

**INFORMATION ON SUIT AFFECTING THE FAMILY RELATIONSHIP
(EXCLUDING ADOPTIONS)**

SECTION I GENERAL INFORMATION (REQUIRED)

STATE FILE NUMBER _____

1a. COUNTY _____ 1b. COURT NO. _____

1c. CAUSE NO. _____ 1d. DATE OF ORDER (mm/dd/yyyy) _____

2. HAS THERE BEEN A FINDING BY THE COURT OF: DOMESTIC VIOLENCE? CHILD ABUSE?

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

DIVORCE/ANNULMENT WITH CHILDREN(Sec. 1,2,3,4) DIVORCE/ANNULMENT WITHOUT CHILDREN(Sec 1,2)

PATERNITY WITH CHILD SUPPORT(Sec 1,3,4,5) PATERNITY WITHOUT CHILD SUPPORT(Sec 1,3,5)

CHILD SUPPORT OBLIGATION/MODIFICATION(Sec 1,3,4) TERMINATION OF RIGHTS (Sec 1,3,6)

CONSERVATORSHIP (Sec 1, 3) OTHER (SPECIFY) _____

TRANSFER TO (Sec 1, 3) COUNTY _____ COURT NO. _____ STATE COURT ID# _____

| | | | | | | | | | |
|-------------------------------------|--|--|--|--|--|--|--|--|--|
| 4a. NAME OF ATTORNEY FOR PETITIONER | | | | | 4b. ATTORNEY GENERAL ACCT/CASE # | | | | |
| 4c. CURRENT MAILING ADDRESS | | | | | 4d. TELEPHONE NUMBER (including area code) | | | | |
| STREET & NO. CITY STATE ZIP | | | | | () | | | | |

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

| | | | | | | | | | | | | | | | | | | | |
|------------------------------|--|--|--|--|-----------------------------------|-------------------------------|--|--|--|----------------------------------|--------------------------------|--|--|--|---|--|--|--|--|
| HUSBAND | 5. FIRST NAME MIDDLE LAST SUFFIX | | | | | 6. DATE OF BIRTH (mm/dd/yyyy) | | | | | | | | | | | | | |
| | 7. PLACE OF BIRTH CITY STATE OR FOREIGN COUNTRY | | | | | 8. RACE | | | | | 9. SOCIAL SECURITY NUMBER | | | | | | | | |
| | 10. USUAL RESIDENCE | | | | | STREET NAME & NUMBER | | | | | CITY STATE ZIP | | | | | | | | |
| WIFE | 11. FIRST NAME MIDDLE LAST | | | | | MAIDEN | | | | | 12. DATE OF BIRTH (mm/dd/yyyy) | | | | | | | | |
| | 13. PLACE OF BIRTH CITY STATE OR FOREIGN COUNTRY | | | | | 14. RACE | | | | | 15. SOCIAL SECURITY NUMBER | | | | | | | | |
| | 16. USUAL RESIDENCE | | | | | STREET NAME & NUMBER | | | | | CITY STATE ZIP | | | | | | | | |
| 17. NUMBER OF MINOR CHILDREN | | | | | 18. DATE OF MARRIAGE (mm/dd/yyyy) | | | | | 19. PLACE OF MARRIAGE City State | | | | | 20. PETITIONER IS <input type="checkbox"/> HUSBAND <input type="checkbox"/> WIFE | | | | |

