

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA.

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 initials 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 about 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 child(ren). 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.

**Important:** Talk to a lawyer if neither of the above applies.

**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).

## 5. Respondent(s)

**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.

### 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 a Statement of Inability to Afford Payment of Court Costs 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 section 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 a Statement of Inability to Afford Payment of Court Costs 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 section 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 C'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 a Statement of Inability to Afford Payment of Court Costs 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 page 5 section 6.

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

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 a Statement of Inability to Afford Payment of Court Costs 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 Declaration if you or a Respondent does not 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. Child(ren)'s Passports** (Check only if applicable.)

- I ask the Court to order that I have the exclusive right to apply for and renew passports for the child(ren).

### **9. 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 age 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).

## 10. Child Support and Medical Support

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

## 11. Protective Order Statement

**Note:** You **must** provide information about any protective order or pending application for protective order involving a party in this case or a child of a party. This includes information about any: 1) family violence protective order, (2) sexual assault, sexual abuse, trafficking or stalking protective order and/or (3) emergency protective order issued after an arrest.

A "party" includes you (the Petitioner) and anyone listed as a Respondent in this Petition.

You **must also** attach to this Petition a copy of any protective order (even if it's expired) in which one party or a child of a party was the applicant or victim and another party was the respondent or defendant.

If your petition does not accurately reflect whether there is a protective order, the Court may require you to file an amended petition.

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

### 11A. No Protective Order

- I do not have a protective order and I have not asked for one.  
 No one has a protective order against me or asked for one.

### 11B. Pending Protective Order

- I filed paperwork at the courthouse asking for a protective order, but a judge has not decided if I should get it. I asked for a protective order against \_\_\_\_\_.

I asked for a protective order on \_\_\_\_\_ in \_\_\_\_\_ County, \_\_\_\_\_  
Date Filed \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_.

The cause number of the protective order case is \_\_\_\_\_.

If I get a protective order, I will file a copy of it before any hearings in this case.

- The Respondent filed paperwork asking for a protective order, but a judge has not decided if the Respondent will get it. The Respondent asked for a protective order on \_\_\_\_\_ in \_\_\_\_\_  
Date Filed \_\_\_\_\_ County, \_\_\_\_\_.

County \_\_\_\_\_ State \_\_\_\_\_.

The Respondent asked for a protective order against \_\_\_\_\_.

The cause number of the protective order case is \_\_\_\_\_.

If the Respondent gets a protective order, I will file a copy of it before any hearings in this case.

### 11C. Protective Order in Place

- I have a protective order. The protective order is against \_\_\_\_\_.  
I got the protective order on \_\_\_\_\_ in \_\_\_\_\_ County, \_\_\_\_\_  
Date of Order \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_.

The cause number for the protective order is \_\_\_\_\_.

Either I have attached a copy of the protective order to this petition or I will file a copy of it with the court before any hearings in this case.

- A Respondent in this case has a protective order.

The protective order is against \_\_\_\_\_.

The protective order was made on \_\_\_\_\_ in \_\_\_\_\_ County, \_\_\_\_\_.

Date of Order

County

State

The cause number for the protective order is \_\_\_\_\_.

Either I have attached a copy of the protective order to this petition or I will file a copy of it with the court before any hearings in this case.

## 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 no.,       work phone no.       social security no.,       driver's license no.,  
 email address.

I ask the Court to Order that I not have to give this information or notice of changes in this information to the Respondents. I also ask the Court to keep this information confidential.

## 13. Children's Property (Check one.)

- The children do not own any property of significant value in their own name.  
 The children own the following property of significant value in their own name:

\_\_\_\_\_.

## 14. Health Insurance Availability for Children

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.

## 15. Dental Insurance Availability for Children

The child(ren): (Check one.)

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.

**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.

## 16. Public Benefits

The children: (Check all that apply.)

have Medicaid now **or** had in the past.

get TANF (Temporary Assistance for Needy Families) now **or** got it in the past.

**Note:** If your children have ever received Medicaid or TANF, you MUST send a copy of this Petition to the Office of the Attorney General Child Support Division. You MUST also sign the "Certificate of Service to the Office of the Attorney General" below.

## 17. Request for Judgment

I ask that citation and notice be issued as required by law and that the Court make the orders I have asked for in this Petition and any other orders to which I am entitled. I ask for general relief.

Respectfully,



Petitioner's Signature

Date

Petitioner's Name (Print)

Phone

Mailing Address

City

State

Zip

Email Address:

Fax (if available)

**Warning:** Each Respondent will get a copy of this form. If you are concerned about a Respondent learning your address, call the Hope Line at 800-374-4673(HOPE) for free advice before filing this form with the court.

**I understand that I must notify the Court and each Respondent's attorney (or the Respondent if the Respondent does not have an attorney) in writing if my mailing address or email address changes during these proceedings.** If I don't, any notices about this case will be sent to me at the mailing address or email address on this form.

## **18. Certificate of Service to the Office of the Attorney General (OAG)**

Sign below **only** if your child(ren) receive (or have received) Medicaid or TANF. This tells the judge that you will deliver a copy of this Petition to the Office of the Attorney General Child Support Division as required by law. Get contact information for the Office of the Attorney General Child Support Office in the county where this case will be filed at [https://www.texasattorneygeneral.gov/apps/cs\\_locations/](https://www.texasattorneygeneral.gov/apps/cs_locations/). Bring proof of delivery with you to court.

I certify that a true copy of this Petition was served on the Office of the Attorney General Child Support Division\* in person, by certified and first-class mail, by commercial delivery service, by fax, by email, or through the electronic file manager on this date.



Petitioner's Signature

Date

**Note:** For Information about how to file an answer go to [www.TexasLawHelp.org](http://www.TexasLawHelp.org)

For a referral to a lawyer call your local lawyer referral service or the State Bar of Texas Lawyer Referral Information Service at 800-252-9690.

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

**Legal Aid of Northwest Texas** 888-529-5277 (serves Dallas / Fort Worth area & Northwest Texas)

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

**Texas Rio Grande Legal Aid** 888-988-9996 (serves Austin / San Antonio area, El Paso area & South Texas)

If you have been the victim of family violence, or if at any time you feel unsafe, get help by calling the:

**National Domestic Violence Hotline** at 800-799-SAFE (7233) or

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

**Advocates for Victims of Crime (AVOCHE)**: at 888-343-4414.