

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

Use these instructions & forms if:

- you and the other parent have signed an “Acknowledgment of Paternity” form; you and the other parent are not married (or don’t want a divorce); there are no court orders for custody and support of your children already in place (other than a family violence protective order); and you don’t think the other party will participate in the case.

**This packet includes:**

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

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

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

These instructions explain the basic steps in a **default** Suit Affecting the Parent-Child Relationship (SAPCR for short) filed by a parent. **Each step includes a link to the form or forms needed for that step.**

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

“**Default**” means the other parent (or other respondent) is served with the initial court papers and does not file an answer with the court. If the other parent (or other respondent) is served and defaults, you can finish the case without them.

### Use these instructions if:

- you and the other parent have signed an “Acknowledgment of Paternity” form; **and**
- you and the other parent are not married (or don’t want a divorce); **and**
- there are no court orders for custody and support of your children already in place (*other than a family violence protective order*); **and**
- you don’t think the other parent will participate in the case.

### Do NOT use these instructions if:

- you are **not** the child’s parent. Use this toolkit instead: [I need a SAPCR \(custody\) order. I am not the child’s parent.](#) [1]
- you and the other parent have **not** signed an “Acknowledgment of Paternity” form. Use this toolkit instead: [I need a paternity order.](#) [2] A paternity order identifies the child’s legal father **and** makes custody, visitation, child support, medical support, and dental support orders.
- you are married to the child’s other parent and want a divorce. Use this toolkit instead: [I need a divorce. We have minor children.](#) [3]
- there is already a court order for custody and support of the child (*not including a family violence protective order*). If there is already a court order about your child (such as an Attorney General Child Support Order), use this toolkit instead: [I need to change a custody, visitation or support order.](#) [4]

**Note:** If there is a family violence protective order, you CAN use this toolkit as long as you meet the other requirements. You must attach a copy of the protective order to your *Petition*. If you were the victim of family violence, please call the National Domestic Violence Hotline at 1-800-799-SAFE (7233) before filing a SAPCR case. You may qualify for free legal help.

### Have you read the Frequently Asked Questions and related Articles?

These instructions are part of this TexasLawHelp.org toolkit: [I need a SAPCR \(custody\) order. I am the child’s parent.](#) [5] It’s important to read the Frequently Asked Questions and Articles included in 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: Fill out the starting forms.**

Fill out this **starting form**:

- [Petition in Suit Affecting the Parent-Child Relationship](#) [6] (called the *Petition* for short)
- [Petition in Suit Affecting the Parent-Child Relationship \(if filing AFTER September 1, 2018\)](#) [7] (*also* called the *Petition* for short)

You will file the *Petition* with the court to start the case. It tells the judge and the other parents

what orders you want the judge to make. The **Frequently Asked Questions** and related **Articles** included with these instructions will help you understand your options.

When you fill out the *Petition*:

- Print your answers clearly in blue or black ink.
- Do not leave blanks (unless instructed to do so).
- Talk to a lawyer if you have questions or need help

**Who is the petitioner?** You are the petitioner – the person asking the court to make a custody order. You must fill out and sign the *Petition*. The other parent does not need to sign the *Petition*.

**Who is the respondent?** The other parent is the respondent. If your child lives with a grandparent or other non-parent, that person must also be listed as a respondent. Talk with a lawyer if your child lives with a non-parent.

**Note:** The *Petition* asks for your address. The other parent will get a copy of your *Petition*. If you are concerned about the other parent knowing your address, call the Family Violence Legal Line at 1-800-374-4673 for free advice.

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

- [Civil Case Information Sheet \[8\]](#) (required for all cases)
- [Exhibit: Out-of-State Party Declaration \[9\]](#) (required **only** if you or one of the respondents lives outside of Texas)
- [Statement of Inability to Afford Payment of Court Costs \[10\]](#) (use **only** if you cannot afford to pay the filing fee for your case) Call the clerk's office to learn the filing fee for your case. Learn more here: [Court Fees and Fee Waivers \[11\]](#).

Make two copies of these completed starting forms:

- *Petition in Suit Affecting the Parent-Child Relationship*
- *Exhibit: Out-of-State Party Declaration* (**only** if you or one of the respondents lives outside of Texas)
- *Statement of Inability to Afford Payment of Court Costs* (**only** if you are asking the court to waive court costs)

## **Step 2: File (turn in) your starting forms**

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

- To file your forms online, go to [E-File Texas \[12\]](#) 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 your child lives.

**At the clerk's office:**

- Turn in your *Petition* and other starting forms (and copies).
- Tell the clerk you want to have the other parent **served in person**. This means a sheriff, constable or private process server will deliver the initial court papers to the other parent in person.
- Pay the filing fee and issuance fee (or file your completed *Statement of Inability to Afford Payment of Court Costs* if you cannot afford the fees).
- Ask the clerk if there is a local standing order that you need to follow or attach to your

Petition.

- Ask the clerk if there are local rules or procedures you need to know about for your case.
- The clerk will write your “Cause Number” and “Court Number” at the top of the first page of your Petition. (Write these numbers at the top of any document you file in your case.)
- The clerk will “**file-stamp**” your copies with the date and time. The clerk will keep the original and return your copies.
- The clerk will print a form called a “citation.” The citation tells the other parent that you have filed a SAPCR case. The citation also tells the other parent that unless he or she files an answer with the court you will be able to finish your case by default (without the other parent). The clerk will attach a copy of your Petition to the citation. The citation and Petition are the “**initial court papers**” that must be served on the other parent/respondent. **Read Step 3 for instructions.**

**Step 3: Have the other parent served.**

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

To have the other parent **served in person**:

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

The constable, sheriff or private process server will:

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

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

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

Repeat these steps for anyone else named as a respondent in your *Petition*.

**NOTE:** If you have trouble getting the other parent (or other respondent) served, read this article: [How to Serve the Initial Divorce Papers \[13\]](#). If you have questions, you can use [Ask a Question \[14\]](#) to chat with a lawyer or law student online.

**Step 4: Notify the Office of the Attorney General (if applicable).**

Has your child ever received TANF or Medicaid?

- If NO, skip this step.
- If YES, you must send a file-stamped copy of your *Petition* to the Office of the Attorney General (OAG) Child Support Division (and be able to prove that you did so).
  - **Send your *Petition* by Email** – You can scan a file-stamped copy of your *Petition* and email

it. Find the email address for the OAG child support office in the county where your case is filed here: [Email Addresses for Child Support Offices \[15\]](#). Write the cause number and the county where you filed your case in the subject line of the email. Print a copy of your email. This is your proof. Bring it with you when you go to court to finish your case.

- **Send your *Petition* by Certified Mail Return Receipt Requested** – Or, you can mail a copy of your *Petition* by certified mail return receipt requested. The post office has the forms for certified mail return receipt requested. Find the mailing address for the OAG child support office in the county where your case is filed here: [Mailing Addresses for Child Support Offices \[16\]](#). The post office will give you a receipt when you mail the *Petition*. The OAG will sign the return receipt (often called the “green card”) and mail it back to you. This is your proof. Bring the receipt and the return receipt (green card) with you when you go to court to finish your case.

#### □ **Step 5: Fill out the ending forms.**

Fill out this **ending form**:

- [Order In Suit Affecting the Parent-Child Relationship \(Parent Custody Order\) \[17\]](#)
- [Order in Suit Affecting the Parent-Child Relationship \(Parent Custody Order\) \[18\]](#) (only for custody cases 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 judge’s signature*).

**Note:** A *Standard Possession Order* will print with the *Parent Custody Order*. If this standard possession schedule works for your family, fill it out and attach it to the *Parent Custody Order*. If it does not work for your family or would not be safe for your children, you may be able to use one of the sample possession orders included with this article: [Child Visitation & Possession Orders \[19\]](#). Or, you may hire a lawyer to write a possession order that meets the specific needs of your family.

**IMPORTANT:** You must attach a copy of the “Acknowledgment of Paternity” form for each child to your *Parent Custody Order*. The “Acknowledgment of Paternity” is the legal form signed by you and the other parent to identify the child’s biological father as the child’s legal father. Get a copy by filling out an *Acknowledgment of Paternity Inquiry Request* and sending it to the Acknowledgment of Paternity Registry of the Texas Vital Statistics Unit. Get the form here: [Texas Department of State Health Services Forms \[20\]](#). Instructions are on the form. You can also contact the Vital Statistics Unit at (512) 776-7111.

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

- [Income Withholding Order for Support \[21\]](#)

#### □ **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 custody cases.

You can hire a family law lawyer **just** to review your forms. This is called “limited scope representation.” 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 \[22\]](#) to search for a lawyer referral service, legal aid office or self-help center in your area.
- Check our [Legal Clinic Calendar \[23\]](#) for free legal clinics in your area.

- Use [Ask a Question](#) [14] to chat online with a lawyer or law student.

#### □ **Step 7: Wait the required waiting periods.**

These waiting periods are required:

- **20 + day waiting period** – From the day the other parent is served, the other parent must have at least 20 days plus the next Monday at 10:00 a.m. to file an answer. Find the day the other parent was served on a calendar, count out 20 **more** days, then go to the next Monday. The other parent must have until this date to file an answer. If the other parent does not file an answer by this date (and all other requirements have been met) you can finish your case by default without the other parent. **Note:** The other parent can file an *Answer* up until the time you finish your SAPCR case, even if the 20 + day waiting period has already passed.
- **10 + day waiting period** – The constable, sheriff or private process server should have completed a *Return of Service* form stating when the other parent was served. The *Return of Service* form must be on file with the court for at least 10 days before you can finish your case. **Important:** When counting the 10 day waiting period, do not count the day the *Return of Service* is filed with the court and do not count the day you go to court to finish your case.