SECTION 3 (IF APPLICABLE) CHILDREN AFFECTED BY THIS SUIT

| | | | | | | | | | | | | | | | |
|---------|--|--|--|--|--|---|--|--|--|--|-----------------------------------|--|--|--|--|
| CHILD 1 | 21a. FIRST NAME MIDDLE LAST SUFFIX | | | | | 21b. DATE OF BIRTH (mm/dd/yyyy) | | | | | | | | | |
| | 21c. SOCIAL SECURITY NUMBER | | | | | 21d. SEX | | | | | 21e. BIRTHPLACE CITY COUNTY STATE | | | | |
| | 21f. PRIOR NAME OF CHILD: FIRST MIDDLE LAST SUFFIX | | | | | 21g. NEW NAME OF CHILD FIRST MIDDLE LAST SUFFIX | | | | | | | | | |
| CHILD 2 | 22a. FIRST NAME MIDDLE LAST SUFFIX | | | | | 22b. DATE OF BIRTH (mm/dd/yyyy) | | | | | | | | | |
| | 22c. SOCIAL SECURITY NUMBER | | | | | 22d. SEX | | | | | 22e. BIRTHPLACE CITY COUNTY STATE | | | | |
| | 22f. PRIOR NAME OF CHILD: FIRST MIDDLE LAST SUFFIX | | | | | 22g. NEW NAME OF CHILD FIRST MIDDLE LAST SUFFIX | | | | | | | | | |
| CHILD 3 | 23a. FIRST NAME MIDDLE LAST SUFFIX | | | | | 23b. DATE OF BIRTH (mm/dd/yyyy) | | | | | | | | | |
| | 23c. SOCIAL SECURITY NUMBER | | | | | 23d. SEX | | | | | 23e. BIRTHPLACE CITY COUNTY STATE | | | | |
| | 23f. PRIOR NAME OF CHILD: FIRST MIDDLE LAST SUFFIX | | | | | 23g. NEW NAME OF CHILD FIRST MIDDLE LAST SUFFIX | | | | | | | | | |
| CHILD 4 | 24a. FIRST NAME MIDDLE LAST SUFFIX | | | | | 24b. DATE OF BIRTH (mm/dd/yyyy) | | | | | | | | | |
| | 24c. SOCIAL SECURITY NUMBER | | | | | 24d. SEX | | | | | 24e. BIRTH CITY COUNTY STATE | | | | |
| | 24f. PRIOR NAME OF CHILD: FIRST MIDDLE LAST SUFFIX | | | | | 24g. NEW NAME OF CHILD FIRST MIDDLE LAST SUFFIX | | | | | | | | | |

WARNING: This is a governmental document. Section 37.10, specifies penalties for making false entries or providing false information in this document.
VS-165 REV 01/2006

