- a blank **[Waiver of Service Only \(https://texaslawhelp.org/sites/default/files/fm_pat1_103_paternity_establish_waiver_english_respondent.pdf\)](https://texaslawhelp.org/sites/default/files/fm_pat1_103_paternity_establish_waiver_english_respondent.pdf)** [28] form, and
- a blank **[Respondent’s Original Answer \(https://texaslawhelp.org/sites/default/files/fm_pat1_102_paternity_establish_answer_english_0.pdf\)](https://texaslawhelp.org/sites/default/files/fm_pat1_102_paternity_establish_answer_english_0.pdf)** [29] form, and
- a **completed** Order Adjudicating Parentage form (with **completed** custody, possession, child support, medical support, and dental support orders attached if applicable).

WARNING! Do not hand-deliver any papers to a respondent if there has been violence during your relationship, especially if a judge has signed a Protective Order. You can have the respondent served instead. If you decide to have the respondent served, use these instructions:

[Instructions & Forms for a Default Paternity Case \(https://texaslawhelp.org/checklist/instructions-forms-default-paternity-case\)](https://texaslawhelp.org/checklist/instructions-forms-default-paternity-case) [30].

Ask each respondent to complete these three steps:

1. **Fill out and sign** the Waiver of Service Only form - **OR** – the Respondent’s Original Answer form

Each respondent can fill out and sign **either** form.

The Waiver of Service Only form must be signed in front of a notary. If a respondent plans to sign the Waiver of Service Only form, tell the respondent to sign it **in front of a notary** at least one day **after** you filed the Petition. Otherwise the respondent will have to redo it.

The Respondent’s Original Answer form does **not** have to be signed in front of a notary.

Note: If any respondent will not fill out and sign a Respondent’s Original Answer form or Waiver of Service Only form, you must have that respondent served by a constable, sheriff or private process server. Use these instructions instead: **[Instructions & Forms for a Default Paternity Case \(https://texaslawhelp.org/checklist/instructions-forms-default-paternity-case\)](https://texaslawhelp.org/checklist/instructions-forms-default-paternity-case)** [30].

2. **Sign** the completed Order Adjudicating Parentage form (with completed custody, possession, child support, medical support, and dental support orders attached if applicable).

The Order Adjudicating Parentage form must be completely filled out when each respondent signs it. You **CANNOT** make changes to the order form after it has been signed by a respondent unless the respondent initials each change.

3. **Return** the signed forms to you.

You should also:

- Sign the Order Adjudicating Parentage form.
- Make a copy of the Waiver of Service Only form or Respondent’s Original Answer form that was filled out and signed by each respondent.

Step 11: Go to court to finish your case.

If each respondent has filled out and signed the Respondent’s Original

Answer form **or** Waiver of Service Only form **and** signed your completed Order Adjudicating Parentage form, you can go to court to finish your agreed paternity case.

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

Note: If you had to send a copy of your Petition to the Office of the Attorney General Child Support Division (because the child has received Medicaid or TANF), ask the clerk if the child support office has filed anything in your case. If yes and a hearing has been set, you must go to the hearing. If yes and a hearing has **not** been set, you must take your completed Order Adjudicating Parentage form to the child support office and ask for a lawyer there to review it and sign it (if they agree with it). If the child support office will not sign your completed Order Adjudicating Parentage form, your case is contested. To finish a contested case, you must set a contested final hearing. You must give the child support office and each respondent at least 45 days' notice of the final hearing. Read this article to learn more: **[How to Set a Contested Final Hearing \(Family Law\)](https://texaslawhelp.org/article/how-set-contested-hearing-family-law-case)** (<https://texaslawhelp.org/article/how-set-contested-hearing-family-law-case>) [31]. It's always best to have a lawyer if your case is contested.

- Read the article **[Tips for the Courtroom](https://texaslawhelp.org/article/tips-courtroom)** (<https://texaslawhelp.org/article/tips-courtroom>) [32] for more information about going to Court.
- Bring these papers with you to the courthouse on the day you plan to finish your case:
 - a file-stamped copy of your Petition to Adjudicate Parentage; **and**
 - the Waiver of Service Only **or** Respondent's Original Answer form signed by each respondent; **and**
 - a completed Order Adjudicating Parentage (with completed custody, possession, child support, medical support, and dental support orders attached if applicable) **signed by you and each respondent; and**
 - a completed Income Withholding Order for Support if child support will be ordered; **and**
 - genetic testing results (if applicable); **and**

- proof that you sent a copy of your Petition to the Office of the Attorney General Child Support Division (if required). See **Step 9**.
- When you get to the courthouse, go to the clerk's office.
 - File (turn in) the Waiver of Service Only **or** Respondent's Original Answer form that was filled out and signed by each respondent. Ask the clerk to file stamp your copy. Bring your file-stamped copy with you to court.
 - Ask the clerk if you need the court file or docket sheet (list of what has been filed in your case).
- 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 child, what orders you are asking the judge to make and why those orders would be in the child'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 Adjudicating Parentage.

□ **Step 12: File (turn in) the signed order or orders.**

After the judge signs your Order Adjudicating Parentage, go back to the clerk's office.

- File (turn in) the signed Order Adjudicating Parentage and any other orders signed by the judge. **Your case is NOT final until you do so.**
- Get a certified copy of your Order Adjudicating Parentage 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.
- If child support was ordered:
 - ask the clerk what you need to do 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.

□ **Step 13: After your case is finished.**

Send a file-stamped copy of the Order Adjudicating Parentage and any other orders signed by the judge to each respondent.

- If you were ordered to pay child support, cash medical support, and dental support, learn about payment options here: **Texas Attorney General - Child Support Payment Options** (<https://www.texasattorneygeneral.gov/cs/payment-options-and-types#walkandcash>) [33]. If you have any questions, call the Office of the Attorney General Child Support Division at (800) 252-8014. DO NOT send child support payments directly to the other parent.
- If a respondent 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** (<https://texasattorneygeneral.gov/cs/welcome-to-the-child-support-division>) [34] for help enforcing your order.

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Links

[1] <https://www.texasattorneygeneral.gov/cs/welcome-to-the-child-support-division>

[2] <https://texaslawhelp.org/family-divorce-children/paternity/toolkit/i-need-paternity-order>

[3] <http://www.dshs.state.tx.us/vs/default.shtm>

[4] https://texaslawhelp.org/sites/default/files/fm-pat1-100_paternity_establish_petition_english_1.pdf

[5] https://texaslawhelp.org/sites/default/files/pr-gen-116_civil_case_information_sheet.pdf

[6] <https://www.txcourts.gov/media/1442977/189163.pdf>

[7] https://texaslawhelp.org/sites/default/files/vs_165_rev_07-2017.pdf

[8] <https://texaslawhelp.org/sites/default/files>

- [/fp_osp_302_ex_out_of_state_party_dec_final_0.pdf](#)
- [9] https://texaslawhelp.org/sites/default/files/tx-pr-pay-112_scot_statement_of_inability_to_pay_court_costs.pdf
- [10] <https://texaslawhelp.org/article/court-fees-fee-waivers>
- [11] <https://texaslawhelp.org/sites/default/files>
- [/fm_pat1_200_paternity_establish_order_english.pdf](#)
- [12] https://texaslawhelp.org/sites/default/files/fm-pat1-200_paternity_establish_order_english_4.pdf
- [13] <https://texaslawhelp.org/sites/default/files>
- [/fm_chil_308_ex_child_support_order_final.pdf](#)
- [14] <https://texaslawhelp.org/sites/default/files>
- [/fm_chil_312_ex_med_support_order_final.pdf](#)
- [15] <https://texaslawhelp.org/sites/default/files>
- [/fm_chil_312_ex_med_support_order_final_0.pdf](#)
- [16] https://texaslawhelp.org/sites/default/files/fm-chil-312_ex_medical_dental_support_order_3.pdf
- [17] <https://texaslawhelp.org/sites/default/files>
- [/fm_chil_310_ex_custody_parent_order_final_0.pdf](#)
- [18] <https://texaslawhelp.org/sites/default/files>
- [/fm_chil_309_ex_custody_nonparent_order_final.pdf](#)
- [19] <https://texaslawhelp.org/article/child-visitation-possession-orders>
- [20] https://texaslawhelp.org/sites/default/files/fm-iw-200_income_withholding_order_english.pdf
- [21] <https://texaslawhelp.org/legal-help/legal-help-finder>
- [22] <https://texaslawhelp.org/legal-clinic-calendar>
- [23] <https://texaslawhelp.org/ask-question>
- [24] <https://efile.txcourts.gov/ofswab>
- [25] <https://texaslawhelp.org/form/statement-inability-afford-payment-court-costs>
- [26] <https://texasattorneygeneral.gov/cs/service-of-citation-notice-directory>
- [27] https://www.texasattorneygeneral.gov/apps/cs_locations
- [28] <https://texaslawhelp.org/sites/default/files>
- [/fm_pat1_103_paternity_establish_waiver_english_respondent.pdf](#)
- [29] <https://texaslawhelp.org/sites/default/files>
- [/fm_pat1_102_paternity_establish_answer_english_0.pdf](#)
- [30] <https://texaslawhelp.org/checklist/instructions-forms-default-paternity-case>
- [31] <https://texaslawhelp.org/article/how-set-contested-hearing-family-law-case>
- [32] <https://texaslawhelp.org/article/tips-courtroom>

[33] <https://www.texasattorneygeneral.gov/cs/payment-options-and-types#walkandcash>

[34] <https://texasattorneygeneral.gov/cs/welcome-to-the-child-support-division>

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

Cause Number: _____

In the interest of:

(Print the initials of each child whose paternity will be addressed.)