#### □ **Step 8: Determine if your case can be finished by default.**

Call the clerk's office to find out if the other parent filed an answer.

- **If the other parent filed an answer**, you **CANNOT** finish your SAPCR case by default.
  - If the other parent filed an answer and will now agree to sign your completed *Order in Suit Affecting the Parent-Child Relationship (Parent Custody Order)* form, you can finish your case by agreement. Use these instructions instead: [Instructions & Forms for an Agreed SAPCR \(filed by a parent\)](#) [24].
  - If the other parent filed an answer and will not agree to sign your completed *Order in Suit Affecting the Parent-Child Relationship (Parent Custody Order)* form, your case is contested. To finish a contested SAPCR case, you must set a contested final hearing. You must give the other parent at least 45 days' notice of the final hearing. Read this article to learn more: [How to Set a Contested Final Hearing \(Family Law\)](#) [25]. **Remember:** It's always best to have a lawyer if your case is contested.
- **If the other parent did NOT file an answer**, you **CAN** finish your SAPCR case by default as long as:
  - the other parent was successfully served by a constable, sheriff or private process server; **and**
  - a *Return of Service* form (stating when and where the other parent was served) has been on file with the clerk's office for at least 10 days (not counting the day it was filed or the day you go to court); **and**
  - the 20 + day waiting period for the other parent to file an answer has passed; **and**
  - the other parent has not filed an answer and does not file an answer before you finish your SAPCR case; **and**
  - if anyone else was named as a respondent in your *Suit Affecting the Parent-Child Relationship*:
    - that respondent was also served and defaulted (did not file an answer with the court), **or**
    - that respondent agrees to sign a *Respondent's Original Answer* form **or** *Waiver of Service Only (Specific Waiver)* form **and** your completed *Order in Suit Affecting the*

*Parent-Child Relationship (Parent Custody Order).*

If you **CAN** finish your SAPCR case by default, fill out these additional forms:

- [Certificate of Last Known Mailing Address](#) [26]
- [Military Status Declaration](#) [27] (If your case is filed in Harris County, fill out a [Military Status Affidavit](#) [28] instead. Sign it in front of a notary.)

**Step 9: Get ready for court.**

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

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

- If no, you can finish your case without further notice to the Office of the Attorney General.
- If yes, talk with a lawyer about what to do next. You can use [Ask a Question](#) [14] to chat with a lawyer online.

Read the article [TIPS for the Courtroom](#) [29] for more information about going to Court.

**Step 10. Go to court to finish your case.**

Bring these papers with you to the courthouse on the day you plan to finish your case:

- a file-stamped copy of your *Petition in Suit Affecting the Parent-Child Relationship*; **and**
- a file-stamped copy of the *Return of Service* form showing when and where the other parent was served; **and**
- a completed *Order in Suit Affecting the Parent-Child Relationship (Parent Custody Order)* (with a possession order attached) signed by you; **and**
- a completed *Income Withholding Order for Support* if child support will be ordered; **and**
- a completed *Certificate of Last Known Mailing Address* form and 1 copy; **and**
- a completed *Military Status Declaration* (or *Military Status Affidavit* for Harris County) and 1 copy; **and**
- if another respondent was served and defaulted, you must also bring the following for that respondent;
  - a file-stamped copy of the *Return of Service* form showing when and where that respondent was served.
  - a completed *Certificate of Last Known Mailing Address* form and 1 copy.
  - a completed *Military Status Declaration* (or *Military Status Affidavit*) and 1 copy.

When you get to the courthouse, go to the clerk's office.

- Ask the clerk if you need the court file or docket sheet (list of what has been filed in your case).
- Ask the clerk to check one more time to see if the other parent (or other respondent or the OAG) has filed an answer. If the other parent (or anyone else) has filed an answer, you will not be able to finish your case by default. Go back to **Step 8**.
- File the *Certificate of Last Known Mailing Address* and the *Military Status Declaration* (or *Military Status Affidavit*). Ask the clerk to file stamp your copy of each form. Bring a file-stamped copy of each form with you to court.

When you get to the courtroom:

- Tell the clerk you are there and give the clerk your paperwork. Sit down until the judge calls your case.
- When the judge calls your case, walk to the front of the courtroom and stand in front of the judge's bench. The judge will have you raise your right hand and swear to tell the truth. Be prepared to quickly tell the judge: who you are, how you are related to the children, what orders you are asking the judge to make and why those orders would be in the children's best interest. It's a good idea to write down everything you want to say so you can read it to the judge if you get nervous.
- The judge will listen to what you say and review your papers. If everything is in order the judge will sign your *Order in Suit Affecting the Parent-Child Relationship (Parent Custody Order)*.

#### □ **Step 11: File (turn in) the signed order or orders.**

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

- File (turn in) *your Order in Suit Affecting the Parent-Child Relationship (Parent Custody Order)* and any other orders signed by the judge. **Your case is NOT final until you do so.**
- Get a certified copy of your *Order in Suit Affecting the Parent-Child Relationship (Parent Custody Order)* and any other orders signed by the judge from the clerk while you are there. The clerk may charge a fee for the certified copies.
- Turn in the completed [Information on Suit Affecting the Family Relationship \[30\]](#) form to the district clerk's office.
- If child support was ordered:
  - ask the clerk how to set up a child support account, **and**
  - ask the clerk to send a copy of the *Income Withholding Order for Support* to the employer of the parent ordered to pay child support.

#### □ **Step 12: After your case is finished.**

Follow these steps after your case is finished.

- Send a file-stamped copy of the *Order in Suit Affecting the Parent-Child Relationship (Parent Custody Order)* and any other orders signed by the judge to the other parent.
- If you were ordered to pay child support and/or cash medical support, learn about payment options here: [Texas Attorney General - Child Support Payment Options \[31\]](#). If you have any questions, call the Office of the Attorney General Child Support Division at 1-800-252-8014. DO NOT send child support payments directly to the other parent.
- If the other parent was ordered to pay child support and/or medical support to you but doesn't pay, contact the [Texas Attorney General Child Support Division \[32\]](#) for help enforcing your order.

© TexasLawHelp.org - Source URL: <https://texaslawhelp.org/checklist/instructions-forms-default-sapcr-filed-parent>  
**Links**

[1] <https://texaslawhelp.org/family-divorce-children/child-custody-visitation/toolkit/i-need-first-custody-order-i-am-not-childs-parent>

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

- [3] <https://texaslawhelp.org/family-divorce-children/divorce/toolkit/i-need-divorce-we-have-minor-children>
- [4] <https://texaslawhelp.org/family-divorce-children/child-custody-visitation/toolkit/i-need-change-modify-custody-visitation-or-child-support-order>
- [5] <https://texaslawhelp.org/family-divorce-children/child-custody-visitation/toolkit/i-need-first-custody-order-i-am-childs-parent-aop-signed>
- [6] <https://texaslawhelp.org/sites/default/files/fm-sapcr-100-petition-english-petitioner.pdf>
- [7] <http://www.texaslawhelp.org/form/petition-suit-affecting-parent-child-relationship-sapcr-petitions-filed-after-september-1-2018-0>
- [8] [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)
- [9] [https://texaslawhelp.org/sites/default/files/fp\\_osp\\_302\\_ex\\_out\\_of\\_state\\_party\\_dec\\_final\\_0.pdf](https://texaslawhelp.org/sites/default/files/fp_osp_302_ex_out_of_state_party_dec_final_0.pdf)
- [10] [https://texaslawhelp.org/sites/default/files/tx-pr-pay-112\\_scot\\_statement\\_of\\_inability\\_to\\_pay\\_court\\_costs.pdf](https://texaslawhelp.org/sites/default/files/tx-pr-pay-112_scot_statement_of_inability_to_pay_court_costs.pdf)
- [11] <https://texaslawhelp.org/article/court-fees-fee-waivers>
- [12] <https://efile.txcourts.gov/ofsw eb>
- [13] <https://texaslawhelp.org/article/how-serve-initial-divorce-papers>
- [14] <https://texaslawhelp.org/ask-question>
- [15] <https://texasattorneygeneral.gov/cs/service-of-citation-notice-directory>
- [16] [https://www.texasattorneygeneral.gov/apps/cs\\_locations](https://www.texasattorneygeneral.gov/apps/cs_locations)
- [17] [https://texaslawhelp.org/sites/default/files/fm\\_sapcr\\_200\\_sapcr\\_parent\\_order\\_and\\_spo.pdf](https://texaslawhelp.org/sites/default/files/fm_sapcr_200_sapcr_parent_order_and_spo.pdf)
- [18] <http://www.texaslawhelp.org/form/order-suit-affecting-parent-child-relationship-parent-custody-order-suits-filed-after-09-01-2018>
- [19] <https://texaslawhelp.org/article/child-visitation-possession-orders>
- [20] <https://www.dshs.texas.gov/vs/reqproc/forms.shtm#paternity%20forms>
- [21] [https://texaslawhelp.org/sites/default/files/fm-iw-200\\_income\\_withholding\\_order\\_english.pdf](https://texaslawhelp.org/sites/default/files/fm-iw-200_income_withholding_order_english.pdf)
- [22] <https://texaslawhelp.org/legal-help/legal-help-finder>
- [23] <https://texaslawhelp.org/legal-clinic-calendar>
- [24] <https://texaslawhelp.org/checklist/instructions-forms-agreed-sapcr-filed-parent>
- [25] <https://texaslawhelp.org/article/how-set-contested-hearing-family-law-case>
- [26] [https://texaslawhelp.org/sites/default/files/pr\\_dj\\_110\\_def\\_judg\\_cert\\_last\\_known\\_address\\_english.pdf](https://texaslawhelp.org/sites/default/files/pr_dj_110_def_judg_cert_last_known_address_english.pdf)
- [27] [https://texaslawhelp.org/sites/default/files/pr\\_dj\\_112\\_def\\_judg\\_military\\_status\\_declaration.pdf](https://texaslawhelp.org/sites/default/files/pr_dj_112_def_judg_military_status_declaration.pdf)
- [28] [https://texaslawhelp.org/sites/default/files/pr\\_dj\\_111\\_military\\_status\\_affidavit.pdf](https://texaslawhelp.org/sites/default/files/pr_dj_111_military_status_affidavit.pdf)
- [29] <https://texaslawhelp.org/article/tips-courtroom>
- [30] [https://texaslawhelp.org/sites/default/files/vs\\_165\\_rev\\_07-2017.pdf](https://texaslawhelp.org/sites/default/files/vs_165_rev_07-2017.pdf)
- [31] <https://www.texasattorneygeneral.gov/cs/payment-options-and-types#walkandcash>
- [32] <https://texasattorneygeneral.gov/cs/welcome-to-the-child-support-division>