SECTION 4 (IF APPLICABLE) OBLIGEE/OBLIGOR INFORMATION

| | | | | | | | | |
|------------------------------|---|-------------------------------|-------------------------------|---|-----------------------------------|-----------------------------------|-------|-----|
| OBLIGEE | THIS PARTY TO THE SUIT IS (CHECK ONE) <input type="checkbox"/> 25a. TDPRS <input type="checkbox"/> 25b. NON-PARENT CONSERVATOR – COMPLETE 26 – 32 | | | | | | | |
| | <input type="checkbox"/> 25c. HUSBAND AS SHOWN ON FRONT OF THIS FORM – COMPLETE 31 – 32 ONLY | | | <input type="checkbox"/> 25d. WIFE AS SHOWN ON FRONT OF THIS FORM – COMPLETE 31 – 32 ONLY | | | | |
| | <input type="checkbox"/> 25e. BIOLOGICAL FATHER – COMPLETE 26 – 32 | | | <input type="checkbox"/> 25f. BIOLOGICAL MOTHER – COMPLETE 26 – 32 | | | | |
| | 26. FIRST NAME | MIDDLE | LAST | SUFFIX | MAIDEN | | | |
| | 27. DATE OF BIRTH (mm/dd/yyyy) | 28. PLACE OF BIRTH | | CITY | STATE OR FOREIGN COUNTRY | | | |
| 29. USUAL RESIDENCE | | STREET NAME & NUMBER | | CITY | COUNTY | STATE | ZIP | |
| 30. SOCIAL SECURITY NUMBER | | 31. DRIVER LICENSE NO & STATE | | | 32. TELEPHONE NUMBER () | | | |
| OBLIGOR #1 | THIS PARTY TO THE SUIT IS (CHECK ONE) <input type="checkbox"/> 33a. NON-PARENT CONSERVATOR – COMPLETE 34 – 43 | | | | | | | |
| | <input type="checkbox"/> 33b. HUSBAND AS SHOWN ON FRONT OF THIS FORM – COMPLETE 39 – 43 ONLY | | | <input type="checkbox"/> 33c. WIFE AS SHOWN ON FRONT OF THIS FORM – COMPLETE 39 – 43 ONLY | | | | |
| | <input type="checkbox"/> 33d. BIOLOGICAL FATHER – COMPLETE 34 – 43 | | | <input type="checkbox"/> 33e. BIOLOGICAL MOTHER – COMPLETE 34 – 43 | | | | |
| | 34. FIRST NAME | MIDDLE | LAST | SUFFIX | MAIDEN | | | |
| | 35. DATE OF BIRTH (mm/dd/yyyy) | 36. PLACE OF BIRTH | | CITY | STATE OR FOREIGN COUNTRY | | | |
| | 37. USUAL RESIDENCE | | STREET NAME & NUMBER | | CITY | COUNTY | STATE | ZIP |
| | 38. SOCIAL SECURITY NUMBER | | 39 DRIVER LICENSE NO. & STATE | | | 40. TELEPHONE NUMBER () | | |
| 41. EMPLOYER NAME | | | | 42. EMPLOYER TELEPHONE NUMBER | | | | |
| 43. EMPLOYER PAYROLL ADDRESS | | STREET NAME & NUMBER | | CITY | STATE | ZIP | | |
| OBLIGOR #2 | THIS PARTY TO THE SUIT IS (CHECK ONE) <input type="checkbox"/> 44a. NON-PARENT CONSERVATOR – COMPLETE 45 – 54 | | | | | | | |
| | <input type="checkbox"/> 44b. HUSBAND AS SHOWN ON FRONT OF THIS FORM – COMPLETE 50 – 54 ONLY | | | <input type="checkbox"/> 44c. WIFE AS SHOWN ON FRONT OF THIS FORM – COMPLETE 45 – 54 ONLY | | | | |
| | <input type="checkbox"/> 44d. BIOLOGICAL FATHER – COMPLETE 45 – 54 | | | <input type="checkbox"/> 44e. BIOLOGICAL MOTHER – COMPLETE 45 – 54 | | | | |
| | 45. FIRST NAME | MIDDLE | LAST | SUFFIX | MAIDEN | | | |
| | 46. DATE OF BIRTH (mm/dd/yyyy) | 47. PLACE OF BIRTH | | CITY | STATE OR FOREIGN COUNTRY | | | |
| | 48. USUAL RESIDENCE | | STREET NAME & NUMBER | | CITY | COUNTY | STATE | ZIP |
| | 49. SOCIAL SECURITY NUMBER | | 50. DRIVER LICENSE NO & STATE | | | 51. TELEPHONE NUMBER | | |
| 52. EMPLOYER NAME | | | | 53. EMPLOYER TELEPHONE NUMBER | | | | |
| 54. EMPLOYER PAYROLL ADDRESS | | STREET NAME & NUMBER | | CITY | STATE | ZIP | | |

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

| | | | | | | |
|---|-----------------------------|--------|----------------------|--------------------------------|-------|-----|
| 55. BIOLOGICAL FATHER'S NAME | FIRST | MIDDLE | LAST | 56. DATE OF BIRTH (mm/dd/yyyy) | | |
| 57. SOCIAL SECURITY NUMBER | 58. CURRENT MAILING ADDRESS | | STREET NAME & NUMBER | CITY | STATE | ZIP |
| 59. DOES THIS ORDER REMOVE INFORMATION PERTAINING TO A FATHER FROM A CHILD'S CERTIFICATE OF BIRTH? <input type="checkbox"/> NO <input type="checkbox"/> YES | | | | | | |

SECTION 6 TERMINATION OF RIGHTS – INFORMATION RELATED TO THE INDIVIDUAL(S) WHOSE RIGHTS ARE BEING TERMINATED IN THIS SUIT.

| | | | | |
|-----------------|-------------|-----------|--------|-------------------|
| 60a. FIRST NAME | MIDDLE NAME | LAST NAME | SUFFIX | 60b. RELATIONSHIP |
| 61a. FIRST NAME | MIDDLE NAME | LAST NAME | SUFFIX | 61b. RELATIONSHIP |
| 62a. FIRST NAME | MIDDLE NAME | LAST NAME | SUFFIX | 62b. RELATIONSHIP |

COMMENTS: _____

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

SIGNATURE OF THE CLERK OF THE COURT