In the _____
Court Number

1 Name: _____

2 Name: _____

3 Name: _____

4 Name: _____

5 Name: _____

District Court County Court at Law of:

_____ County, Texas

Petition to Adjudicate Parentage

Print your answers.

My name is: _____
First Middle Last

I am the **Petitioner**, the person asking the Court to determine the father of 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.)

- the mother of the children.
- a man asking the court to determine whether or not I am the biological father of the children.
- the presumed father of the children, asking the court to determine that I am **not** the biological father of the children.
- a relative of the mother, who is deceased. I am the mother's mother father grandmother grandfather sister brother.
- an adult asking the Court to determine my father. I was born on (date) _____.
- an intended parent. A gestational agreement named me the parent of the children.

1. Discovery Level

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

2. Jurisdiction of the Court

(Check one.)

- No court has continuing jurisdiction of this case or the children. The children have never been part of any other court case.
- This Court has continuing, exclusive jurisdiction of this case and the children. This Court made prior orders about the children

(Check, if applicable.)

- This Court made an order about another child of the same parents. This case should be filed under the same cause number.

3. Children

This case is about the child or children listed below.

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

(Check, if applicable.)

- This petition is filed before the birth of a child who is due to be born on _____ month / day / year.

3A. Do the children have an adjudicated father?

(Check one.)

- The children **do not** have an adjudicated father.
- The children **do** have an adjudicated father. A court order names the father of the children. I am not the adjudicated father, I was not named as a party in the court case that named the father of the children, **and** it has been less than 4 years since the effective date of the court order naming the father of the children. See *Texas Family Code Section 160.609(b)*.

An **adjudicated father** is a man named as the father of a child in a court order. See *Texas Family Code Section 160.204*.

3B. Do the children have an acknowledged father?

(Check one.)

- The children **do not** have an acknowledged father.
- The children **do** have an acknowledged father. I am not the acknowledged father, I did not sign the *Acknowledgment of Paternity*, **and**:

An **acknowledged father** is a man who has signed an *Acknowledgment of Paternity* form claiming to be the father of a child. See *Texas Family Code Section 160.204*.

(Check one.)

- it has been less than 4 years since the effective date of the *Acknowledgment of Paternity* See *Texas Family Code Section 160.609(b)*, **or**
- the Acknowledgement of Paternity is void. See *Texas Family Code Section 160.302(b)*

3C. Do the children have a presumed father?

(Check one.)

- The children **do not** have a presumed father.
- The children **do** have a presumed father **and**: (Check one.)
- it has been less than 4 years since the children were born See *Texas Family Code Section 160.607(a)*
- it has been more than 4 years since the children were born **and**: (Check one.)
- The presumed father did not file a petition to adjudicate parentage of the children within 4 years of the children's birth because the presumed father mistakenly believed he was the biological father of the children based on misrepresentations that led him to that conclusion. See *Texas Family Code Section 160.607(b)*, **or**
- The presumed father and mother did not live together or engage in sexual intercourse with each other during the time the children were conceived. See *Texas Family Code Section 160.607(b)*

A **presumed father** is a man who was married to the mother when a child was born or conceived; a man who marries the mother after the child is born and voluntarily claims paternity of the child with the bureau of vital statistics, on the child's birth certificate, or in a record in which he promises to support the child as his own; **or** a man who, during the first two years of the child's life, continuously lived with the child and represented to others that the child was his own. See *Texas Family Code Section 160.204*.

4. Respondents - People Who Must Get Legal Notice of this Case

Note: There may be one or more Respondents. Read the paternity instructions at www.TexasLawHelp.org for information about who must be listed as a Respondent and given legal notice of this case.

Respondent A

Respondent A's name is: _____
PRINT the Respondent A's full name.

Respondent A is the child/ren's: (Check one.)

Mother Alleged Father Presumed Father Other: _____

I will give legal notice to Respondent A as follows: (Check one.)

Respondent A will sign a *Waiver of Service* or *Answer*.

I will have a sheriff, constable, process server or clerk serve Respondent A with this *Petition* here:

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 Respondent A 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* if I am unable to pay the fee) and **arrange for service**.

I cannot find this Respondent. I ask that this Respondent be served by publication. I understand I must file an *Affidavit for Citation by Publication* and hire a lawyer to serve as attorney ad litem for this Respondent.

Respondent B (Check one.)

There is no Respondent B. No one else is entitled to notice in this case. (Skip to section 8.)

Respondent B's name is: _____
PRINT the Respondent B's full name.

Respondent B is the child/ren's: (Check one.)

Mother Alleged Father Presumed Father Other: _____

I will give legal notice to Respondent B as follows: (Check one.)

Respondent B will sign a *Waiver of Service* or *Answer*.

I will have a sheriff, constable, process server or clerk serve Respondent B with this *Petition* here:

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 Respondent B 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* if I am unable to pay the fee) and **arrange for service**.

I cannot find this Respondent. I ask that this Respondent be served by publication. I understand I must file an *Affidavit for Citation by Publication* and hire a lawyer to serve as attorney ad litem for this Respondent.

Respondent C (Check one.)

- There is no Respondent C. No one else is entitled to notice in this case. (Skip to section 8.)
- Respondent C's name is: _____
PRINT the full name of Respondent C.

Respondent C is the child/ren's: (Check one.)

- Mother Alleged Father Presumed Father Other: _____.

I will give legal notice to Respondent C as follows: (Check one.)

- I think Respondent C will sign a *Waiver of Service* or *Answer*.
- I will have a sheriff, constable, process server or clerk serve Respondent C with this *Petition* here:

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 Respondent C 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* if I am unable to pay the fee) and **arrange for service**.

- I cannot find this Respondent. I ask that this Respondent be served by publication. I understand I must file an *Affidavit for Citation by Publication* and hire a lawyer to serve as attorney ad litem for this Respondent.

Respondent D (Check one.)

- There is no Respondent D. No one else is entitled to notice in this case. (Skip to section 8.)
- Respondent D's name is: _____
PRINT the full name of Respondent D.

Respondent D is the child/ren's: (Check one.)

- Mother Alleged Father Presumed Father Other: _____.

I will give legal notice to Respondent D as follows: (Check one.)

- Respondent D will sign a *Waiver of Service* or *Answer*.
- I will have a sheriff, constable, process server or clerk serve Respondent D with this *Petition* here:

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 Respondent D 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* if I am unable to pay the fee) and **arrange for service**.

- I cannot find this Respondent. I ask that this Respondent be served by publication. I understand I must file an *Affidavit for Citation by Publication* and hire a lawyer to serve as attorney ad litem for this Respondent.

5. Out-of-State Respondents (Check one.)

- Everyone involved in this case lives in Texas.
- The following 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.

Note: If a Respondent does NOT live in Texas, you must also attach the Exhibit: Out-of-State Party Declaration.

6. Biological Testing (Check one.)

- Biological testing was done before this suit was filed.
- I ask that biological testing be ordered by the Court.
- Biological testing is not necessary at this time.

7. Paternity

I ask the Court to order that the following person **is** the father of the child or children listed in section 3 above:

PRINT *the full name of person you are asking the court to name as the father of the children.*

(Check, only if applicable.)

- I also ask the Court to order that the following person **is not** the father of the child or children listed in section 3 above:

PRINT *the full name of person you are asking the court to find is not the father of the children.*

8. Conservatorship, Possession and Access and Support

(Check one.)

- I am **not** asking the Court to make orders for conservatorship (custody), possession and access, child support, medical support or dental support at this time. **(If you checked this box, skip to section 9.)**
- I ask the Court to make orders for conservatorship, (custody) possession and access (visitation), child support, medical support and dental support. I believe the orders requested below would be in the best interest of the children. **(If you checked this box, complete sections 8A, 8B and 8C below).**

Note: In order for the court to make orders for custody and visitation, the children must have lived in Texas with a parent or person acting as a parent for at least the past 6 months. If a child is less than 6 months old the child must have lived in Texas from birth. Talk to a lawyer if you have questions about this requirement.

(Check if true.)

- The children have lived in Texas with a parent or person acting as a parent for at least the past 6 months. If a child is less than 6 months old, the child has lived in Texas since the child's birth.

8A. Conservatorship (Custody)

I ask the court to make conservatorship (custody) orders as follows: (Check **a**, **b**, or **c**.)

- a.** Mother and Father should be **Joint Managing Conservators** of the child/ren and:

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

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

- anywhere. this county. this county or county adjacent to this county.
 Texas. other: _____.

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

- anywhere. this county. this county or county adjacent to this county.
 Texas. other: _____.

- a-3.** Neither parent should have the exclusive right to designate the primary residence of the child/ren but both parents should be ordered not to move the child/ren out of the following geographic area: (Check one box below.)

- this school district: _____ this county.
 this county or county adjacent to this county. other: _____.

- b.** Mother should be the **Sole Managing Conservator** of the child/ren with the exclusive rights listed in Texas Family Code Section 153.132 including the exclusive right to designate the primary residence of the child/ren anywhere.

- c.** Father should be the **Sole Managing Conservator** of the child/ren with the exclusive rights listed in Texas Family Code Section 153.132 including the exclusive right to designate the primary residence of the child/ren anywhere.

(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.