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

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

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

(Print the full name of each child.)

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

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

- District Court
- County Court at Law of:

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

## Petition in Suit Affecting the Parent-Child Relationship

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

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

My driver's license was issued in (state) \_\_\_\_\_. The last three numbers of my driver's license number are: \_\_\_\_\_.

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

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

**Or**  I do not have a social security number.

I am: (Check one.)

not related to the child/ren.

related to the child/ren. I am the child/ren's: \_\_\_\_\_  
*Write your relationship to the child/ren.*

### 1. Discovery Level

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

### 2. Child/ren

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

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

5.

### 3. Standing

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

- the mother of the child/ren.
- the “legal father” of the child/ren. An *Acknowledgment of Paternity* form has been signed and filed with the Vital Statistics Unit for each child. A copy of each *Acknowledgment of Paternity* is attached to this *Petition*.
- a person who has had actual care, control and possession of the child/ren for at least 6 months ending not more than 90 days before the date this *Petition* is filed with the Court. I am not a foster parent.
- a person who lived with the child/ren and the child/ren’s parent, guardian or managing conservator for at least 6 months ending not more than 90 days before the date this *Petition* is filed with the Court, and the child/ren’s parent, guardian or managing conservator is now dead.
- the grandparent, great-grandparent, sister, brother, aunt, uncle, niece or nephew of the child/ren and: *(Check the box below that applies to your case.)*
- both parents are dead.
- both parents, the surviving parent or managing conservator agree to me filing this case.
- the child/ren’s present circumstances will significantly impair (*harm*) the child/ren’s physical health or emotional development.
- other: \_\_\_\_\_  
*(Read the law about standing in Texas Family Code Sections 102.003, 102.004 and 102.006)*

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

### 4. Jurisdiction

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

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

- The children live in Texas now and have lived in Texas for at least the past 6 months or since birth.
- The children do not live in Texas now but they have been gone from Texas less than 6 months. The children had lived in Texas for at least 6 months before they moved. A parent or person acting as a parent continues to live in Texas.
- None of the above apply. *(Note: Talk to a lawyer before filing this form if none of the above apply.)*

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

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

## 5. Respondent(s)

### Respondent A

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

Respondent A is: (Check one.)

- the mother of the child/ren.  
 the legal father of the following child/ren: \_\_\_\_\_  
 an alleged father of the following child/ren: \_\_\_\_\_  
 other: \_\_\_\_\_  
Write Respondent A's relationship to the child/ren.

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

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

PRINT Street Address City State Zip

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

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

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

### Respondent B

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

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

Respondent B is: (Check one.)

- the mother of the child/ren.  
 the legal father of the following child/ren: \_\_\_\_\_  
 an alleged father of the following child/ren: \_\_\_\_\_  
 other: \_\_\_\_\_  
Write Respondent B's relationship to the child/ren.

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

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

PRINT Street Address City State Zip

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

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

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

**Respondent C**

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

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

Respondent C is: (Check one.)

- the mother of the child/ren.
- the legal father of the following child/ren: \_\_\_\_\_
- an alleged father of the following child/ren: \_\_\_\_\_
- other: \_\_\_\_\_

Write Respondent B's relationship to the child/ren.

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

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

PRINT Street Address City State Zip

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

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

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

**Respondent D**

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

Respondent D's name is: \_\_\_\_\_  
PRINT the full name of Respondent C.

Respondent D is: (Check one.)

- the mother of the child/ren.
- the legal father of the following child/ren: \_\_\_\_\_
- an alleged father of the following child/ren: \_\_\_\_\_
- other: \_\_\_\_\_

Write Respondent D's relationship to the child/ren.

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

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

PRINT Street Address City State Zip

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

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

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

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

(Check one.)

- Everyone involved in this case lives in Texas.
- The following Respondent does not live in Texas: \_\_\_\_\_  
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:** You must complete and attach the Exhibit: Out-of-State Party Affidavit if you or a Respondent doesn't live in Texas.

## 7. Conservatorship (Custody)

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

- a.  Mother and Father Joint Managing Conservators of the child/ren with:  
(If you checked a, check a-1, a-2, or a-3.)
- a-1.  Father having the exclusive right to designate the primary residence of the child/ren within the following geographic area: (Check one box below.)
- this county.  this county or in counties adjacent to this county.  
 Texas.  anywhere.  other: \_\_\_\_\_.
- a-2.  Mother having the exclusive right to designate the primary residence of the child/ren within the following geographic area: (Check one box below.)
- this county.  this county or county adjacent to this county.  
 Texas.  anywhere.  other: \_\_\_\_\_.
- a-3.  Neither parent having the exclusive right to designate the primary residence of the children but both parents ordered not to remove the children's primary residence from the following specific geographic area: (Check one box below.)
- this school district: \_\_\_\_\_  this county.  
 this county or county adjacent to this county.  other: \_\_\_\_\_.
- b.  Mother Sole Managing Conservator of the child/ren.
- c.  Father Sole Managing Conservator of the child/ren.
- d.  \_\_\_\_\_ Nonparent Sole Managing Conservator of the child/ren.
- e.  \_\_\_\_\_ and \_\_\_\_\_ Nonparent Joint Managing Conservators of the child/ren.

## 8. Possession and Access (Visitation)

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

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

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

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

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

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

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

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(Check only if applicable.)

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

**9. Protective Order Statement** (Check the appropriate boxes. Fill in the requested information.)

**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.

**9A. 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 and no one has asked for one.

**9B. Pending Protective Order**

- I **have** 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 on \_\_\_\_\_  
*Date Filed*  
in \_\_\_\_\_ County, \_\_\_\_\_. The cause number is \_\_\_\_\_.  
*County* *State* *Cause Number*  
If I get a protective order, I will file a copy of it before any hearings in this divorce.
- Respondent **has** filed paperwork asking for a protective order against me, but a judge has not decided if he or she will get it. Respondent asked for a protective order on \_\_\_\_\_  
*Date Filed*  
in \_\_\_\_\_ County, \_\_\_\_\_. The cause number is \_\_\_\_\_.  
*County* *State* *Cause Number*  
If Respondent gets a protective order, I will file a copy of it before any hearings in this case

**9C. Protective Order in Place**

- I **do have** a protective order against \_\_\_\_\_. I got the protective order in \_\_\_\_\_  
\_\_\_\_\_ County, \_\_\_\_\_ on \_\_\_\_\_.  
*County* *State* *Date Ordered*  
The cause number for the protective order is \_\_\_\_\_.  
*Cause Number*  
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 **does have** a protective order. The protective order was made in \_\_\_\_\_  
\_\_\_\_\_ County, \_\_\_\_\_ on \_\_\_\_\_.  
*County* *State* *Date Ordered*  
The cause number for the protective order is \_\_\_\_\_.  
*Cause Number*  
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.

**10. Child Support, Medical Support, and Dental Support**

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

**10A. Children’s Dental Insurance**

The children: (Check all that apply.)

- 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.
- have dental insurance through **Medicaid**.
- have dental insurance through **C.H.I.P.** Cost of premium (if any): \$ \_\_\_\_\_
- do not have dental insurance.

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

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

**10B. Children's Health Insurance**

The children: *(Check all that apply.)*

- have **private health insurance**.  
 Name of insurance company: \_\_\_\_\_  
 Policy number: \_\_\_\_\_ Cost of premium: \$ \_\_\_\_\_  
 Name of person who pays for insurance: \_\_\_\_\_  
 The insurance policy  is  is not available through the parent's work.
- have health insurance through **Medicaid**.
- have health insurance through **C.H.I.P.** Cost of premium (if any): \$ \_\_\_\_\_
- do not have health insurance.

