

FORT WORTH METRO

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA

NCP Name: *BRANDON TYREKE HARRIS*

CP Name: *AYSIA LUWANA MILLER*

OAG Number: **0014333105**

LAC: **AOPP**

CAUSE NUMBER 322-724861-22

IN THE INTEREST OF § IN THE _____ *DISTRICT COURT*
AKAIYA NAOMI HARRIS §
AYDON JAMAL HARRIS § OF
CHILDREN § *TARRANT COUNTY, TEXAS*

ORIGINAL PETITION IN SUIT AFFECTING THE PARENT-CHILD RELATIONSHIP (AOP)

1. The OFFICE OF THE ATTORNEY GENERAL, representing the State of Texas, files this pleading pursuant to Texas Family Code Chapter 231 for which discovery is intended to be conducted under Level 2 of Rule 190, Texas Rules of Civil Procedure. The OFFICE OF THE ATTORNEY GENERAL is assigned the support and enforcement rights in this case.

JURISDICTION

2. No Court has continuing jurisdiction of this suit or of the children the subject of this suit. There are no court-ordered conservatorships, guardianships, or other court-ordered relationships affecting the children the subject of this suit.

CHILDREN

3. The following children are the subject of this suit:

Name	Sex	DOB
AKAIYA NAOMI HARRIS	F	6/3/2021
AYDON JAMAL HARRIS	M	8/2/2022

No property, other than personal effects, is owned by any child the subject of this suit.

PERSONS ENTITLED TO NOTICE

4. The children reside with the *mother*, *AYSIA LUWANA MILLER*, a resident of Texas. The OFFICE OF THE ATTORNEY GENERAL requests the issuance and service of process on this person in accordance with the attached service information sheet.

5. The *father* of the children is *BRANDON TYREKE HARRIS*, a resident of Texas. The OFFICE OF THE ATTORNEY GENERAL requests the issuance and service of process on this person in accordance with the attached service information sheet.

DETERMINATION OF DISCLOSURE OF ADDRESS

6. The Court should enter appropriate orders concerning the disclosure of the addresses of the parties.

PARENTAGE

7. Parentage of the child(ren), *AKAIYA NAOMI HARRIS*, *AYDON JAMAL HARRIS*, subject of this suit, was established when a properly executed Acknowledgment of Paternity was filed with the Vital Statistics Unit pursuant to Texas Family Code, Chapter 160. Attached as **EXHIBIT A and B**, is a copy of the Acknowledgment of Paternity.

CONSERVATORSHIP

8. Because the parents of the children are separated, the Court should appoint appropriate conservators pursuant to Texas Family Code § 153.005.

SUPPORT

9. The Court should order appropriate current and retroactive child, medical, and dental support for the children, including temporary support pursuant to Texas Family Code §§ 160.624 and 105.001. In determining the amount of retroactive support the Court should consider the duty of parents to support their minor children, and all applicable provisions of the Texas Family Code. In addition, the Court should order medical support and dental support, including any employment-related or other group health insurance and group dental insurance that is available to the parent.

WITHHOLDING FROM EARNINGS FOR SUPPORT

10. The Court should order all support withheld from disposable earnings pursuant to Texas Family Code § 158.006. The Court should order all payments of support processed pursuant to Texas Family Code Chapter 231 for distribution according to law. If appropriate, the Court should order *BRANDON TYREKE HARRIS* to post a bond or security.

REQUEST FOR PRODUCTION OF DOCUMENTS

11. *BRANDON TYREKE HARRIS* has in his possession documents that will show the nature and extent of his ability to pay child support. The OFFICE OF THE ATTORNEY GENERAL, pursuant to Rule 196, Texas Rules of Civil Procedure, requests him to produce and permit the OFFICE OF THE ATTORNEY GENERAL to inspect and copy the originals, or true copies, of the following documents in his possession, custody, or control showing income received, including but not limited to:

- (1) income tax returns for the previous two years, including the same for a party's DBA or sole-proprietorship (including Schedule C). If no return has been filed, then Form W-2, Form 1099, and Schedule K-1 for such years;**
- (2) all payroll check stubs received in the prior three months (including military LES); and**
- (3) all policies, statements, and the summary description of benefits for any medical, dental, and health insurance coverage that is or would be available for the children.**

The OFFICE OF THE ATTORNEY GENERAL requests production of the specified documents at:

The Office of the Attorney General
CHILD SUPPORT OFFICE
2001 BEACH ST STE 800
FT WORTH, TX 76103-2300
or
CSD-legal-914@oag.texas.gov

on or before 3:00 p.m. on the 30th day following the date of service of this request. If not provided prior to the initial hearing, the OFFICE OF THE ATTORNEY GENERAL may request the Court order *BRANDON TYREKE HARRIS* to provide additional financial information pursuant to Texas Family Code § 154.063.

COSTS

12. The Court should order *BRANDON TYREKE HARRIS* to pay costs of this proceeding.

PRAYER

The OFFICE OF THE ATTORNEY GENERAL prays that the Court grant all relief requested herein. The OFFICE OF THE ATTORNEY GENERAL prays for general relief.

Respectfully submitted,

Ken Paxton
Attorney General of Texas

Brent Webster
First Assistant Attorney General


Holly Hayes SBN# 24110698

TAMEKA D BOYD - SBN: 24027406
CHOYA BURKLEY - SBN: 24012361
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STEPHEN E HAMMEL - SBN: 24043710
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JOHN CASHMAN - SBN: 24038807
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ATTORNEY OF RECORD
CHILD SUPPORT ENFORCEMENT
CHILD SUPPORT OFFICE
2001 BEACH ST STE 800
FT WORTH TX 76103-2300
Email CSD-legal-914@texasattorneygeneral.gov
Telephone No. (817)926-7197
Toll Free 1(800)252-8014
Fax No. (817)926-0522



STATE OF TEXAS
ACKNOWLEDGMENT OF PATERNITY

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.