8B. Possession of and Access (Visitation)

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

- 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 child/ren should be as follows:

- d. I am concerned about the safety of the children with the other parent: I ask that:
(If you checked d, check all that apply below.)
- d-1. exchanges of the child/ren be supervised, or in the alternative, be in a public place.
 - d-2. the other parent's possession of the child/ren be limited to day visits.
 - d-3. the other parent's possession of the child/ren be supervised.
 - d-4. the other parent have no right to possession or access to the child/ren.
 - d-5. the other parent be ordered not to use alcohol or illegal drugs 24 hours prior to or during possession of the child/ren.
 - d-6. the other parent's possession and access to the children be restricted as follows:

*(Check **only** if you are asking that a different possession order be in place while a child is under 3 years old.)*

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

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

*(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.

8C. Child Support and Medical Support

I ask the court to make appropriate orders for the support of the children, including regular child support, medical support and dental support and, if supported by the facts, retroactive child support.

(Check, if applicable.)

- I also ask the Court to order the man determined to be the father of the children to pay an equitable portion of prenatal and post-natal health-care expenses.

9. Children's Names *(Check one.)*

- I am **not** asking the Court to change the children's names.
 There is good cause for the Court to change the names of the following children:

Child 1: The child's current name is: _____.

I ask that the child's name be changed to _____.

Child 2: The child's current name is: _____.

I ask that the child's name be changed to _____.

Child 3: The child's current name is: _____.

I ask that the child's name be changed to _____.

Child 4: The child's current name is: _____.

I ask that the child's name be changed to _____.

Child 5: The child's current name is: _____.

I ask that the child's name be changed to _____.

10. 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 #, work phone #, social security #, driver's license #.

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.

11. Health Insurance Availability for Children

The child/ren: (Check all that apply.)

- do not have health insurance.
- 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): \$ _____

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.

12. Dental Insurance Availability for Children

The child/ren: (Check all that apply.)

- do not have dental insurance.
- 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.

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.

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. 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.

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

14A. 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.

14B. 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.
Date Filed 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.

14C. 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.

15. Public Benefits

Note: If the child/ren 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.

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.

16. Request for Judgment

I ask that citation and notice issue 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

Phone number

Petitioner's Printed Name

Date

Petitioner's
Mailing Address: _____

Petitioner's Email Address: _____

Petitioner's 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 1-800-374-4673(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.

17. Certificate of Service to the Office of the Attorney General Child Support Division

Sign below **only** if the 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/. 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

For information about how to file an answer go to 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 1-800-252-9690.

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

Legal Aid of Northwest Texas 1-888-529-5277 (serves Dallas / Ft. Worth area & Northwest Texas)

Lone Star Legal Aid 1-800-733-8394 (serves Houston area & East Texas)

Texas Rio Grande Legal Aid 1-888-988-9996 (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 1-800-799-SAFE (7233) or

Texas Advocacy Project Hope Line at 1-800-374-HOPE (4673) or

Advocates for Victims of Crime (AVOICE): at 1-888-343-4414.

**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

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
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.

Exhibit: Out-of-State Party Declaration

Required by Texas Family Code, Section 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.

Do you believe the health, safety or liberty of you or your children would be jeopardized by disclosure of the information in this declaration? Yes No

If yes, 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, section 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*) _____

(You must 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? _____

2nd Child's Name: _____

Check here if this child has always lived with the 1st child and skip to next question.

Present Address: _____

Child now lives with Mother Father Other: (explain) _____

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

(You must 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? _____

3rd Child's Name: _____

Check here if this child has always lived with the 1st child and skip to next question.

Present Address: _____

Child now lives with Mother Father Other: (explain) _____

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

(You must 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:

County, State and Country of Court Case	Case #	Type of case
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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, Section 132.001.

My name is: _____
First Middle Last

My date of birth is: _____
Month Day Year

My address is: _____
Street Address City State Zip Code 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, _____ State,
County State

on this date: _____
Month Day Year

Your Signature

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA



Cause Number: _____
(The Clerk's office will fill in the Cause Number when you file this form)

Plaintiff: _____
(Print first and last name of the person filing the lawsuit.)

And

In the _____ (check one):
Court _____
Number _____
 District Court
 County Court / County Court at Law
 Justice Court

Defendant: _____ Texas
(Print first and last name of the person being sued.) County _____

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

1. Your Information

My full legal name is: _____ My date of birth is: ____ / ____ / ____
First Middle Last Month/Day/Year

My address is: (Home) _____
(Mailing) _____

My phone number: _____ My email: _____

About my **dependents**: "The people who depend on me financially are listed below."

<i>Name</i>	<i>Age</i>	<i>Relationship to Me</i>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____

2. Are you represented by Legal Aid?

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.

-or-

I asked a legal-aid provider to represent me, and the provider determined that I am financially eligible for representation, but the provider could not take my case. I have attached documentation from legal aid stating this.

or-

I am not represented by legal aid. I did not apply for representation by legal aid.

3. Do you receive public benefits?

I do not receive needs-based public benefits. - or -

I receive these **public benefits/government entitlements** that are based on indigency:

(Check ALL boxes that apply and attach proof to this form, such as a copy of an eligibility form or check)

- Food stamps/SNAP TANF Medicaid CHIP SSI WIC AABD
- Public Housing or Section 8 Housing Low-Income Energy Assistance Emergency Assistance
- Telephone Lifeline Community Care via DADS LIS in Medicare ("Extra Help")
- Needs-based VA Pension Child Care Assistance under Child Care and Development Block Grant
- County Assistance, County Health Care, or General Assistance (GA)
- Other: _____

4. What is your monthly income and income sources?

"I get this monthly income:

\$ _____ in monthly wages. I work as a _____ for _____.
Your job title Your employer

\$ _____ in monthly unemployment. I have been unemployed since (date) _____.

\$ _____ in public benefits per month.

\$ _____ from other people in my household each month: (List only if other members contribute to your household income.)

\$ _____ from Retirement/Pension Tips, bonuses Disability Worker's Comp
 Social Security Military Housing Dividends, interest, royalties
 Child/spousal support
 My spouse's income or income from another member of my household (If available)

\$ _____ from other jobs/sources of income. (Describe) _____

\$ _____ is my **total monthly** income.

5. What is the value of your property?

"My property includes:	Value*
Cash	\$ _____
Bank accounts, other financial assets	\$ _____
_____	\$ _____
_____	\$ _____
Vehicles (cars, boats) <small>(make and year)</small>	\$ _____
_____	\$ _____
_____	\$ _____
Other property (like jewelry, stocks, land, another house, etc.)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total value of property	→ \$ _____

6. What are your monthly expenses?

"My monthly expenses are:	Amount
Rent/house payments/maintenance	\$ _____
Food and household supplies	\$ _____
Utilities and telephone	\$ _____
Clothing and laundry	\$ _____
Medical and dental expenses	\$ _____
Insurance (life, health, auto, etc.)	\$ _____
School and child care	\$ _____
Transportation, auto repair, gas	\$ _____
Child / spousal support	\$ _____
Wages withheld by court order	\$ _____
Debt payments paid to: <small>(List)</small>	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Monthly Expenses	→ \$ _____

*The value is the amount the item would sell for less the amount you still owe on it, if anything.

7. Are there debts or other facts explaining your financial situation?

"My **debts** include: (List debt and amount owed) _____

(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.") Check here if you attach another page.


8. Declaration

I declare under penalty of perjury that the foregoing is true and correct. I further swear:

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

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

My address is _____
Street City State Zip Code Country

 _____ signed on ____ / ____ / ____ in _____ County, _____
Signature Month/Day/Year county name State

Cause Number: _____

In the interest of:

(List the child/children whose paternity will be addressed.):

In the _____
Court Number

1 Name: _____

2 Name: _____

3 Name: _____

4 Name: _____

5 Name: _____

District Court County Court at Law

of _____ County, Texas

Motion for Genetic Testing and Notice of Hearing

My name is: _____
First Middle Last

I am the: Petitioner Respondent in this case.

I ask the Court to make appropriate orders for genetic testing as required by Texas Family Code, Chapter 160, Subchapter F, including orders for the advance payment of the cost of genetic testing.

Respectfully submitted,

▶ _____
Your Signature.

I understand that I must let the Court and all attorneys in the case (or the party if s/he is not represented by an attorney) know in writing if my mailing address or email address changes during this case. If I don't, then any notices about this case will be sent to me at the mailing address or email address on this form.

(PRINT your name and information.):

Name: _____ Telephone: _____

Email: _____ Fax # (if any) _____

Mailing Address: _____

Notice of Hearing

A hearing on this motion will be held on this date: _____, at this
month / day / year

time: _____ m., and at this location: _____, County Courthouse,

Physical Address of Courthouse City State Zip

Signed on: _____
Signature of Judge or Clerk

Certificate of Service

I certify that today I sent a true copy of this document to each party or attorney of record in this case by: *(Check one.)*

- Certified mail, return receipt requested.
(Bring receipt stamped with date of mailing and green return receipt card to the hearing.)
- Fax, to fax # (_____) - _____.
(Bring fax confirmation to the hearing.)
- Hand delivery.
(Bring signed acknowledgment of receipt to the hearing.)



Your Signature

Date

*Note: An **attorney of record** is an attorney who has signed pleadings or other forms in the case on behalf of a party or appeared for a party at a hearing. If a party has an attorney of record, send a copy of this document to the attorney instead of the party. If a party does not have an attorney of record, send a copy of this document directly to the party. Bring proof of delivery to the hearing.*

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA.

In the interest of *(List children)*:

1 Name: _____

Cause No:

2 Name: _____

3 Name: _____

In the _____ District County Court of:

4 Name: _____

5 Name: _____

_____ County, Texas

Order for Genetic Testing

A hearing was held today on a Motion for Genetic Testing.