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

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

**11. 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:  
 \_\_\_\_\_

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

- I believe the children or I will be harassed, abused, seriously harmed, or injured if I am required to give the Respondent(s) the information checked below for myself and the children: *(Check the boxes below to tell the judge which information you want to be kept confidential.)*
- home address,  mailing address,  employer,  work address,  
 home phone #,  work phone #,  social security #,  driver's license #.





**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.)

**1<sup>st</sup> past address** \_\_\_\_\_ From: \_\_\_ / \_\_\_ / \_\_\_ To: \_\_\_ / \_\_\_ / \_\_\_

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

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

**2<sup>nd</sup> past address** \_\_\_\_\_ From: \_\_\_ / \_\_\_ / \_\_\_ To: \_\_\_ / \_\_\_ / \_\_\_

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

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

**3<sup>rd</sup> past address** \_\_\_\_\_ From: \_\_\_ / \_\_\_ / \_\_\_ To: \_\_\_ / \_\_\_ / \_\_\_

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

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

**4<sup>th</sup> past address** \_\_\_\_\_ From: \_\_\_ / \_\_\_ / \_\_\_ To: \_\_\_ / \_\_\_ / \_\_\_

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

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

**3<sup>rd</sup> 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.)

**1<sup>st</sup> past address** \_\_\_\_\_ From: \_\_\_ / \_\_\_ / \_\_\_ To: \_\_\_ / \_\_\_ / \_\_\_

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

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

**2<sup>nd</sup> past address** \_\_\_\_\_ From: \_\_\_ / \_\_\_ / \_\_\_ To: \_\_\_ / \_\_\_ / \_\_\_

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

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

**3<sup>rd</sup> past address** \_\_\_\_\_ From: \_\_\_ / \_\_\_ / \_\_\_ To: \_\_\_ / \_\_\_ / \_\_\_

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

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

**4<sup>th</sup> 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**



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

**SECTION I GENERAL INFORMATION (REQUIRED)**

**STATE FILE NUMBER**

1a. COUNTY \_\_\_\_\_ 1b. COURT NO. \_\_\_\_\_  
1c. CAUSE NO. \_\_\_\_\_ 1d. DATE OF ORDER (mm/dd/yyyy) \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

ADDITIONAL CHILDREN LISTED ON BACK OF THE FORM.

I CERTIFY THAT THE ABOVE ORDER WAS GRANTED ON THE DATE AND PLACE AS STATED. \_\_\_\_\_  
SIGNATURE OF THE CLERK OF THE COURT

**WARNING:** This is a governmental document. Texas Penal Code, Section 37.10, specifies penalties for making false entries or providing false information in this document. VS-165 REV 07/2017

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

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

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

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

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

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

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

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

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

**SECTION 1 GENERAL INFORMATION (REQUIRED)**

This section must be completed for each report filed.

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

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

All divorces/annulments must be reported, even if there were no minor children. All information is required.

- 4-9. Report the Petitioner's information including maiden name (if applicable ).
- 10-15. Report the Respondent's information, including maiden name (if applicable ).
- 16. Report the number of minor children affected by this divorce; if none, record "0." This number must correspond to the listing of children in Section 3.
- 17-18. Enter the date and place of the marriage being dissolved.

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

Every child affected by the suit being reported must be listed, and all items concerning that child must be completed. If more than three children are affected, check the "additional children listed on back of form" box, and continue to list the additional children. If more than 6 children complete section 3 on another form, label it "continuation" and attached the continuation form to the original form.

**NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA**



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

**6. What are your monthly expenses?**

|  |                   |
|--|-------------------|
| "My <b>monthly expenses</b> are:             | <b>Amount</b>     |
| 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> | \$ _____          |
| _____  | \$ _____          |
| _____  | \$ _____          |
| _____  | \$ _____          |
| <b>Total Monthly Expenses</b>                | <b>→ \$ _____</b> |

\*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 the following Minor Child(ren):**

(Print the full name of each child.)

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

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

- District Court
- County Court at Law

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

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

A trial took place on \_\_\_\_\_. There was no jury as neither party asked for a jury.  
*Date*

### 1. Appearances

#### **Petitioner**

The Petitioner's name is: \_\_\_\_\_  
*First* *Middle* *Last*

The Petitioner is the: (Check one.)  Mother.  Legal Father.

(Check one.)

Petitioner **was present**, representing him/herself and: (Check one.)

announced ready for trial.

has signed below agreeing to the terms of this Order.

Petitioner **was not present** but has signed below, agreeing to the terms of this Order.

#### **Respondent**

The Respondent's name is: \_\_\_\_\_  
*First* *Middle* *Last*

The Respondent is the: (Check one.)  Mother.  Legal Father.

(Check one.)

Respondent **was present**, representing him/herself and: (Check one.)

announced ready for trial.

has signed below agreeing to the terms of this Order.

Respondent was **not present**, but was served or filed an Answer or Waiver of Service and:

(Check one.)

has signed below agreeing to the terms of this Order.

has defaulted.

## 2. Jurisdiction

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

The Court fills out this box.

## 3. Record

- A Court reporter recorded today's hearing.
- A Court reporter did not record today's hearing because the parties and judge agreed not to make a record.
- A Statement of the Evidence was signed by the Court.

## 4. Children

The Court finds that the child or children listed below are the subject of this case:

|   | Child's name | Sex   | Date of Birth | Place of Birth | Social Security # | State where child lives now |
|---|--------------|-------|---------------|----------------|-------------------|-----------------------------|
| 1 | _____        | _____ | / /           | _____          | _____             | _____                       |
| 2 | _____        | _____ | / /           | _____          | _____             | _____                       |
| 3 | _____        | _____ | / /           | _____          | _____             | _____                       |
| 4 | _____        | _____ | / /           | _____          | _____             | _____                       |
| 5 | _____        | _____ | / /           | _____          | _____             | _____                       |

## 5. Paternity

The Court finds that the parent-child relationship between \_\_\_\_\_  
*Print the full name of the Legal Father.*

and each child listed above has been legally established by an *Acknowledgement of Paternity* signed by both parents and filed with the Vital Statistics Unit. A copy of each *Acknowledgment of Paternity* is attached to and fully incorporated into this *Order*.

## 6. Parenting Plan

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

## 7. Conservatorship (Custody)

*Texas Family Code Chapter 153*

### 7A. *Rights and Duties of Parents at All Times*

*Texas Family Code 153.073*

The Court **ORDERS** that both parents have the following rights at all times:

1. the right to receive information from the other parent 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 about the child/ren's welfare and educational status, including school activities;
6. the right to attend the child/ren's school activities;
7. the right to be designated on their child/ren's records as a person to be notified in case of an emergency;
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. 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 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 40<sup>th</sup> 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 30<sup>th</sup> 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 90<sup>th</sup> 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 30<sup>th</sup> 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.*

The Court **ORDERS** that each parent has the following rights and duties during his or her periods of 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.

**7B. Parents Appointed Conservators**

If the parents will be joint managing conservators, check box **7B(1)** 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 **7B(1)**. Go to the next page and check box **7B(2)**. Fill in the information requested in box **7B2**.

**7B(1)**  **Joint Managing Conservators**

The Court **ORDERS** that the parents are appointed **Joint Managing Conservators** and:  
(Check 7B(1)(a) or 7B(1)(b).)

**7B(1)(a)**  **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.)
  - the school attendance zone of: \_\_\_\_\_.
  - this county.                       this county or county adjacent to this county.
  - Texas.     other: \_\_\_\_\_.

**7B(1)(b)**  **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.)
- the school attendance zone of: \_\_\_\_\_.
  - this county.     other: \_\_\_\_\_.

The Court **ORDERS** that the parents, as **Joint Managing Conservators**, also have the rights and duties as marked below. The right or duty listed in the 1<sup>st</sup> column shall be exercised by the parent or parents as marked in the 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, or 5<sup>th</sup> column.

| (Check one box in each row.)   | Mother<br>exclusively    | Father<br>exclusively    | Parents<br>jointly       | Parents<br>independently |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. the right to consent to invasive medical, dental, and surgical treatment  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. the right to consent to psychiatric or psychological treatment  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. the right to receive child support and save or spend these funds for the child/ren’s benefit                        | <input type="checkbox"/> | <input type="checkbox"/> | No                       | No                       |
| 4. the right to 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"/> |

(Check one box in each row.)

|   | Mother<br>exclusively    | Father<br>exclusively    | Parents<br>jointly       | Parents<br>independently |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 5. the right to 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"/> |
| 6. the right to make decisions concerning the child/ren's education   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. the right to the services and earnings of the child/ren  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. the right to 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) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. the duty to manage the a child's estate to the extent the estate has been created by the parents' community or joint property.                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**7B(2)**  **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 children.

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

The Court **ORDERS** that the **Sole Managing Conservator** 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.

### 7C. Order Regarding Passports for the Children

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

- 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.

### 8. Possession and Access (Visitation)

*Texas Family Code Chapter 153*

The Court **ORDERS** that the parents shall have possession and access to the child/ren as ordered in the: *(Check one box below. Attach the appropriate Possession and Access Order. Write Exhibit A at the top.)*

- Standard Possession and Access Order attached as Exhibit A and fully incorporated into this Order.
- Modified Possession and Access Order attached as Exhibit A and fully incorporated into this Order.
- Supervised Possession and Access Order attached as Exhibit A and fully incorporated into this Order.

