

**DKT (1)**



# **ORIGINAL PETITION FOR DIVORCE**

**FILED ON: 12/18/2023**

**FEE: \$401.00**

**FILER/REQUESTOR: MORGAN MICHELLE MYERS**

**NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA.**

**Cause Number:**

322 7 4 4 2 6 3 23

**In the Matter of the Marriage of**

**Petitioner: Morgan Michelle Myers**

Print first, middle and last name of the spouse who filed for divorce.

And

In the \_\_\_\_\_  
(Court Number)

☒ District Court  
☐ County Court at Law

**Respondent:** Charles Dustin Myers

**Print first, middle and last name of other spouse.**

**Tarrant County, Texas**

**And in the Interest of:**

(Print the initials of each child you and your spouse have together who is under 18 or still in high school.)

1. M E M 2. C R M 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

## Original Petition for Divorce

**Print your answers.**

**My name is: Morgan Michelle Myers**

First	Middle	Last
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**I am the Petitioner, the person asking for a divorce.**

The last three numbers of my driver's license number are 579..... 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: 893.**

or ☐ I do not have a social security number.

**My spouse's name is: Charles Dustin Myers**

First	Middle	Last
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**My spouse is the Respondent.**

## 1. Discovery Level

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

## 2. Legal Notice (Check one box.)

- ☐ I think my spouse will sign a **Waiver of Service** (or Answer). Do not send a sheriff, constable, or process server to serve my spouse with a copy of this Petition for Divorce at this time.
- ☒ I will have a sheriff, constable, process server or clerk serve my spouse with this Petition for Divorce here:

**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 if I am unable to pay the fee) and arrange for service.**

- ☐ I cannot find my spouse. I ask that my spouse be served by publication. I understand I must file an Affidavit for Citation by Publication and hire a lawyer to serve as attorney ad litem for me.



A CERTIFIED COPY  
ATTEST: 04/15/2024  
THOMAS A. WILDER  
DISTRICT CLERK  
TARRANT COUNTY, TEXAS  
BY: /s/ Catherine Saenz

# AFFIDAVIT OF INABILITY

### 3. Jurisdiction

#### 3A. County Residence Requirement

(Check all boxes that apply.)

- ☒ I have lived in this county for the last 90 days.
- ☒ My spouse has lived in this county for the last 90 days.
- ☐ I am serving in the armed forces or other government service outside of Texas, but this county has been the home county of either my spouse or me for at least 90 days.
- ☐ I have accompanied my spouse who is serving in the armed forces or other government service outside of Texas, but this county has been the home county of either my spouse or me for at least 90 days.

#### 3B. Texas Residence Requirement

(Check all boxes that apply.)

- ☒ I have lived in Texas for the last six months.
- ☒ My spouse has lived in Texas for the last six months.
- ☐ I am serving in the armed forces or another government service outside of Texas, but Texas is the home state of either my spouse or me and has been for at least 6 months.
- ☐ I have accompanied my spouse who is serving in the armed forces or another government service outside of Texas, but Texas is the home state of either my spouse or me and has been for at least 6 months.

#### 3C. Personal Jurisdiction over Spouse

(Check one box.)

- ☒ My spouse lives in Texas.
- ☐ My spouse does not live in Texas. (Check any boxes that apply below.)
  - ☐ My spouse agrees that a Texas court can make orders in this divorce, including orders regarding conservatorship (custody), visitation, and financial support of our children and orders regarding our property and debts. My spouse will file a Waiver of Service (or Answer).
  - ☐ Texas is the last state where we lived together as a married couple. This Petition for Divorce is filed less than two years after we separated.
  - ☐ The children live in Texas because of my spouse's actions.
  - ☐ My spouse has lived in Texas with the children.
  - ☐ My spouse has lived in Texas and provided prenatal expenses or support for the children.
  - ☐ My spouse had sexual intercourse in Texas, and the children may have been conceived by that act of intercourse.
  - ☐ Our child was born in Texas and my spouse registered with the paternity registry maintained by the bureau of vital statistics or signed an acknowledgment of paternity.
  - ☐ My spouse will be personally served with citation (official service of process) in Texas.





**6C. Children's Property**

(Check one box.)

- ☒ 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:
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**6D. Conservatorship (Custody) of the Child(ren)**

I ask the court to make conservatorship (custody) orders as follows: (Check a, b, or c.)

- a. ☐ Mother and Father should be **Joint Managing Conservators** of the child(ren) and:

(If you checked a, check a-1, a-2, or a-3.)

- a-1. ☐ Father should have the exclusive right to designate the primary residence of the child(ren) within the following geographic area: (Check one box below.)

☐ anywhere. ☐ this county. ☐ this county or county adjacent to this county.  
☐ Texas. ☐ other: \_\_\_\_\_

- a-2. ☒ Mother should have the exclusive right to designate the primary residence of the child(ren) within the following geographic area: (Check one box below.)

☐ anywhere. ☐ this county. ☒ this county or county adjacent to this county.  
☐ Texas. ☐ other: \_\_\_\_\_

- a-3. ☐ Neither parent should have the exclusive right to designate the primary residence of the child(ren) but both parents should be ordered not to move the child(ren) out of the following geographic area: (Check one box below.)

☐ this school district: \_\_\_\_\_ ☐ this county.  
☐ this county or county adjacent to this county. ☐ other: \_\_\_\_\_

- b. ☐ Mother should be the **Sole Managing Conservator** of the child(ren) with the exclusive rights listed in Texas Family Code 153.132 including the exclusive right to designate the primary residence of the child(ren) anywhere.

