

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 STREET & NO. CITY STATE ZIP	4d. TELEPHONE NUMBER (including area code) ()

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

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

SECTION 3 (IF APPLICABLE) CHILDREN AFFECTED BY THIS SUIT

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

SECTION 4 (IF APPLICABLE) OBLIGEE/OBLIGOR INFORMATION

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

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

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

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

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

COMMENTS: _____

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

SIGNATURE OF THE CLERK OF THE COURT