*(Check only if needed. Attach a Possession and Access Order for Child Under 3. Write Exhibit B at the top.)*

- The Court **ORDERS** that until a child is 3 years old, the parents shall have possession and access to the child as ordered in the Possession and Access Order for Child Under 3 attached as Exhibit B and fully incorporated into this Order. The Court **ORDERS** that beginning on the child's 3<sup>rd</sup> birthday, the parents shall have possession and access to the child as ordered in the Possession and Access Order attached as Exhibit A.

### 9. Child Support

*Texas Family Code Chapter 154*

#### 9A. 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**) in the amount  
*(Print the name of the parent who will **receive** child support.)*

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

#### 9B. 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.

### 9C. Events that Terminate Child Support

The obligation to pay child support for a child terminates when:

- The child turns 18, unless when the child turns 18 he or she is enrolled and complying with attendance requirements in a secondary school program leading toward a high school diploma or enrolled in courses for joint high school and junior college credit then child support terminates at the end of the month in which the child graduates. **-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.

### 9D. Child Support Amount(s)

*Texas Family Code Chapter 154, Subchapter C*

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

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

#### 9D(1) **For a Single Child**

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

#### 9D(2) **For Multiple Children**

Obligor is **ORDERED** to pay \$ \_\_\_\_\_ child support per month. The 1<sup>st</sup> payment is due on \_\_\_\_\_. A like payment is due on the 1<sup>st</sup> 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 1<sup>st</sup> payment is due on the 1<sup>st</sup> day of the 1<sup>st</sup> month after child support terminates for one child. A like payment is due on the 1<sup>st</sup> 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 1<sup>st</sup> payment is due on the 1<sup>st</sup> day of the 1<sup>st</sup> month after child support terminates for a second child. A like payment is due on the 1<sup>st</sup> 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 1<sup>st</sup> payment is due on the 1<sup>st</sup> day of the 1<sup>st</sup> month after child support terminates for a third child. A like payment is due on the 1<sup>st</sup> 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 1<sup>st</sup> payment is due on the 1<sup>st</sup> day of the 1<sup>st</sup> month after child support terminates for a fourth child. A like payment is due on the 1<sup>st</sup> day of each month after that **until** child support terminates for a fifth 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 may have to pay again!

### **9E. 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 Order or Order, **and**
- Attorney General Case Number, if applicable.

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

### **9F. 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.

### **9G. 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.

**9H. 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9I. 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.

### **9J. Suspension of Income Withholding**

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

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

### **9K. Change of Employment**

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

### **9L. Child Support After Death**

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

### **9M. Life Insurance Policy**

*Check here if the person ordered to pay child support is 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.

## 10. Medical Support

Texas Family Code Chapter 154

### 10A. 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 list in 4 above until:

- 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.

### 10B. 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 (**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.
- 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.**

### 10C. Orders Regarding Health Insurance and Cash Medical Support

Check box **10C(1)**, **10C(2)**, **OR 10C(3)** and write in the appropriate names.

- Check box **10C(1)** if the **Obligor** (the parent ordered to pay child support) will provide and pay for health insurance for the children.
- Check box **10C(2)** if the **Obligee** (the parent ordered to receive child support) 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 **10C(3)** 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.

**10C(1)  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 child support and medical support** occurs for the child.

Obligor is ORDERED to give Obligees 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,
- o the name of the insurance carrier, the policy number, and proof the child/ren are covered,
- o a copy of the insurance policy and list of benefits covered,
- o insurance membership cards for the child/ren,
- o any forms needed to use the health insurance, **and**
- o any forms needed to submit a claim.

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

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

If health insurance benefits for the child/ren are changed in any way, Obligor is ORDERED to give Obligees 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 Obligees or others as authorized by law. See *Texas Insurance Code, Section 1504.051*

**10C(2)  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 child support and 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,
- o the name of the insurance carrier, the policy number, and proof the child/ren are covered,
- o the name of the insurance company and the policy number,
- o a copy of the insurance policy and list of benefits covered,
- o insurance membership cards for the child/ren,
- 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.

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 1<sup>st</sup> payment is due on \_\_\_\_\_. A like payment is due on the 1<sup>st</sup> day of each month after that until one of the above **events that terminate child support and 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**.

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

The Court ORDERS Obligee, \_\_\_\_\_, to apply on behalf of  
(Print name of 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 order or order is signed by the Court. If the children are already covered under such a program or plan, the Court ORDERS Obligee to continue such coverage.

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

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:

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

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

- any insurance checks or other payments for medical expenses paid by Obligor **and**
- 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 1<sup>st</sup> payment is due on \_\_\_\_\_. A like payment is due on the 1<sup>st</sup> day of each month after that until one of  
Month / Day / Year

the above **events that terminate child support and 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 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**
    - (i) 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**
    - (ii) 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 **10C3**. It does **not** apply to any other section.

#### **10D. 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:

**10C(1)** 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.

**10C(2)** 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 **10C(3)** above is checked, Obligee is ORDERED to pay **50 percent** of all reasonable and necessary health-care expenses for the child/ren that are not reimbursed by health insurance or covered by the cash medical support paid by Obligor and Obligor is ORDERED to pay **50 percent** of the total unreimbursed health-care expenses that exceed the amount of cash medical support paid by Obligor. Obligor is liable for **100 percent** of all necessary medical expenses incurred for the child/ren in any month that Obligor neither pays cash medical support nor provides health insurance for the child/ren.

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, **and**
- the yearly deductible, if any, **and**
- medical, surgical, and prescription drug expenses, **and**
- mental health-care services, **and**
- 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 of the expense has already been paid.

### **10E. 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**.

### **10F. 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, including requirements for:

- giving advance notice to the insurance company, **and**
- 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, **or**
- 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.

## 11. Dental Support

### 11A. Parents' Obligation to Provide Dental Support

As additional child support, the Court **ORDERS** the parents to provide dental support as set out in this order for each child listed in **5A** above until one of the following **events that terminate dental support** occurs for the child.

### 11B. Events that Terminate Dental Support

The obligation to provide 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.

### 11C. Court Findings about Dental Insurance

The Court finds that private dental insurance for the children:

(Check one.)

- 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.

- 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.**

### 11D. Orders Regarding Dental Insurance and Cash Dental Support

Check box **11D(1)**, **11D(2)**, **OR 11D(3)** 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 in this decree to pay child support and the **Obligee** is the parent who will receive child support.

- Check box **11D(1)** if the **Obligor** will provide and pay for dental insurance for the children.
- Check box **11D(2)** if the **Obligee** will provide dental insurance for the children and the **Obligor** will pay cash medical support to reimburse the **Obligee** for the cost of the insurance.

- Check box **11D(3)** if neither parent has access to private dental 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.

**11D(1)**  **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 through: *(Check one.)*

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

The dental insurance must cover preventive dental care and other dental services, including usual dental services, office visits, examinations, X-rays, and emergency services.

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

Obligor is ORDERED to keep such dental 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:

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

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

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

If dental 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 dental insurance **within 15 days** of the change.

If dental insurance benefits are cancelled, Obligor is ORDERED to get new dental 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 dental insurance must cover preventive dental care and other dental services, including usual dental services, office visits, examinations, X-rays, and emergency services.

If Obligor is eligible for dependent dental coverage but fails to apply to obtain the 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*

**11D(2)**  **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 through: *(Check one.)*

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

The dental insurance must cover preventive dental care and other dental services, including usual dental services, office visits, examinations, X-rays, and emergency services.

Obligee is ORDERED to maintain such dental 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:

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

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

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

If dental 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 dental insurance **within 15 days** of the change. If the cost of dental insurance benefits for the child/ren changes, Obligee is ORDERED to give Obligor information about the change **within 15 days** of the change.

If dental insurance benefits are cancelled, Obligee is ORDERED to get new dental insurance for the children **within 15 days** of the date of cancellation. The new dental insurance must equal or exceed the prior level of coverage. The new dental insurance must cover preventive dental care and other dental services, including usual dental services, office visits, examinations, X-rays, and emergency services.

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

If Obligee fails to obtain or maintain dental insurance for the child/ren or if dental insurance becomes unavailable at a reasonable cost to Obligee, Obligor is ORDERED to obtain dental insurance for the child/ren through obligor's employment, membership in a union, trade association, or other organization, or another source if it is available to Obligor at a reasonable cost. If Obligor obtains dental insurance for the child/ren, Obligor is ORDERED to provide Obligee with proof of coverage.

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 1<sup>st</sup> payment is due on \_\_\_\_\_. A like payment is  
Month / Day / Year  
due on the 1<sup>st</sup> day of each month after that until one of the above **events that terminate dental support** occurs for each child.

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

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.

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

**11D(3)  Oblige to Apply for Coverage under a Government Dental Assistance Program or Health Plan / Obligor to Pay Cash Dental 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 dental 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.

Oblige 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.

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

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

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

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

If Oblige 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 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 Oblige **cash dental support** of \$ \_\_\_\_\_ per month. The 1<sup>st</sup> payment is due on \_\_\_\_\_. A like payment is due on the 1<sup>st</sup> day of each month after that until \_\_\_\_\_  
Month / Day / Year  
one of the above **events that terminate 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.

**Warning!** Do not pay cash dental 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 Oblige or spent while in possession of the children does **NOT** count as cash dental support.

