

<p><b>Cause Number:</b> <u>201908918</u></p> <p><i>(Write in the cause number and other case information exactly as it appears in the case information box on the Petition.)</i></p>	
<p><b>In the Interest of the following Minor Child(ren):</b></p> <p><i>(Print the full name of each child.)</i></p> <p>1 <u>TREASURE AYUK</u></p> <p>2 <u>FNU AYUK VICTORY AGBOR</u></p> <p>3 <u>DESTINY AYUK</u></p> <p>4 _____</p> <p>5. _____</p>	<p><b>In the:</b> <u>309</u></p> <p style="text-align: center;"><i>Court Number</i></p> <p><input checked="" type="checkbox"/> District Court</p> <p><input type="checkbox"/> County Court at Law</p> <p><u>Harris</u> County, Texas</p>

## Respondent's Original Answer – Modification Case

*(Print your answers.)*

My name is: VALANTINE OBEN

*First Middle Last*

I am a Respondent in this Suit to Modify the Parent-Child Relationship.

The last three numbers of my driver's license number are: 681 My driver's license was issued  
in *(State)* Texas.

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

The last three numbers of my social security number are: 662

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

### 1. General Denial

I enter a general denial. I want to be notified of all hearings in this case.

However, if the Petitioner and I reach an agreement and I sign an agreed Order Modifying the Parent-Child Relationship, I agree that the Judge can finalize this case without my getting notice of the hearing and without my coming to Court.

### 2. Contact Information

My mailing address is: 25222 NORTHWEST FWY Cypress, TX 77429

*Print Mailing Address City State Zip*

My email address is: solival2010@yahoo.com

My phone number is: 469-473-7701

I understand I *must* notify the Court and Petitioner's attorney (or Petitioner if Petitioner does not have an attorney), the other Respondents' attorneys (or the Respondent if she or he does not have an attorney), in writing, if my mailing address or email address changes during this case.

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

### 3. Request for Relief

I ask the Court for general relief.

→ _____ <i>Your Signature</i>	_____
VALANTINE OBEN <i>Your Printed Name</i>	469-473-7701 <i>Phone Number</i>
25222 NORTHWEST FWY Cypress, TX 77429 <i>Mailing Address</i>	_____
solival2010@yahoo.com <i>Email Address</i>	_____
	<i>City State Zip</i>
	<i>Fax # (if available)</i>

### 4. Certificate of Service

I will give a copy of this document to each party or attorney of record on the same day this document is filed with (turned in to) the Court as follows:

*If I file this document electronically, I will send a copy of it through the electronic file manager if possible. If not possible, I will give a copy to each party or attorney in person, by mail, by commercial delivery service, by fax, or by email.*

*If I file a paper copy of this document, I will give a copy of it to each party or attorney in person, by mail, by commercial delivery service, by fax, or by email.*

→ _____ <i>Your Signature</i>	_____
	<i>Date</i>