The Court finds that genetic testing has been requested and is medically practical.

IT IS THEREFORE ORDERED that the children named in this case and the following individuals shall submit to genetic testing: *(Check all that apply.)*

the alleged father: _____
PRINT the Alleged Father's full name

the mother: _____
PRINT the Mother's full name

PRINT the full name of any other person ordered to submit to genetic testing.

IT IS ORDERED that the children and each person named above shall submit to genetic testing on

_____ at _____ .M. at the following testing laboratory:
(date) (time)

Name of testing laboratory: _____

Address: _____

Phone #: (_____) _____ - _____.

Each person named above is ORDERED to appear at the testing laboratory, with his or her driver's license or other appropriate photographic identification, on the date and time listed above.

The party who has physical possession of the children named in this case on the date listed above is ORDERED to bring the children along with appropriate photographic identification for the children, to the testing laboratory on the date and at the time listed above.

Each person named above and the children shall remain at the testing laboratory until the genetic specimens have been collected and shall permit the employees of the testing laboratory to take blood, hair or other body tissue or fluid samples sufficient for genetic testing.

The testing laboratory named above shall perform testing sufficient to comply with Texas Family Code, Chapter 160, Subchapter F and shall prepare a report in compliance with Texas Family Code Section 160.504. The testing laboratory shall file the original report with the Court and provide a copy of the report to the parties.

The cost of the testing laboratory's services shall be paid in advance by _____.

SIGNED on _____.

JUDGE PRESIDING

Cause Number: _____

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

Order Adjudicating Parentage

A trial took place today, and the following people were present.

1. Appearances

Petitioner

The Petitioner's full name is: _____.

The Petitioner is the child/ren's: *(Check one.)*

- mother
- alleged father
- presumed father
- other: _____.

The Petitioner: *(Check one.)*

- was present, representing himself.
- was not present but has signed below, agreeing to the terms of this Order.

Respondent A

Respondent A's full name is: _____.

Respondent A is the child/ren's: *(Check one.)*

- mother
- alleged father
- presumed father
- other: _____.

Respondent A: *(Check one.)*

- was present, representing him/herself, and announced ready for trial.
- was present, representing him/herself, and agreed to the terms of this Order.
- was not present, but filed an Answer or Waiver of Service and has signed on page 7 agreeing to the terms of this Order.
- was not present, but filed a Global Waiver that waived his or her right to notice of this hearing and did not otherwise appear.
- was not present, but was served and has defaulted. The Petitioner filed a Certificate of Last Known Address and a Military Status Declaration.

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

Respondent B's full name is: _____.

Respondent B is the child/ren's: *(Check one.)*

mother alleged father presumed father other: _____.

Respondent B: *(Check one.)*

- was present, representing him/herself, and announced ready for trial.
- was present, representing him/herself, and agreed to the terms of this Order.
- was not present, but filed an Answer or Waiver of Service and has signed on page 7 agreeing to the terms of this Order.
- was not present, but filed a Global Waiver that waived his or her right to notice of this hearing and did not otherwise appear.
- was not present, but was served and has defaulted. The Petitioner filed a Certificate of Last Known Address and a Military Status Declaration.

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

Respondent C's full name is: _____.

Respondent C is the child/ren's: *(Check one.)*

mother alleged father presumed father other: _____.

Respondent C: *(Check one.)*

- was present, representing him/herself, and announced ready for trial.
- was present, representing him/herself, and agreed to the terms of this Order.
- was not present, but filed an Answer or Waiver of Service and has signed on page 7 agreeing to the terms of this Order.
- was not present, but filed a Global Waiver that waived his or her right to notice of this hearing and did not otherwise appear.
- was not present, but was served and has defaulted. The Petitioner filed a Certificate of Last Known Address and a Military Status Declaration.

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

Respondent D's full name is: _____.

Respondent D is the child/ren's: *(Check one.)*

mother alleged father presumed father other: _____.

Respondent D: *(Check one.)*

- was present, representing him/herself, and announced ready for trial.
- was present, representing him/herself, and agreed to the terms of this Order.
- was not present, but filed an Answer or Waiver of Service and has signed on page 7 agreeing to the terms of this Order.
- was not present, but filed a Global Waiver that waived his or her right to notice of this hearing and did not otherwise appear.
- was not present, but was served and has defaulted. The Petitioner filed a Certificate of Last Known Address and a Military Status Declaration.

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

A Court reporter:

(Check one.)

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

4. Children

The court finds that the following children are the subject of this case:

	<i>Child's name</i>	<i>Date of Birth</i>
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

5. Parentage Findings

The Court finds that: _____.
PRINT the full name of the man determined to be the father of the children.

- has admitted, by pleading or in open court, that he is the biological father of the children and there is no reason to question the admission.
- has admitted, by pleading or in open court, that he is the biological father of the children and admissible biological testing results show he is the father of the children.
- has denied that he is the biological father of the children, but admissible biological testing results show he is the father of the children.
- has denied that he is the biological father of the children, but refused to submit to biological testing.
- has admitted, by pleading or in open court, that he is the biological father of the children. The mother has denied that the alleged father is the biological father of the children, but the mother refused to submit to biological testing.
- is the presumed, acknowledged or adjudicated father of the children and admissible biological testing results show he is the father of the children.
- was duly and properly cited but did not appear and has defaulted, that the return of citation has been on file for at least ten days, and that evidence before the Court shows him to be the father of the children.

6. Adjudication of Parentage

IT IS ORDERED that _____ is, and he is
PRINT the full name of the man determined to be the father of the children.

adjudicated to be, the father of the following children born to _____:
PRINT the Mother's full name.

	<i>Child's name</i>	<i>Date of Birth</i>
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

The Texas Vital Statistics Unit is **ORDERED** to amend the birth record of the children by **adding**
_____ as the father of the children listed above:
PRINT the full name of the man determined to be the father of the children.

7. Adjudication of Nonparentage *(Complete this section only if applicable.)*

The Court finds that admissible results of biological testing **exclude**:

PRINT the full name of the man determined **not** to be the father of the children.
as the biological father of the children or identify another man as the biological father of the children.

IT IS ORDERED that _____
PRINT the full name of the man determined **not** to be the father of the children.

is not, and he is adjudicated not to be, the father of the following children born to:

PRINT the Mother's full name.

	<i>Child's name</i>	<i>Date of Birth</i>
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

The Texas Vital Statistics Unit is **ORDERED** to amend the birth record of the children by **removing**
_____ as the father of the children listed above.
PRINT the full name of the man determined **not** to be the father.

8. Name Change of Children (Complete **this section** only if applicable.)

The Court finds that there is good cause to change the names of the following children:

Child 1 - IT IS ORDERED that the child formerly known as: _____,
PRINT *the child's current name – first, middle, last.*

is now named: _____,
PRINT *the child's new name – first, middle, last.*

Child 2 - IT IS ORDERED that the child formerly known as: _____,
PRINT *the child's current name – first, middle, last.*

is now named: _____,
PRINT *the child's new name – first, middle, last.*

Child 3 - IT IS ORDERED that the child formerly known as: _____,
PRINT *the child's current name – first, middle, last.*

is now named: _____,
PRINT *the child's new name – first, middle, last.*

Child 4 - IT IS ORDERED that the child formerly known as: _____,
PRINT *the child's current name – first, middle, last.*

is now named: _____,
PRINT *the child's new name – first, middle, last.*

Child 5 - IT IS ORDERED that the child formerly known as: _____,
PRINT *the child's current name – first, middle, last.*

is now named: _____,
PRINT *the child's new name – first, middle, last.*

The Texas Vital Statistics Unit is **ORDERED** to amend the birth the birth record of the children by **changing the names** of the children as ORDERED above.

10. Orders about Conservatorship, Possession and Access and Support

(Check one.)

The Court makes **no orders** about conservatorship (custody), possession and access, child support, or medical and dental support for the subject child/ren at this time. **(If you check this box, skip to section 11)**

The Court makes the following orders about conservatorship (custody), possession and access, child support, medical support and dental support for the subject children:

(If you check this box, attach the Orders listed below.)

- **Conservatorship (custody)** is ORDERED in the attached “*Conservatorship Order*” which is fully incorporated into this Order for all purposes.
- **Possession and access (visitation)** is ORDERED in the attached:
(Check one and attach the appropriate Possession Order.)
 - “*Standard Possession Order*” which is fully incorporated into this Order for all purposes.
 - “*Modified Possession Order*” which is fully incorporated into this Order for all purposes.
 - “*Supervised Possession Order*” which is fully incorporated into this Order for all purposes.
- **Child support** is ORDERED in the attached “*Child Support Order*” which is fully incorporated into this Order for all purposes.
- **Medical and dental support** is ORDERED in the attached “*Medical and Dental Support Order*” which is fully incorporated into this Order for all purposes.

11. Family Information

The Court ORDERS that the information found in the attached *Family Information Order* is made a part of this Order for all purposes.

12. Court Costs

The costs of court shall be paid by the party who incurred them to the extent the party is required to pay such costs. A party who filed an affidavit of indigency or statement of inability to afford payment of court costs that was not successfully contested is not required to pay court costs.

13. Other Orders

The court has the right to make other orders, if needed, to clarify or enforce the orders above.

14. Final Order

Any orders requested that do not appear above are denied. This is a final judgment and is appealable.

Date of Judgment



Judge's Signature

Judge's Printed Name

By signing here, I agree to the form and substance of this Order.