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

- a. dental insurance for the children becomes available to Obligor at a reasonable cost; **and**
- b. Obligor enrolls the child/ren in the dental insurance plan and pays all costs of the dental insurance; **and**

- c. Obligor provides Obligee and the Texas Office of the Attorney General, Child Support Division the following information:
- (1) proof that dental 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 dental 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 dental insurance available, the name of the health insurance carrier, the policy number, a copy of the policy and schedule of benefits, a dental 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 dental support is part of section **11D3**. It does **not** apply to any other section.

### **11E. Expenses Not Covered by Insurance**

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

**11D(1)** above is checked and Obligor is not providing dental insurance as ordered, then Obligor is liable for **100 percent** of all necessary medical expenses of the child/ren.

**11D(2)** above is checked and Obligee is not providing dental insurance as ordered, then Obligee is liable for **100 percent** of all necessary medical expenses of the child/ren.

If **11D(3)** above is checked, Obligee is ORDERED to pay **50 percent** of all reasonable and necessary dental 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 dental-care expenses that exceed the amount of cash medical support paid by Obligor. Obligor is liable for **100 percent** of all necessary dental expenses incurred for the child/ren in any month that Obligor neither pays cash medical support nor provides dental insurance for the child/ren.

**Reasonable and necessary dental 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, office visits, preventive care, dental and orthodontic expenses, **and** emergencies. 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 dental-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 dental-care provider directly **or** reimbursing the incurring parent, if the nonincurring parent's portion has already been paid.

All dental-care expenses will be presumed to be reasonable and necessary upon presentation of a bill, form, receipt, or statement to a party. A party's obligation to pay the party's share of an uninsured dental-care expense will not be excused by a dental insurer's decision to disallow or reduce its benefits unless the disallowance or reduction is due to a party's failure to follow the insurer's procedures or requirements. If an expense is disallowed or a benefit is reduced due to a party's failure to follow procedures or requirements, that party will be wholly responsible for the increased portion of that expense. A party's use of an out-of-network provider does not constitute a failure to follow procedures or requirements if such use is for a child's emergency care.

**11F. Claims**

Either parent may file claims and receive payments directly from the dental 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**.

**11G. Dental Insurance Policy Requirements**

Each parent is ORDERED to follow all requirements of any dental 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 dental-care expenses for the child/ren using “out-of-network” dental-care providers or services, or fails to follow the dental insurance company procedures or requirements, that parent shall pay all such dental-care expenses incurred unless: the expenses are emergency dental-care expenses, the parents have a written agreement regarding such dental-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.

**12. Parent’s Information**

*Texas Family Code Sections 105.006 and 105.007*

**12A. Disclosure of Mother’s Information** (Check one box.)

The Court ORDERS Mother to disclose the following information and changes in that information to Father, the Court and the State Case Registry. (Fill in Mother’s information.)

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

**12B. Disclosure of Father’s Information** (Check one box.)

The Court ORDERS Father to disclose the following information and changes in that information to Mother, the Court and the State Case Registry. (Fill in Father’s information.)

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

### 13. Required Notices

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

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

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

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

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

FAILURE BY A PARTY TO OBEY THE ORDER OF THIS COURT TO PROVIDE EVERY OTHER PARTY, THE COURT, AND THE STATE CASE REGISTRY WITH THE CHANGE IN THE REQUIRED INFORMATION MAY RESULT IN FURTHER LITIGATION TO ENFORCE THE

ORDER, INCLUDING CONTEMPT OF COURT. A FINDING OF CONTEMPT MAY BE PUNISHABLE BY CONFINEMENT IN JAIL FOR UP TO SIX MONTHS, A FINE OF UP TO \$500 FOR EACH VIOLATION AND A MONEY JUDGMENT FOR PAYMENT OF ATTORNEY'S FEES AND COURT COSTS.

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

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

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

#### **14. Notice to Peace Officer**

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

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

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

#### **15. Warnings to Parties**

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

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

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

#### **16. Court Costs**

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

## 17. Final Order

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

## 18. Date of Judgment

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

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

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

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

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Petitioner's Printed name*

\_\_\_\_\_  
*Respondent's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Respondent's Printed name*

# Standard Possession Order

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The Court ORDERS that this Standard Possession Order is fully incorporated into the Decree or Order to which it is attached.

The Court ORDERS each conservator to obey this Standard Possession Order. The Court ORDERS that this Standard Possession Order starts immediately and applies to all periods of possession occurring on and after the date the Court signs the Order to which the Standard Possession Order is attached.

## 1. Designation of Conservators

The Court ORDERS that in this Standard Possession Order the conservators are designated as Parent A and Parent B.

"Parent A" is: (name) \_\_\_\_\_.  
*Print the name of the parent with the right to designate the child/ren's primary residence.*

"Parent B" is: (name) \_\_\_\_\_.  
*Print the name of the other parent.*

## 2. Mutual Agreement

The Court ORDERS that Parent A and Parent B shall have possession of the child/ren at any and all times mutually agreed to in advance by Parent A and Parent B.

In the absence of mutual agreement, the Court ORDERS that Parent A and Parent B shall have possession of the child/ren according to the schedules set out in this Standard Possession Order.

## 3. Definitions

"**School**" means the elementary or secondary school in which the child is enrolled. If the child is not enrolled in an elementary or secondary school, "school" means the public school district in which the child primarily resides.

"**Child**" or "**Child/ren**" includes each child, whether one or more, who is a subject of this suit while that child is under the age of eighteen years and not otherwise emancipated.

## 4. Undesignated Times

The Court ORDERS that Parent A shall have the right to possession of the child/ren at all times not specifically designated in this Standard Possession Order for Parent B.

### Notice to Peace Officer

NOTICE TO ANY PEACE OFFICER OF THE STATE OF TEXAS: YOU MAY USE REASONABLE EFFORTS TO ENFORCE THE TERMS OF CHILD CUSTODY SPECIFIED IN THIS ORDER. A PEACE OFFICER WHO RELIES ON THE TERMS OF A COURT ORDER AND THE OFFICER'S AGENCY ARE ENTITLED TO THE APPLICABLE IMMUNITY AGAINST ANY CLAIM, CIVIL OR OTHERWISE, REGARDING THE OFFICER'S GOOD FAITH ACTS PERFORMED IN THE SCOPE OF THE OFFICER'S DUTIES IN ENFORCING THE TERMS OF THE ORDER THAT RELATE TO CHILD CUSTODY. ANY PERSON WHO KNOWINGLY PRESENTS FOR ENFORCEMENT AN ORDER THAT IS INVALID OR NO LONGER IN EFFECT COMMITS AN OFFENSE THAT MAY BE PUNISHABLE BY CONFINEMENT IN JAIL FOR AS LONG AS TWO YEARS AND A FINE OF AS MUCH AS \$10,000.

## 5. Parent B's Local Schedule

Except as otherwise expressly provided in this Standard Possession Order, when Parent B lives 100 miles or less from the primary residence of the child/ren, Parent B shall have the right to possession of the child/ren as follows:

- (a) **Weekends** – Parent B shall have the right to possession of the child/ren on the 1<sup>st</sup>, 3<sup>rd</sup> and 5<sup>th</sup> weekends of each month.

If the weekend occurs during the regular school term, it shall:

*begin* on the 1<sup>st</sup>, 3<sup>rd</sup> and 5<sup>th</sup> Friday of each month at:

(Check one box.)

- 6 p.m.  
 the time the child's school is regularly dismissed

and *end* at: (Check one box.)

- 6 p.m. the following Sunday.  
 the time the child's school resumes after the weekend.

If the weekend does not occur during the regular school term, it shall begin on the 1<sup>st</sup>, 3<sup>rd</sup> and 5<sup>th</sup> Friday of each month at 6 p.m. and end at 6 p.m. the following Sunday.

- (b) **Weekends Extended by a Holiday**

If Parent B's weekend begins on a student holiday or a teacher in-service day that falls on a Friday during the regular school term or begins on a federal, state, or local holiday that falls on a Friday during the summer break, that weekend period of possession shall *begin* on the Thursday before the holiday or in-service day at: (Check one box.)

- 6 p.m.  
 the time the child's school is regularly dismissed.

If Parent B's weekend ends on or is immediately followed by a student holiday or a teacher in-service day that falls on a Monday during the regular school term or ends on a federal, state, or local holiday that falls on a Monday during the summer months when school is not in session, that weekend period of possession shall *end* at 6 p.m. on that Monday.

- (c) **Thursdays** – Parent B shall have the right to possession of the child/ren each Thursday during the regular school term:

*beginning* at: (Check one box.)

- 6 p.m.  
 the time the child's school is regularly dismissed.

and *ending* at: (Check one box.)

- 8 p.m.  
 the time the child's school resumes on Friday.

- (d) **Spring Vacation** – Parent B shall have the right to possession of the child/ren during Spring vacation in even-numbered years:

*beginning* on the day the child is dismissed from school for Spring Vacation at: (Check one box.)

- 6 p.m.  
 the time the child/ren's school is regularly dismissed.

and *ending* at 6 p.m. the day before school resumes after that vacation.