This is a legal document. Type or Print in black ink. Parents are to be given a copy of this completed document.

We declare under penalty of perjury that _____
Biological Father's first middle last name

is the biological father of _____
Child's first middle last name

born on 06 03 2021 , in DALLAS DALLAS TEXAS
m m d d y y y y city county state

to AYSIA LUWANA MILLER MILLER
Mother's first middle last name maiden name if different

06 15 1999 437-99-6998 2523 OHIO DR # 1902 PLANO TEXAS 75093
Father's date of birth social security number address city state zip code

04 02 1999 379-23-3124 708 RICHMOND DR MCKINNEY TEXAS 75071
Mother's date of birth social security number address city state zip code

We further declare under penalty of perjury that:

- We have been given written and oral notice of: the benefits of having paternity established; the availability of paternity establishment and child support services; and the legal consequences of, the rights and responsibilities of, and the alternative to signing this Acknowledgment.
- No other Acknowledgment of Paternity form naming another man as the biological father of this child has been filed.
- There is no court order naming another man as the biological father of this child.
- A genetic test has not determined that another man is the biological father of this child.

Fill one circle by the correct statement from EACH of the following:

<input checked="" type="radio"/> There has not been genetic testing of the man listed above to determine if he is the biological father of this child.	OR	<input type="radio"/> Genetic testing has determined that the man listed above is the biological father of this child.
<input checked="" type="radio"/> The mother was not married to someone other than the biological father at the time of the child's birth or within 300 days prior to the child's date of birth, or there is a court order that states that the man the mother was married to is not the father of the child, and during the first two years of the child's life, no man continuously lived with the child and represented the child as his own.	OR	<input type="radio"/> The mother was married to someone other than the biological father at the time of the child's birth or during the 300 days before the child's birth or during the first two years of the child's life, a man continuously lived with the child and represented the child as his own; and that man has completed the Denial of Paternity below or has a Denial of Paternity filed with the Vital Statistics Unit.

	<u>6/4/2021</u>		<u>6/4/2021</u>
Full Signature of Biological Father	date	Full Signature of Mother	date

Denial of Paternity (only required if "mother was married to someone other than the biological father or if, during the child's first two years of life, a man continuously lived with the child and represented the child as his own" is checked.)

We declare under penalty of perjury that _____
Presumed Father's first middle last name

the presumed father of the child, is not the biological father. We understand that filing of this denial with an acknowledgment removes the presumed father's legal duty to support the child and terminates his right of custody or visitation with the child.

Full Signature of Presumed Father	Full Signature of Mother

Presumed Father's date of birth	social security number	Presumed Father's address	city	state	zip code
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Texas Department of State Health Services Vital Statistics VS-159.1F Revised 09/2011		AOP Number <u>3034643</u>	Entity Code <u>0950</u>	State File Number
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STATE OF TEXAS
ACKNOWLEDGMENT OF PATERNITY

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.

We declare under penalty of perjury that

is the biological father of

born on

08	02	2022
m m	d d	y y y y

, in

to **AYSIA**

Mother's first

06	15	1999	437-99-6998
Father's date of birth			social security nu


<u>04</u>	<u>02</u>	<u>1999</u>	<u>379-23-3124</u>
Mother's date of birth			social security number

We further declare under penalty of perjury that:

- We have been given written and oral notice of: the benefits of having paternity established; the availability of paternity establishment and child support services; and the legal consequences of, the rights and responsibilities of, and the alternative to signing this Acknowledgment.
- No other Acknowledgment of Paternity form naming another man as the biological father of this child has been filed.
- There is no court order naming another man as the biological father of this child.
- A genetic test has not determined that another man is the biological father of this child.

Fill one circle by the correct statement from EACH of the following:


- | | |
|--|--|
| <p>Ⓐ There has not been genetic testing of the man listed above to determine if he is the biological father of this child.</p> | <p>or</p> <p>Ⓐ Genetic testing has determined that the man listed above is the biological father of this child.</p> |
| <p>Ⓑ The mother was not married to someone other than the biological father at the time of the child's birth or within 300 days prior to the child's date of birth, or there is a court order that states that the man the mother was married to is not the father of the child, and during the first two years of the child's life, no man continuously lived with the child and represented the child as his own.</p> | <p>or</p> <p>Ⓑ The mother was married to someone other than the biological father at the time of the child's birth or during the 300 days before the child's birth or during the first two years of the child's life, a man continuously lived with the child and represented the child as his own; and that man has completed the Denial of Paternity below or has a Denial of Paternity filed with the Vital Statistics Unit.</p> |


Full Signature of Biological Father

Full Signature of Biological Father

8/4/2022

date


Full Signature of Mother

Full Signature of Mother

8/4/2022

date

Denial of Paternity (only required if "mother was married to someone other than the biological father or if, during the child's first two years of life, a man continuously lived with the child and represented the child as his own" is checked.)

We declare under penalty of perjury that

the presumed father of the child, is not the biological father. We understand that filing of this denial with an acknowledgment removes the presumed father's legal duty to support the child and terminates his right of custody or visitation with the child.

Full Signature of Presumed Father

date

Full Signature of Mother

date

Presumed Father's date of birth	social security number
11/1/1968	123-45-6789

Texas Department of State Health Services
Vital Statistics
VS-159.1F Revised 09/2011

Presumed Father's address

AOP Number

3193888

city

Entity Code

0108

state

State File Number

2213532022

zip code