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

Respondent D's signature

Date

Respondent D's Printed name

Child Support Order

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

1. Order to Pay Child Support

The Court **ORDERS** _____ (**Obligor**) to pay
(Print the name of the parent who will **pay** child support.)

child support to _____ (**Obligee**) for the
(Print the name of the parent who will **receive** child support.)

child/ren, _____,
(Print the name of **each child** for whom child support will be paid.)

in the amount and manner described below until one of the following **events that terminate child support** occurs for each child.

2. Events that Terminate Child Support (See Texas Family Code Sections 154.006 and 154.002.)

The obligation to pay child support for a child terminates (ends) 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. **-or-**
- The child marries, dies, or is emancipated by court order. **-or-**
- The child begins active duty in the United States armed forces. **-or-**
- 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.

3. Obligor and Obligee

The Court **ORDERS** that the parent ordered to **pay** child support above is the **Obligor** and will be referred to as the "**Obligor**" throughout this section.

The Court **ORDERS** that the parent ordered to **receive** child support above is the **Obligee** and will be referred to as the "**Obligee**" throughout this section.

4. Termination of Obligee's Obligation to pay current child support (if applicable)

If the *Obligee* was the parent ordered to pay child support in the prior order, the Court **ORDERS** that the *Obligee's* obligation to pay current child support terminates (ends) on the date the Court signs this Order.

This Order does not change *Obligee's* obligation to pay any past due child support or arrearage judgment.

5. Child Support Amount(s) Ordered

If only one child will receive support, check box **5A** and fill in the child support amount and start date.

If more than one child will receive support, check box **5B** and fill in the child support amounts and start date.

5A. For a Single Child

Obligor 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 that **until** child support terminates for the child.

Month / Day / Year

5B. For Multiple Children

Obligor 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 that **until** child support terminates for one child.

Month / Day / Year

After child support terminates for one child, Obligor 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, Obligor 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, Obligor 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, Obligor 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.

After child support terminates for five children, Obligor 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 fifth child. A like payment is due on the 1st day of each month after that **until** child support terminates for a sixth child.

Warning! Do **not** pay child support directly to the other parent. 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 other parent, you won't get credit and you may have to pay again!

6. Place of Payment

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

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

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

7. No Credit for Informal Payments

IT IS ORDERED that money paid by 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.

8. Child Support Account / Fees

Each parent 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 parent by the state disbursement unit and any other agency authorized by law to a charge a fee for the collection and distribution of child support.

9. Guideline or Non-Guideline Support

The Court finds that the child support ordered above is:

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 Obligor is \$ _____.

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

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

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

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

10. Income Withholding

IT IS ORDERED that any employer of Obligor is ordered to withhold child support from 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.

11. 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, **or**
- 2) the past due amount is the same or more than the monthly child support amount, **or**
- 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.

12. 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.

13. Child Support After Death

IT IS ORDERED that the provisions for child support in this decree 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.

14. Life Insurance Policy *Check box below if the person ordered to pay child support should also be ordered to maintain a life insurance policy for as long as child support is ordered.*

As additional child support, the person paying child support under this order is ORDERED to obtain and maintain a life insurance policy on his or 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 children.

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.

Medical Support Order

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

1. Duty to Provide Medical Support

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

2. Events that Terminate Medical Support

The obligation to provide medical support for a child terminates (ends) 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. **-or-**
- The child marries, dies, or is emancipated by court order. **-or-**
- The child begins active duty in the United States armed forces. **-or-**
- 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.

3. Court Findings about Health Insurance

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

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.

is not available at a reasonable cost to either parent. 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.**

4. Orders Regarding Health Insurance and Cash Medical Support

Check box **4(A)**, **4(B)**, OR **4(C)** on the following pages and write in the appropriate names (and start date if cash medical support is ordered).

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

- Check box **4(A)** if the **Obligor** will provide and pay for health insurance for the children.
- Check box **4(B)** 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 **4(C)** if neither parent 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.

4(A). Obligor to Provide and Pay for Health Insurance

As additional child support, the Court ORDERS Obligor, _____,
(Print name of parent ordered to **pay** child support)

to get health insurance for the child/ren **within 15 days** of the date of this order through: (Check one.)

Obligor's work or membership in a union, trade association, or other organization.

another source available to Obligor.

The health insurance must cover basic healthcare services, including usual physician services, office visits, hospitalization, and laboratory, X-ray, and emergency services.

Obligor is ORDERED to pay, as additional child support, all costs of such health insurance, including but not limited to enrollment fees and premiums.

Obligor is ORDERED to keep such health insurance in full force and effect on each child, who is the subject of this suit, until one of the above **events that terminate medical support** occurs for the child.

Obligor is ORDERED to give Obligee the following **within 30 days** of the date of this order:

- o Obligor's social security number and the name and address of Obligor's employer, **and**
- o the name of the insurance carrier, the policy number, and proof the child/ren are covered, **and**
- o a copy of the insurance policy and list of benefits covered, **and**
- o insurance membership cards for the child/ren, **and**
- o any forms needed to use the health insurance, **and**
- o any forms needed to submit a claim.

Obligor is ORDERED to give Obligee the following **within 3 days** of receipt:

- o any insurance checks or other payments for medical expenses paid by Obligee **and**
- o any explanations of benefits relating to medical expenses paid or incurred by Obligee.

If health insurance benefits for the child/ren are changed in any way, Obligor is ORDERED to give Obligee information about the change and any new forms needed to use the insurance **within 15 days** of the change.

If health insurance benefits are cancelled, Obligor is ORDERED to get new health insurance for the children **within 15 days** of the date of cancellation. The new insurance must equal or exceed the prior level of coverage. The new health insurance must cover basic healthcare services, including usual physician services, office visits, hospitalization, and laboratory, X-ray, and emergency services.

If Obligor 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 Obligee or others as authorized by law. See *Texas Insurance Code, Section 1504.051*

4(B). Obligee to Provide Health Insurance / Obligor to Reimburse Cost

As additional child support, the Court ORDERS **Obligee**, _____,
(Print name of parent who will receive child support)

to get health insurance for the child/ren **within 15 days** of the date of this order through: (Check one.)

- Obligee's work or membership in a union, trade association, or other organization.
 another source available to Obligee.

The health insurance must cover basic healthcare services, including usual physician services, office visits, hospitalization, and laboratory, X-ray, and emergency services.

Obligee is ORDERED to maintain such health insurance in full force and effect on each child until one of the above **events that terminate medical support** occurs for the child.

Obligee is ORDERED to give Obligor the following **within 30 days** of the date of this order:

- o Obligee's social security number and the name and address of Obligee's employer, **and**
- o the name of the insurance carrier, the policy number, and proof the child/ren are covered, **and**
- o the name of the insurance company and the policy number, **and**
- o a copy of the insurance policy and list of benefits covered, **and**
- o insurance membership cards for the child/ren, **and**
- o any forms needed to use the health insurance, **and**
- o any forms needed to submit a claim.

Obligee is ORDERED to give Obligor the following **within 3 days** of receipt:

- o any insurance checks or other payments for medical expenses paid by Obligor **and**
- o any explanations of benefits relating to medical expenses paid or incurred by Obligor.

If health insurance benefits for the child/ren are changed in any way, Obligee is ORDERED to give Obligor information about the change and any new forms needed to use the insurance **within 15 days** of the change. If the cost of health insurance benefits for the child/ren changes, Obligee is ORDERED to give Obligor information about the change **within 15 days** of the change.

If health insurance benefits are cancelled, Obligee is ORDERED to get new health insurance for the children **within 15 days** of the date of cancellation. The new insurance must equal or exceed the prior level of coverage. The new health insurance must cover basic healthcare services, including usual physician services, office visits, hospitalization, and laboratory, X-ray, and emergency services.

If Obligee 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 Obligor or others as authorized by law. See Texas Insurance Code, Section 1504.051

As additional child support, the Court ORDERS **Obligor**, _____,
(Print name of parent 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 _____.
Month / Day / Year

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

Obligor is ORDERED 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 Court ORDERS that money paid by Obligor directly to Obligee or spent while in possession of the children does **NOT** count as cash medical support.

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 his/her death.

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

4(C). 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 parent 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 decree 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.

Obligee is ORDERED to give the Office of the Attorney General Child Support Division a copy of the insurance policy and list of benefits covered **within 30 days** of the date of this order.

Obligee is ORDERED to give Obligor the following **within 30 days** of the date of this order:

- o the name of the insurance company and the policy number, **and**
- o a copy of the insurance policy and list of benefits covered, **and**
- o insurance membership cards for the child/ren, **and**
- o any forms needed to use the health insurance, **and**
- o any forms needed to submit a claim.

Obligee is ORDERED to give Obligor the following **within 3 days** of receipt:

- o any insurance checks or other payments for medical expenses paid by Obligor **and**
- o any explanations of benefits relating to medical expenses paid or incurred by Obligor.

If Obligee 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 Obligor or others as authorized by law. *Texas Insurance Code, Section 1504.051*

As additional child support, the Court ORDERS **Obligor**, _____,
(Print name of parent 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 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.

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

The Court ORDERS that money paid by Obligor directly to Obligee or spent while in possession of the children does **NOT** count as cash medical support.

IT IS ORDERED that Obligor is allowed to **stop paying of cash medical support**, for the time Obligor is providing health insurance coverage for the children, **if**:

- a. health insurance for the children becomes available to Obligor at a reasonable cost; **and**
- b. Obligor enrolls the child/ren in the insurance plan and pays all costs of the insurance; **and**
- c. 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, **and**
 - (2) Obligor's social security number, **and**
 - (3) name and address of the Obligor's employer, **and**
 - (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 **4(C)**. It does **not** apply to any other section.