- (e) **Extended Summer Possession With Written Notice by April 1** – If Parent B gives Parent A written notice by April 1 of a year specifying an extended period or periods of summer possession for that year, Parent B shall have possession of the child/ren for 30 days beginning no earlier than the day after the child's school is dismissed for the summer vacation and ending no later than seven days before school resumes at the end of the summer vacation in that year. The extended summer possession must be exercised in no more than two separate periods of at least seven consecutive days each, as specified in the written notice. The extended summer possession must not interfere with Father's Day possession. These periods of possession shall begin and end at 6 p.m. on each applicable day.

- (f) **Extended Summer Possession Without Written Notice by April 1** – If Parent B does not give Parent A written notice by April 1 of a year specifying an extended period or periods of summer possession for that year, Parent B shall have possession of the child for 30 consecutive days in that year beginning at 6 p.m. on July 1 and ending at 6 p.m. on July 31.

## 6. Parent B's Long-Distance Schedule

Except as otherwise expressly stated in this Standard Possession Order, when Parent B lives over 100 miles from the primary residence of the child/ren, Parent B shall have the right to possession of the child/ren as follows:

- (a) **Weekends** – Unless Parent B elects the “Alternative Weekend Possession” below, Parent B shall have the right to possession of the child/ren on the 1<sup>st</sup>, 3<sup>rd</sup> and 5<sup>th</sup> weekends of each month.

If the weekend occurs during the regular school term, it shall:

*begin* on the 1<sup>st</sup>, 3<sup>rd</sup> and 5<sup>th</sup> Friday of each month at:

(*Check one box.*)

- 6 p.m.  
 the time the child's school is regularly dismissed

and *end* at: (*Check one box.*)

- 6 p.m. the following Sunday.  
 the time the child's school resumes after the weekend.

If the weekend does not occur during the regular school term, it shall begin on the 1<sup>st</sup>, 3<sup>rd</sup> and 5<sup>th</sup> Friday of each month at 6 p.m. and end at 6 p.m. the following Sunday.

(*Check box below if Parent B is choosing the Alternative Weekend Possession now.*)

- Alternative Weekend Possession** – Instead of the weekend possession described in the previous paragraph, Parent B shall have the right to possession of the child/ren one weekend per month of Parent B's choice. The weekend shall begin at 6 p.m. on the day school recesses for the weekend and end at 6 p.m. on the day before school resumes after the weekend. Parent B shall give Parent A 14 days' notice in writing or by telephone before the chosen weekend. The weekend chosen shall not conflict with the provisions regarding Christmas, Thanksgiving, the child's birthday, and Father's or Mother's Day possession below.

Parent B must choose this option now or by giving written notice to Parent A within 90 days after the parents begin to reside more than 100 miles apart.

- (b) **Weekends Extended by a Holiday**

If Parent B's weekend begins on a student holiday or a teacher in-service day that falls on a Friday during the regular school term or begins on a federal, state, or local holiday that falls on a Friday during the summer break, that weekend period of possession shall *begin* on the Thursday before the holiday or in-service day at: (*Check one box.*)

- 6 p.m.  
 the time the child's school is regularly dismissed.

If Parent B's weekend ends on or is immediately followed by a student holiday or a teacher in-service day that falls on a Monday during the regular school term or ends on a federal, state, or local holiday that falls on a Monday during the summer months when school is not in session, that weekend period of possession shall *end* at 6 pm on that Monday.

- (c) **Spring Vacation** – Parent B shall have the right to possession of the child/ren during Spring vacation every year beginning at 6 p.m. on the day the child is dismissed from school for Spring Vacation and ending at 6 p.m. on the day before school resumes after that vacation.
- (d) **Extended Summer Possession with Written Notice by April 1** – If Parent B gives Parent A written notice by April 1 of a year specifying an extended period or periods of summer possession for that year, Parent B shall have possession of the child/ren for 42 days beginning no earlier than the day after the child's school is dismissed for the summer vacation and ending no later than seven days before school resumes at the end of the summer vacation in that year. The extended summer possession must be exercised in no more than two separate periods of at least seven consecutive days each, as specified in the written notice. The extended summer possession must not interfere with Father's Day possession. These periods of possession shall begin and end at 6 p.m. on each applicable day.
- (e) **Extended Summer Possession without Written Notice by April 1** – If Parent B does not give Parent A written notice by April 1 of a year specifying an extended period or periods of summer possession for that year, Parent B shall have possession of the child/ren for 42 consecutive days in that year beginning at 6 p.m. on June 15 and ending at 6 p.m. on July 27.

## 7. Parent A's Local Schedule

*This schedule applies when Parent B lives 100 miles or less from the primary residence of the child/ren.*

Notwithstanding Parent B's weekend and Thursday periods of possession, it is expressly ORDERED that Parent A shall have a superior right to possession of the child/ren as follows:\*

- (a) **Spring Vacation** – Parent A shall have the right to possession of the child/ren during Spring vacation in odd-numbered years:

*beginning* on the day the child is dismissed from school for Spring vacation at: (Check one box.)

- 6 p.m.  
 the time the child/ren's school is regularly dismissed.

and *ending* at 6 p.m. the day before school resumes after that vacation.

- (b) **One Weekend During Parent B's Extended Summer Possession** – If Parent A gives Parent B written notice by April 15 of a year, Parent A shall have possession of the child/ren on any 1 weekend beginning at 6 p.m. on Friday and ending at 6 p.m. on the following Sunday during any one period of the extended summer possession by Parent B. Parent A must pick up the child/ren from Parent B and returns the child/ren to that same place. This weekend must not interfere with Father's Day possession.
- (c) **Extended Summer Possession** – If Parent A gives Parent B written notice by April 15 of a year or gives Parent B 14 days' written notice on or after April 16 of a year, Parent A may designate one weekend during which an otherwise scheduled weekend period of possession by Parent B shall not take place in that year. The weekend chosen must begin no earlier than the day after the child's school is dismissed for the summer vacation and end no later than 7 days before school resumes at the end of the summer vacation. The weekend chosen must not interfere with Parent B's periods of extended summer possession or with Father's Day possession.

\* Parent A has the right to possession of the child/ren at these times even if it conflicts with one or more of Parent B's weekend or Thursday periods of possession.

## 8. Parent A's Long-Distance Schedule

*This schedule applies when Parent B lives over 100 miles from the primary residence of the child/ren.*

Notwithstanding Parent B's weekend periods of possession, it is expressly ORDERED that Parent A shall have a superior right to possession of the child/ren as follows:\*\*

- (a) **One Weekend During Parent B's Extended Summer Possession** – If Parent A gives Parent B written notice by April 15 of a year, Parent A shall have possession of the child/ren on any 1 weekend beginning at 6 p.m. on Friday and ending at 6 p.m. on the following Sunday during any 1 period of the extended summer possession by Parent B. Unless a period of possession by Parent B in that year is more than 30 days, then Parent A may have possession of the child under the terms of this provision on any 2 nonconsecutive weekends during that period. Parent A must pick up the child from Parent B and returns the child to that same place. The weekend or weekends must not interfere with Father's Day possession.
- (b) **Extended Summer Possession** – If Parent A gives Parent B written notice by April 15 of a year, Parent A may designate 21 days beginning no earlier than the day after the child's school is dismissed for the summer vacation and ending no later than 7 days before school resumes at the end of the summer vacation in that year during which Parent B shall not have possession of the child. This extended summer possession must be exercised in no more than 2 separate periods of at least 7 consecutive days each. The period or periods chosen must not interfere with Parent B's periods of extended summer possession or with Father's Day possession. These periods of possession shall begin and end at 6 p.m. on each applicable day.

\*\* Parent A has the right to possession of the child/ren at these times even if it conflicts with one or more of Parent B's weekend periods of possession.

## 9. Holidays Unaffected by Distance

Notwithstanding the weekend and Thursday periods of possession of Parent B, Parent A and Parent B shall have the right to possession of the child/ren as follows:

- (a) **Christmas Holidays in Even-Numbered Years** - In even-numbered years, Parent B shall have the right to possession of the child:

*beginning* the day the child is dismissed from school for Christmas school vacation at: *(Check one box.)*

- 6 p.m.  
 the time the child's school is dismissed.

and *ending* at 12 noon on December 28.

In even-numbered years, Parent A shall have the right to possession of the child beginning at noon on December 28 and ending at 6 p.m. on the day before school resumes after that Christmas school vacation.

- (b) **Christmas Holidays in Odd-Numbered Years** - In odd-numbered years, Parent A shall have the right to possession of the child:

*beginning* the day the child is dismissed from school for Christmas school vacation at: *(Check one box.)*

- 6 p.m.  
 the time the child's school is dismissed.

and *ending* at 12 noon on December 28.

In odd-numbered years, Parent B shall have the right to possession of the child beginning at noon on December 28 and ending at 6:00 P.M. on the day before school resumes after that Christmas school vacation.

- (c) **Thanksgiving in Odd-Numbered Years** - Parent B shall have the right to possession of the child for the Thanksgiving Holiday in odd-numbered years:

*beginning* the day the child is dismissed from school for the Thanksgiving holiday at: *(Check one box.)*

- 6 p.m.  
 the time the child's school is dismissed.

and *ending* at 6 p.m. the Sunday following Thanksgiving.

- (d) **Thanksgiving in Even-Numbered Years** - Parent A shall have the right to possession of the child for the Thanksgiving Holiday in even-numbered years:

*beginning* the day the child is dismissed from school for the Thanksgiving holiday at: *(Check one box.)*

- 6 p.m.  
 the time the child's school is dismissed.

and *ending* at 6 p.m. the Sunday following Thanksgiving.