5. 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:

4(A) above is checked and Obligor is not providing health insurance as ordered, then Obligor is liable for **100 percent** of all necessary medical expenses of the child/ren.

4(B) above is checked and Obligee is not providing health insurance as ordered, then Obligee is liable for **100 percent** of all necessary medical expenses of the child/ren.

If **4(C)** 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.

Reasonable and necessary health care expenses that must be paid by the parents if not covered by insurance include: copayments for office visits and prescription drugs, the yearly deductible, if any, medical, surgical, and prescription drug expenses, mental health-care services, dental and orthodontic expenses, **and** eye care and ophthalmological expenses. These reasonable and necessary health-care expenses do not include expenses for travel to and from the health-care provider or for nonprescription medication.

The parent who incurs a health-care expense on behalf of a child (called the “*incurring parent*”) is ORDERED to give the other parent (called the “*nonincurring parent*”) 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 parent is ORDERED to pay his or her 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 parent, if the nonincurring parent’s portion has already been paid.

6. Claims

Either parent 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 parent who paid the expense. If the insurance carrier sends reimbursement to the parent who did not pay the expense, that parent is ORDERED to endorse the check and deliver it to the parent who paid the expense **within 3 days**.

7. Health Insurance Policy Requirements

Each parent 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 parent 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 parent shall pay all such health-care expenses incurred unless: the expenses are emergency health-care expenses, the parents 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 parents to pay the expense.

Medical and Dental Support Order

The Court **ORDERS** that this *Medical and Dental Support Order* is fully incorporated into the Order to which it is attached.

1. Duty to Provide Medical and Dental Support

As additional child support, the Court **ORDERS** the parents 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.

2. 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. **-or-**
- The child marries, dies, or is emancipated by court order. **-or-**
- The child begins active duty in the United States armed forces. **-or-**
- 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.

3. Definitions

"Child/ren" means all children, whether one or more, who are the subject of this case.

"Obligor" means the parent ordered to pay child support.

"Obligee" means the parent 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 okay.)*

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.

4. 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 Section 154.181(e).

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

is not available at a reasonable cost to either parent. 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.

5. Orders about Health Insurance / Medical Support

The Court makes the following orders about health insurance / medical support for the child/ren:

Check box **5A** if the **Obligor** will provide and pay for health insurance for the children.

Check box **5B** 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 **5C** if neither parent 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 parent ordered to pay child support. The **Obligee** is the parent who will receive child support.

5A. Obligor to Provide and Pay for Health Insurance

As additional child support, the Court ORDERS **Obligor**, _____,
(Print name of parent 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.

5B. Obligee to Provide Health Insurance / Obligor to Pay Cash Medical Support

As additional child support, the Court ORDERS **Obligee**, _____,
(Print name of parent 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 parent 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 _____.
Month / Day / Year
A like payment is 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.

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

- Obligor’s name
- Obligee’s name
- Cause Number and County of Decree 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 his/her death.

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

5C. Oblige to Apply for Coverage under a Government Medical Assistance Program or Health Plan / Obligor to Pay Cash Medical Support

The Court ORDERS Oblige, _____, to apply on behalf of
(Print name of parent 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 decree or order is signed by the Court.

If the children are already covered under such a program or plan, the Court ORDERS Oblige to continue such coverage.

When such health coverage is obtained, Oblige 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, _____,
(Print name of parent ordered to pay child support)

to pay Oblige 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.

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

- Obligor's name
- Oblige's name
- Cause Number and County of Decree 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 parent. 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:

- a. health insurance for the children becomes available to Obligor at a reasonable cost; *and*
- b. Obligor enrolls the child/ren in the insurance plan and pays all costs of the insurance; *and*
- c. Obligor provides Oblige 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; *and*
 - (2) Obligor's social security number; *and*
 - (3) name and address of the Obligor's employer; *and*
 - (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 5C. It does not apply to any other section.

6. 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 Section 154.1815.

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

- is not** available at a reasonable cost to either parent.
- is** available at a reasonable cost to the person ordered to pay child support (**Obligor**) 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.

7. Orders about Dental Insurance / Dental Support

(Check one.)

- No orders about dental insurance/dental support are made at this time because neither parent 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 **7A** if the **Obligor** will provide and pay for dental insurance for the children.

Check box **7B** 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 parent ordered in this decree to pay child support. The **Obligee** is the parent who will receive child support.

7A. **Obligor to Provide and Pay for Dental Insurance**

As additional child support, the Court ORDERS **Obligor**, _____,
(Print name of parent 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.

7B. **Obligee to Provide Dental Insurance / Obligor to Reimburse Cost**

As additional child support, the Court ORDERS **Obligee**, _____,
(Print name of parent who will **receive** 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**, _____,
(Print name of parent 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.

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

- Obligor’s name
- Obligee’s name
- Cause Number and County of Decree 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 his/her death.

8. Parent to Furnish Information about Health Insurance

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

- Insuring Parent’s social security number;
- the name and address of Insuring Parent’s employer;
- proof that health insurance has been provided for each child;
- whether Insuring Parent’s employer is self-insured or has health insurance available;
- if Insuring Parent’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 Parent’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 Parent 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, then 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.

9. Parent to Furnish Information about Dental Insurance

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

- Insuring Parent’s social security number;
- the name and address of Insuring Parent’s employer;
- proof that dental insurance has been provided for each child;
- whether Insuring Parent’s employer is self-insured or has dental insurance available;
- if Insuring Parent’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 Parent’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 Parent 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, 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.

10. Order for Insurer to Enroll Child/ren

If the parent 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 parent or others as authorized by law. *See Texas Insurance Code, Section 1504.051*

If the parent 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 parent or others as authorized by law. *See Texas Insurance Code, Section 1504.051*

11. 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 parent ordered to provide health insurance is not providing health insurance as ordered, then that parent 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 parent ordered to provide dental insurance is not providing dental insurance as ordered, then that parent 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 **5C** 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 parent who incurs a health-care expense on behalf of a child (called the “*incurring parent*”) is ORDERED to give the other parent (called the “*nonincurring parent*”) 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 parent is ORDERED to pay his or her 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 parent, if the nonincurring parent’s portion has already been paid.

12. Claims

Either parent 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 parent who paid the expense. If the insurance carrier sends reimbursement to the parent who did not pay the expense, he or she is ORDERED to endorse the check and deliver it to the parent who paid the expense **with 3 days**.

13. Health Insurance Policy Requirements

Each parent 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 parent 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 parent shall pay all such health-care expenses incurred unless: the expenses are emergency health-care expenses, the parents 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 parents to pay the expense.

WARNING – A PARENT ORDERED TO PROVIDE HEALTH INSURANCE OR DENTAL INSURANCE OR TO PAY THE OTHER PARENT 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.

Conservatorship Order: Parents Appointed Conservators

The Court **ORDERS** that this *Conservatorship Order: Parents Appointed Conservators* is fully incorporated into the Order to which it is attached.

1. Rights and Duties of Both Parents

The Court **ORDERS** that both parents *always* have the following rights: *Texas Family Code 153.073*

1. The right to receive information from the other parent or conservator about the child/ren's health, education, and welfare;
2. The right to talk or confer with the other parent, to the extent it is possible, about upcoming decisions concerning the child/ren's health, education, and welfare;
3. The right to have access to the child/ren's medical, dental, psychological, and educational records;
4. The right to talk or consult with the child/ren's doctors, dentists, and psychologists;
5. The right to talk or consult with school officials, including teachers, and school staff, about the child/ren's welfare and educational status and school activities;
6. The right to attend the child/ren's school activities;
7. The right to be designated as an emergency contact on their child/ren's records;
8. The right to give consent for emergency medical, dental, and surgical treatment if the child/ren's health or safety is in immediate danger; and
9. Each parent has the right to manage the child/ren's estate(s) if he or she created it for the child/ren or if that parent's family created it for the child/ren.

The Court **ORDERS** that each parent has the following rights and duties when the parent is in possession of the children: *Texas Family Code 153.074*

1. The duty to care for, control, protect, and reasonably discipline the child/ren;
2. The duty to support the child/ren, including providing them with food, clothing, and shelter, and medical and dental care that does not involve an invasive procedure;
3. The right to consent to non-invasive medical and dental care for the child/ren; and
4. The right to direct the child/ren's moral and religious training.

The Court **ORDERS** that each parent *always* has the following duties: *Texas Family Code 153.076*

1. The Court **ORDERS** that each parent has the duty to inform the other parent in a timely manner of significant information concerning the health, education, and welfare of the child/ren.
2. The Court **ORDERS** that each parent has the duty to inform the other parent if the parent resides with for at least thirty days, marries, or intends to marry a person who the parent knows is registered as a sex offender under chapter 62 of the Code of Criminal Procedure or is currently charged with an offense that would require the person to register as a sex offender under that chapter, if convicted.

The parent is ORDERED to give this notice as soon as practicable, but no later than the 40th day after the date the parent or conservator begins to reside with the person, or within 10 days of marrying the person. The notice must include a description of the offense that required the person to register as a sex offender or the offense that the person is charged with that may require the person to register as a sex offender.

WARNING: A PARENT/CONSERVATOR COMMITS AN OFFENSE PUNISHABLE AS A CLASS C MISDEMEANOR IF THE PARENT/CONSERVATOR FAILS TO PROVIDE THIS NOTICE.

3. The Court ORDERS that each parent has the duty to inform the other parent if the parent establishes a residence with a person who the parent knows is the subject of a final protective order sought by an individual other than the parent that is in effect on the date the residence with the person is established.

The parent is ORDERED to give this notice as soon as practicable but not later than the 30th day after the date the parent establishes residence with the person who is the subject of the final protective order.

WARNING: A PARENT/CONSERVATOR COMMITS AN OFFENSE PUNISHABLE AS A CLASS C MISDEMEANOR IF THE PARENT/CONSERVATOR FAILS TO PROVIDE THIS NOTICE.

4. The Court ORDERS that each parent has the duty to inform the other parent 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 parent after the expiration of the 60-day period following the date the final protective order is issued.

The parent 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 PARENT/CONSERVATOR COMMITS AN OFFENSE PUNISHABLE AS A CLASS C MISDEMEANOR IF THE PARENT/CONSERVATOR FAILS TO PROVIDE THIS NOTICE.

5. The Court ORDERS that each parent of a child has the duty to inform the other parent of the child if the parent is the subject of a final protective order issued after the date of the order establishing conservatorship.

The parent 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 PARENT/CONSERVATOR COMMITS AN OFFENSE PUNISHABLE AS A CLASS C MISDEMEANOR IF THE PARENT/CONSERVATOR FAILS TO PROVIDE THIS NOTICE.

Note: A person who is the subject of a final protective order is the person who the protective order is against.

2. Parents Appointed Conservators

If the parents will be joint managing conservators, check box **2A** below and fill in the requested information.

If one parent will be the sole managing conservator and the other will be the possessory conservator, skip **2A**. Go to the next page and check box **2B**. Fill in the information requested in box **2B**.

2A. Joint Managing Conservators

The Court **ORDERS** that the parents are appointed **Joint Managing Conservators** and:

(Check **2A(1)** or **2A(2)**.)

2A(1) **One Parent Has the Exclusive Right to Decide Where the Child/ren Live.**

The Court **ORDERS** that _____
Print the name of the parent who will decide where the child/ren live.

has the exclusive right to designate the primary residence of the child/ren and that she or he: (Check one.)

- may designate the child/ren's residence anywhere.
 must designate the child/ren's residence within the following geographic area:

(Check one box.)

- the school attendance zone of: _____
 this county. this county or county adjacent to this county.
 Texas. other: _____

2A(2) **Neither Parent Has the Exclusive Right to Decide Where the Child/ren Live.**

The Court **ORDERS** that neither parent has the exclusive right to designate the primary residence of the children. However, both parents are **ORDERED** not to move the children's primary residence from the following geographic area: (Check one box.)

- the school attendance zone of: _____
 this county. other: _____

The Court **ORDERS** that the parents, as **Joint Managing Conservators**, have the rights as marked below.

The mother exclusively	The father exclusively	The parents jointly	The parents independently	has/have the RIGHT to ...
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consent to invasive medical, dental, and surgical treatment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consent to psychiatric or psychological treatment
<input type="checkbox"/>	<input type="checkbox"/>	No	No	receive child support and save or spend these funds for the child/ren's benefit
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	represent the child/ren in a legal action and make important legal decisions that affect the child/ren
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consent to a child's marriage and to a child enlisting in the U.S. Armed Forces
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	make decisions concerning the child/ren's education
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	to the services and earnings of the child/ren
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	make decisions for a child about the child's estate if required by law (unless the child has a guardian or attorney ad litem or guardian of the estate)

The Court also **ORDERS** that the parents, as **Joint Managing Conservators**, have the duty as marked below.

The mother exclusively The father exclusively The parents jointly The parents independently

has/have the **DUTY** to ...
manage the child's estate to the extent the estate has been created by the parents' community or joint property.

2B. Sole Managing Conservator and Possessory Conservator

The Court **ORDERS** that _____ is
(Print the name of the parent appointed Sole Managing Conservator.)

appointed **Sole Managing Conservator** of the child/ren and that s/he has the following exclusive rights and duty:

1. the right to designate the primary residence of the child/ren without geographic restriction;
2. the right to consent to medical, dental, and surgical treatment for the child/ren involving invasive procedures;
3. the right to consent to psychiatric and psychological treatment of the child/ren;
4. the right to receive child support and to save or spend these funds for the benefit of the child/ren;
5. the right to represent the child/ren in legal action and to make other decisions of substantial legal significance concerning the child/ren;
6. the right to consent to marriage and to enlistment in the United States Armed Forces;
7. the right to make decisions concerning the child/ren's education;
8. the right to the services and earnings of 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 duty to manage the estates of the child/ren to the extent the estates have been created by community property or the joint property of the parents.

The Court **ORDERS** that _____ is
(Print the name of the parent appointed Possessory Conservator.)

appointed **Possessory Conservator** of the child/ren.

3. Order Regarding Passports for the Children

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

- Mother has the exclusive right to apply for and renew passports for the child/ren.
- Father has the exclusive right to apply for and renew passports for the child/ren.
- Neither parent has the exclusive right to apply for or renew passports for the child/ren. A parent who applies for or renews a passport for the child/ren must obtain the written consent of the other parent.

Conservatorship Order: Non-Parent(s) Appointed Conservator

The Court **ORDERS** that this *Conservatorship Order: Non-Parent(s) Appointed Conservator* is fully incorporated into the Order to which it is attached.

1. 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.

2. 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.

Note: A person who is the subject of a final protective order is the person who the protective order is against.

3. 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.

4. Order Regarding Passports for the Children

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

- The Sole Managing Conservator 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.

5. 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 concerning the health, education, and welfare of the child;
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;
3. the right of access to medical, dental, psychological, and educational records of the child;
4. the right to consult with a physician, dentist, or psychologist of the child;
5. the right to consult with school officials concerning the child'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'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;
9. the right to manage the estates of the child to the extent the estates have been created by the parent.
10. the duty to inform the other conservators of the child in a timely manner of significant information concerning the health, education, and welfare of the child;
11. the duty to inform the other conservator[s] of the child 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 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 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 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 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.

Note: A person who is the subject of a final protective order is the person who the protective order is against.

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

6. Non-Parent Conservator Information

6A. 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 #: _____
Driver's License #: _____ Issuing state: _____
Employer: _____
Work address: _____

- The Court FINDS that disclosure of the information of the nonparent managing conservator named above to the other conservators is likely to cause him/her or the children harassment, abuse, serious harm or injury.

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 his or 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 the nonparent managing conservator to provide his or 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.

6B. Disclosure of Other Nonparent Managing Conservator's Information *(Check one.)*

- There is no other Nonparent Managing Conservator.
- 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 conservator.)*

Name: _____
Home Address: _____
Mailing Address: _____
Home phone # _____ Work phone #: _____
FULL Social Security #: _____
Driver's License #: _____ 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 him/her or the children harassment, abuse, serious harm or injury.

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 his or 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 the nonparent managing conservator to provide his or 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.

INCOME WITHHOLDING FOR SUPPORT

- 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/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 support order must be attached.

State/Tribe/Territory _____ Remittance ID (include w/payment) _____
 City/County/Dist./Tribe _____ Order ID _____
 Private Individual/Entity _____ Case ID _____

_____ Employer/Income Withholder's Name _____ Employer/Income Withholder's Address _____ _____ _____ Employer/Income Withholder's FEIN _____	RE: _____ Employee/Obligor's Name (Last, First, Middle) _____ Employee/Obligor's Social Security Number _____ Employee/Obligor's Date of Birth _____ Custodial Party/Obligee's Name (Last, First, Middle) _____														
<table border="0" style="width: 100%;"> <tr> <td style="width: 40%;">Child(ren)'s Name(s) (Last, First, Middle)</td> <td style="width: 20%;">Child(ren)'s Birth Date(s)</td> <td style="width: 40%;"></td> </tr> <tr> <td>_____</td> <td>_____</td> <td rowspan="5" style="border: 1px solid black; min-height: 100px;"></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Child(ren)'s Name(s) (Last, First, Middle)	Child(ren)'s Birth Date(s)		_____	_____		_____	_____	_____	_____	_____	_____	_____	_____	
Child(ren)'s Name(s) (Last, First, Middle)	Child(ren)'s Birth Date(s)														
_____	_____														
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ORDER INFORMATION: This document is based on the support 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.

Document Tracking ID _____

Employer's Name: _____ Employer FEIN: _____

Employee/Obligor's Name: _____ SSN: _____

Case Identifier: _____ Order Identifier: _____

REMITTANCE INFORMATION: If the employee/obligor's principal place of employment is _____ (State/Tribe), you must begin withholding no later than the first pay period that occurs _____ days after the date of _____. Send payment within _____ business days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold _____% of disposable income for all orders. If the obligor is a non-employee, obtain withholding limits from Supplemental Information. If the employee/obligor's principal place of employment is not _____ (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees from the jurisdiction of the employee/obligor's principal place of employment. State-specific withholding limit information is available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements. For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf or https://www.bia.gov/tribalmap/DataDotGovSamples/tld_map.html.

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

Include the Remittance ID with the payment and if necessary this locator code: _____.

Remit payment to _____ (SDU/Tribal Order Payee) at _____ (SDU/Tribal Payee Address)

Return to Sender (Completed by Employer/Income Withholder). Payment must be directed to an SDU in accordance with sections 466(b)(5) and (6) of the Social Security Act 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.

If Required by State or Tribal Law: Signature of Judge/Issuing Official: _____ Print Name of Judge/Issuing Official: _____ Title of Judge/Issuing Official: _____ Date of Signature: _____

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/css/resource/state-income-withholding-contacts-and-program-requirements.