- (e) **Child's Birthday** - If a parent is not otherwise entitled under this Standard Possession Order to possession of a child on the child's birthday, that parent shall have possession of the child beginning at 6 p.m. and ending at 8 p.m. on that day, provided that that parent picks up the child from the other parent's residence and returns the child to that same place.

- (f) **Father's Day** - Father shall have the right to possession of the child each year, beginning at 6 p.m. on the Friday before Father's Day and ending at: *(Check one box.)*

- 6 p.m. on Father's Day  
 8 a.m. on the Monday after Father's Day

If Father is not already entitled to present possession of the child, he must pick up the child from Mother's residence and return the child to that same place.

- (g) **Mother's Day** - Mother shall have the right to possession of the child each year:

*beginning* on the Friday before Mother's day at: *(Check one box.)*

- 6 p.m.  
 the time the child's school is dismissed.

and *ending* at: *(Check one box.)*

- 6 p.m. on Mother's Day  
 8 a.m. on the Monday after Mother's Day

If Mother is not already entitled to present possession of the child, she must pick up the child from Father's residence and return the child to that same place.

## 10. General Terms and Conditions

Except as otherwise expressly provided in this standard Possession Order, the following terms and conditions apply regardless of the distance between the residence of a parent and the child:

### (a) **Exchange of Children at Start of Parent B's Possession**

If a period of Parent B's possession begins at the time the child's school is regularly dismissed, then Parent A is ORDERED to surrender the child to Parent B at the school in which the child is enrolled. If the child is not in school, Parent B shall pick up the child at the location designated below at 6 p.m. and Parent A is ORDERED to surrender the child to Parent B at the location designated below at 6 p.m.

If a period of Parent B's possession begins at another time, the Court ORDERS Parent A to surrender the child/ren to Parent B at the beginning of each such period of Parent B's possession at: *(Check one.)*

Parent A's residence.

the following location: \_\_\_\_\_

### (b) **Exchange of Children at End of Parent B's Possession**

If a period of Parent B's possession ends at the time the child's school resumes, then Parent B is ORDERED to surrender the child to Parent A at the school in which the child is enrolled or, if the child is not in school, at the location designated below at 8:00 a.m.

If a period of Parent B's possession ends at another time, the Court ORDERS Parent B to surrender the child/ren to Parent A at the end of each such period Parent B's possession at: *(Check one.)*

Parent B's residence.

Parent A's residence.

The following location: \_\_\_\_\_

However, if Parent A and Parent B live in the same county when the order is signed and Parent B remains in the county, but the Parent A moves out of the county, then beginning on the date Parent A moves, Parent B shall surrender the child to Parent A at: *(Check one.)*

Parent B's residence.

the location designated above.

(c) **Personal Effects** - Each parent is ORDERED to return with the child the personal effects that the child brought at the beginning of the period of possession.

(d) **Designation of Competent Adult** - Each parent may designate any competent adult to pick up and return the child, as applicable. IT IS ORDERED that a parent or a designated competent adult be present when the child is picked up or returned.

(e) **Inability to Exercise Possession** - Each parent is ORDERED to give notice to the person in possession of the child on each occasion the parent will be unable to exercise that parent's right of possession for any specified period.

(f) **Written Notice** - Written notice, including notice by email or fax is timely made if it is received or, if applicable, postmarked before or at the time that notice is due. Each parent is ORDERED to notify the other parent of any change to his or her email address or fax number within 24 hours after the change.

(g) **Notice to School and Parent A** - If Parent B's time of possession of the child ends at the time school resumes and for any reason the child is not or will not be returned to school, Parent B shall immediately notify the school and Parent A that the child will not be or has not been returned to school.

**This concludes the Standard Possession Order.**

## INCOME WITHHOLDING FOR SUPPORT

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

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

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

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

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

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

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

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_  
 Child(ren)'s Name(s) (Last, First, Middle)

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Child(ren)'s Birth Date(s)

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
 \_\_\_\_\_

RE: \_\_\_\_\_

\_\_\_\_\_  
 Employee/Obligor's Name (Last, First, Middle)

\_\_\_\_\_  
 Employee/Obligor's Social Security Number

\_\_\_\_\_  
 Custodial Party/Obligee's Name (Last, First, Middle)



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

\$ \_\_\_\_\_ Per \_\_\_\_\_ current child support  
 \$ \_\_\_\_\_ Per \_\_\_\_\_ past-due child support - **Arrears greater than 12 weeks?**  Yes  No  
 \$ \_\_\_\_\_ Per \_\_\_\_\_ current cash medical support  
 \$ \_\_\_\_\_ Per \_\_\_\_\_ past-due cash medical support  
 \$ \_\_\_\_\_ Per \_\_\_\_\_ current spousal support  
 \$ \_\_\_\_\_ Per \_\_\_\_\_ past-due spousal support  
 \$ \_\_\_\_\_ Per \_\_\_\_\_ other (must specify) \_\_\_\_\_

for a **Total Amount to Withhold** of \$ \_\_\_\_\_ per \_\_\_\_\_ .

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

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

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

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

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

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

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

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

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

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

Signature of Judge/Issuing Official (if Required by State or Tribal Law): \_\_\_\_\_  
Print Name of Judge/Issuing Official: \_\_\_\_\_  
Title of Judge/Issuing Official: \_\_\_\_\_  
Date of Signature: \_\_\_\_\_

If the employee/obligor works in a state or for a tribe that is different from the state or tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

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

**ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS:** If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the contact information below:

This person has never worked for this employer nor received periodic income.

This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: \_\_\_\_\_ Last known phone number: \_\_\_\_\_

Last known address: \_\_\_\_\_

Final payment date to SDU/tribal payee: \_\_\_\_\_ Final payment amount: \_\_\_\_\_

New employer's name: \_\_\_\_\_

New employer's address: \_\_\_\_\_

**CONTACT INFORMATION:**

**To Employer/Income Withholder:** If you have questions, contact \_\_\_\_\_ (issuer name)

by phone: \_\_\_\_\_, by fax: \_\_\_\_\_, by e-mail or website: <http://texasattorneygeneral.gov/cs/> \_\_\_\_\_.

Send termination/income status notice and other correspondence to:  
Office of the Attorney General, Child Support Division, Central File Maintenance, PO Box 12048, Austin TX 78711-2048 (issuer address).

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

by phone: \_\_\_\_\_, by fax: \_\_\_\_\_, by e-mail or website: <http://texasattorneygeneral.gov/cs/> \_\_\_\_\_.

The Paperwork Reduction Act of 1995

This information collection and associated responses are conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. This form is designed to provide uniformity and standardization. Public reporting burden for this collection of information is estimated to average 5 minutes per response for Non-IV-D CPs; 2 minutes per response for employers; 3 seconds for e-IWO employers, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.


Case No: \_\_\_\_\_  
(Print court information exactly as it appears on your Petition)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ In the (check one):  
 District  County  Justice Court of:  
\_\_\_\_\_ County, Texas

## Certificate of Last Known Mailing Address

1. My name is: \_\_\_\_\_  
*First Middle Last*
2. I am the Petitioner in this case.
3. The Respondent's name is: \_\_\_\_\_  
*First Middle Last*
4. I certify that the last known mailing address I have for the Respondent is:  
\_\_\_\_\_  
*Address City State Zip*

Respectfully submitted,

 \_\_\_\_\_  
*Your Signature Date*

\_\_\_\_\_  
*Your Printed Name Phone*

\_\_\_\_\_  
*Your Mailing Address City State Zip*

Email Address: \_\_\_\_\_ Fax # (if available) \_\_\_\_\_

Case No: \_\_\_\_\_  
(Print court information exactly as it appears on your Petition)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the (check one):

District  County  Justice Court of:  
\_\_\_\_\_ County, Texas

### Military Status Affidavit

State of Texas, County of \_\_\_\_\_  
(Print the name of county where this Affidavit is notarized)

The person who signed this affidavit appeared, in person, before me, the undersigned notary, and stated under oath:

1. "My name is: \_\_\_\_\_  
*First Middle Last*
2. "The Respondent's name is: \_\_\_\_\_  
*First Middle Last*
3. "I am the Petitioner in this case. I am an adult and of sound mind. I have personal knowledge of the facts stated in this affidavit. "The facts stated in this affidavit are true and correct.

(Check all boxes that apply)


"I know that the Respondent is **not** in the military because I asked the U.S. Department of Defense to check their Defense Manpower Data Center (DMDC) database. DMDC notified me that the Respondent is not on active duty in any of the armed forces.

"I attached a true copy of the DMDC verification. (If you check this box, you **must** attach a copy of the DMDC verification. You can print a copy of the DMDC verification from this web address: <https://www.dmdc.osd.mil/appj/scra/scraHome.do>.)

"I know that the Respondent is **not** now in the military because:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

"I do not know if the Respondent is in the military now.

**! Do not sign until you are in front of a notary !**

 \_\_\_\_\_  
Signature of Person Signing Affidavit Date

**Notary fills out below.**

State of Texas, County of \_\_\_\_\_

Sworn to and subscribed before me, the undersigned notary, on (date) \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.

by \_\_\_\_\_  
(Print name of person who is signing this Affidavit, NOT the notary's name.)  \_\_\_\_\_  
Notary's Signature