Employers/income withholders may use OCSE's Child Support Portal (<https://ocsp.acf.hhs.gov/csp/>) to provide information about employees who are eligible to receive a lump sum payment, have terminated employment, and to provide contacts, addresses, and other information about their company.

Priority: Withholding for support has priority over any other legal process under State law against the same income (section 466(b)(7) of the Social Security Act). 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.

Employer's Name: _____ Employer FEIN: _____

Employee/Obligor's Name: _____ SSN: _____

Case Identifier: _____ Order Identifier: _____

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.

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.

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.

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 law of the state of the employee/obligor's principal place of employment, if the place of employment is in a state; or the tribal law of the employee/obligor's principal place of employment if the place of employment is under tribal jurisdiction. 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.

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** section 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:

Employer's Name: _____ Employer FEIN: _____

Employee/Obligor's Name: _____ SSN: _____

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 telephone 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 telephone: _____, by fax: _____, by email or website: _____.

Send termination/income status notice and other correspondence to: _____ (issuer address).

To Employee/Obligor: If the employee/obligor has questions, contact _____ (issuer name)

by telephone: _____, by fax: _____, by email or website: _____.

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

Encryption Requirements:

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

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 for this collection of information is estimated to average two to five minutes per response. 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.

WARNING: This is a case to determine the father of the children named in the *Petition to Adjudicate Parentage*. Once that determination is made by the court, you may not be able to change it. This is a complicated area of the law. It is important that you talk to a lawyer who can explain your legal rights. Without the advice and help of an attorney, you may be putting your rights at risk. To get a referral to an attorney, or if you are poor to the nearest Legal Aid Office, call the State Bar of Texas Lawyer Referral Information Service at 1-800-252-9690. If you are a victim of domestic violence, or if at any time you feel unsafe, you can get confidential help from the National Domestic Violence Hotline at 1-800-799-7233 or legal help from the Texas Advocacy Project Family Violence Legal Line at 1-800-374-4673.

(Print court information exactly as it appears on the *Petition to Adjudicate Parentage*.)

In the interest of (List children):

- 1 Name: _____
- 2 Name: _____
- 3 Name: _____
- 4 Name: _____
- 5 Name: _____

Cause No: _____

In the _____ District County Court of:
_____ County, Texas

**Respondent's Waiver of Service Only
(Specific Waiver)**

INSTRUCTIONS to Respondent: Talk to an attorney if you have questions. If you decide to use this form:

- Do not sign this form until **at least one day after** the *Petition to Adjudicate Parentage* has been filed (turned in to the court). If you sign this form before then, you will have to redo it. The Petitioner should have given you a copy of the *Petition to Adjudicate Parentage*. The official court stamp on the *Petition* will tell you when it was filed.
- Fill out the Waiver of Service completely. You MUST include your address.
- Sign the Waiver of Service in front of a notary.
- Give the Waiver of Service to the Petitioner or file it in the clerk's office.

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 a Respondent in this case to determine the genetic father of the children named above.

"My phone number is: (____) ____-____. My fax number (if available) is: (____) ____-____.

"My mailing address is: _____
Mailing Address City State Zip

"My email address is: _____

"The last three numbers of my driver's license number are: ____ ____ _____. My driver's license was issued in (State) _____.

Or I do not have a driver's license number.

"The last three numbers of my social security number are: ____ ____ ____.

Or I do not have a social security number.

"I have been given a copy of the *Petition to Adjudicate Parentage*. "I have read it and understand what it says. I do not give up my right to review a different *Petition to Adjudicate Parentage* if it gets changed (amended).

"I understand that I have the right to be given a copy of the *Petition to Adjudicate Parentage* by a constable, sheriff or other official process server (legal notice). I do not want to be given legal notice. I give up my right to legal notice.

"I enter my appearance in this case for all purposes.

"I ask that the Court not enter any orders in this case unless the order is signed by me or unless I have received prior written notice of the date, time, and place of hearing.

"If the Petitioner and I reach an agreement and I sign an *Order Adjudicating Parentage*, the Court can enter the *Order* without me being present and without giving me notice. If I sign an agreed *Order*, I do not want a court reporter to make a record of the testimony.

"I understand that I must let the Court, the Petitioner's attorney (or the Petitioner if s/he is not represented by an attorney) and any other party to this case know in writing if my mailing address, phone number or email address changes during this case. If I don't, then I understand that any notices about this case will be sent to me at the mailing address or email address on this form."

Military Status

(Check one.)

- "I am not in the military.
- "I am in the military. I agree to the provisions stated above and I waive only the rights, privileges, and exemptions I have under the Servicemembers Civil Relief Act that are contrary to those provisions.

(Check, and initial only if applicable.)

"I am the biological father of the children named in this case." ▶ _____
Your Initials

▶ _____
Respondent's signature
Do not sign until you are in front of a Notary

Notary fills out below

State of Texas, County of _____
(Print the name of county where this affidavit is notarized.)

Sworn to and subscribed before me, the undersigned Notary, on this date: _____

by _____
(Print the first and last names of the Respondent who is signing this affidavit.)

I, the Notary Public, who signature appears below, certify that I am not an attorney in this case.

(Notary's seal here) ▶ _____
Notary's signature

WARNING: This is a case to determine the father of the children named in the *Petition to Adjudicate Parentage*. Once that determination is made by the court, you may not be able to change it. It is important that you talk to a lawyer who can explain your legal rights. Call your local lawyer referral service or the State Bar of Texas Lawyer Referral Information Service at 1(800) 252-9690 for help finding a lawyer.

WARNING: If you 1) are the alleged father, 2) do not live in Texas, and 3) do not agree that a Texas court should order that you are the father of the children, talk to a lawyer before filing an Answer. Once you file an Answer, you waive your right to argue that Texas lacks the power to make orders about you. Read the law about personal jurisdiction in the Texas Family Code, Sections 160.604 and 102.011.

(Print court information exactly as it appears on the Petition.)

In the interest of (List children):

1 Name: _____ Cause No: _____
2 Name: _____
3 Name: _____ In the _____ District County Court of:
4 Name: _____
5 Name: _____ _____ County, Texas

Respondent's Answer

My name is: _____
First Middle Last

I am a Respondent in this case to determine the father of the children listed in the *Petition to Adjudicate Parentage*.

The last three numbers of my driver's license number are: ___ ___ ___. My driver's license was issued in (State) _____.

Or I do not have a driver's license number.

The last three numbers of my social security number are: ___ ___ ___.

Or I do not have a social security number.

1. Answer

This is my answer. I want to be notified of all hearings in this case.

(Check all applicable boxes.)

- I **am** the genetic father of the children named in this case. I ask the Court to order that I am the legal father of the children.
- I **am not** the genetic father of the children named in this case.
- I ask the Court to order **genetic testing**.
- This case is barred by the Statute of Limitations because the children in this case have an adjudicated, acknowledged, or presumed father and this case was not filed within four years of the adjudication, acknowledgment or birth of the children.
- I ask the Court to deny genetic testing and to name the presumed father the legal father of the children. The mother and the presumed father have acted as though the presumed father is the children's father. It would be unfair to disprove the father-child relationship between the children and the presumed father. It is in the children's best interest to name the presumed father the father of the children. The Court should appoint a guardian ad litem for the children.

2. Contact Information

My mailing address is: _____
Print Mailing Address City State Zip

My phone number is: (____) _____ - _____.

(If applicable) My fax number is: (____) _____ - _____.

My email address is _____.

I understand I *must* notify the Court, Petitioner, Petitioner's attorney (if Petitioner has an attorney), the other Respondents in this case, and the other Respondents' attorneys (if they have attorneys), in writing, if my mailing address, email address, or phone number changes during this case.

I understand that, unless I provide notice of changes in my mailing address, all information about this case, including the date and time of hearings, will be sent to me at the mailing address or email address on this form.

3. Prayer

I ask the Court for general relief.

→ _____
Respondent's signature Date

Certificate of Service

I swear that a true copy of this document was given to Petitioner and Petitioner's attorney (if Petitioner has an attorney) in person, by fax, or by certified mail, return receipt requested.

→ _____
Respondent's signature Date

Cause Number _____

Print cause number and other court information exactly as it appears on the petition filed in this case.

In the interest of:

In the: (check one):

Court Number District Court
 County Court at Law

Children

_____ County, Texas

Affidavit for Prove-Up of Agreed Paternity Order

My name is _____.

I am above the age of eighteen years, and I am fully competent to make this affidavit.

The facts stated in this affidavit are within my personal knowledge and are true and correct.

This Court has jurisdiction over this case and all involved parties.

No other court has continuing, exclusive jurisdiction of this case.

I have standing to file this case as indicated in the Petition.

Each Respondent has signed and filed either a Waiver of Service or Answer.

I have submitted an Agreed Paternity Order, which has been signed by myself and the respondent(s).

Additional Orders (check one of the following)

- I am **not** asking the Court to make orders regarding custody, possession and access, child support, or medical and dental support for the children subject to this suit at this time.
- I am asking the Court to make orders regarding custody, possession and access, child support, or medical and dental support for the children subject to this suit. I have attached the appropriate orders to the Agreed Paternity Order. I believe that these orders would be in the best interests of the children.

I am asking the court to sign and approve the Agreed Paternity Order.

Sign above

Verification (Party must sign in front of a notary below.)

I am the [Petitioner/Respondent]. I swear under oath that the facts stated in this Affidavit are true and correct.

Signature of Affiant **ONLY sign 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 to 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