- c. ☐ Father should be the **Sole Managing Conservator** of the child(ren) with the exclusive rights listed in Texas Family Code 153.132 including the exclusive right to designate the primary residence of the child(ren) anywhere.

**6E. 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).



**6F. Possession of and Access to the Child(ren) (Visitation)**

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

- 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 child(ren) should be as follows:

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- d. ☐ I am concerned about the safety of the children with the other parent: I ask that:  
(If you checked d, check all that apply below.)
- d-1. ☐ exchanges of the child(ren) be supervised, or in the alternative, be in a public place.
- d-2. ☐ the other parent's possession of the child(ren) be limited to day visits.
- d-3. ☐ the other parent's possession of the child(ren) be supervised.
- d-4. ☐ the other parent have no right to possession or access to the child(ren).
- d-5. ☐ the other parent be ordered not to use alcohol or illegal drugs 24 hours prior to or during possession of the child(ren).
- d-6. ☐ the other parent's possession and access to the children be restricted as follows:

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(Check only if you are asking that a different possession order be in place while a child is under 3 years old.)

- ☐ 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.

(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).

**6G. Child Support, Medical Support, and Dental Support for the Child(ren)**

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



**7. Is the wife pregnant?**

(Check one box.)

- ☒ The wife in this marriage is not pregnant.
- ☐ The wife in this marriage is pregnant. I understand that I cannot finish the divorce until after the child is born.

(If the wife is pregnant, also check one box below.)

- ☐ The husband is the father of this child. I ask the court to include orders for custody, visitation, child support, and medical and dental support for the child in the Final Decree of Divorce.
- ☐ The husband is not the father of this child. I understand that paternity of the child must be established before I can finish the divorce.

**8. Did the wife have a child with another man while married to the husband?**

(Check one box. Fill in the requested information, if applicable.)

- ☒ The wife did not have a child with another man while married to the husband.
- ☐ The wife did have a child with another man while married to the husband. All of the children born during the marriage that are not the Husband's adopted or biological children are named below:

	Child's name	Age	Date of Birth	Sex
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

(If the wife had a child or children with another man during the marriage, check one box below.)

- ☐ Paternity of the child(ren) named above has not been established. I understand that paternity of the child(ren) must be established before I can finish my divorce.
- ☐ Paternity of the child(ren) named above has been established:

(Check one box.)

- ☐ A court order has established that another man is the biological father and/or the Husband is not the biological father of the child(ren) listed above. I understand I must attach a file-stamped copy of the court order to my Final Decree of Divorce.
- ☐ An Acknowledgement of Paternity was signed by the biological father and a Denial of Paternity was signed by the Husband for the child(ren) listed above. I understand I must attach a copy of these documents to my Final Decree of Divorce.





**9. Protective Order Statement** (Check the appropriate boxes. Fill in the requested information.)**9A. No Protective Order**

- ☐ I do not have a protective order against my spouse and I have not asked for one.
- ☐ My spouse **does not** have a protective order against me and has not asked for one.

**9B. Pending Protective Order**

- ☒ I have filed paperwork at the courthouse asking for a protective order against my spouse, but a judge has not decided if I should get it. I asked for a protective order on 12/14/2023  
Date Filed
- In Tarrant County, Texas. 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.
- ☐ My spouse has filed paperwork asking for a protective order against me, but a judge has not decided if my spouse will get it. My spouse asked for a protective order on \_\_\_\_\_  
Date Filed
- in \_\_\_\_\_ County, \_\_\_\_\_ State. The cause number is \_\_\_\_\_  
County State Cause Number
- If my spouse gets a protective order, I will file a copy of it before any hearings in this divorce.

**9C. Protective Order in Place**

- ☐ I do have a protective order against my spouse. I got the protective order in \_\_\_\_\_  
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 divorce.
- ☐ My spouse **does have** a protective order against me. The protective order was made in \_\_\_\_\_  
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 divorce.

**10. Waiver of Waiting Period Based on Family Violence** (Check only if applicable.)

- ☒ I ask the Court to waive the 60-day waiting period for divorce because: (Check one box.)
- ☐ My spouse has been convicted of or received deferred adjudication for a crime involving family violence against me or a member of my household.
- ☒ I have an active protective order or an active magistrate's order for emergency protection against my spouse because of family violence during our marriage. The order includes a finding that my spouse committed family violence.





**11. Property and Debt****11A. Community Property and Debt**

If my spouse and I can agree about how to divide the property and debts we got during our marriage, I ask the Court to approve our agreement. If we cannot agree, I ask the Court to divide our community property and debts according to Texas law.

**11B. Separate Property**

I own the following separate property. I owned this property before I was married, or I received this property as a gift or inheritance during my marriage or I received this property as recovery for personal injuries that occurred during the marriage (not including any recovery for lost wages or medical expenses). I ask the Court to confirm this property as my separate property.

(Fill in all lines. If you have no property to list in a particular category, write "none.")

House located None

Street Address City State Zip

Land located at: None

Street Address City State Zip

Cars, trucks, motorcycles, or other vehicles

Year	Make	Model	Vehicle Identification No. [VIN]-
2023	Mazda	CX-5	JM3KFBCM1P0135569

2021	Mazda	CX-3
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Other money or personal property I owned before I was married, received as a gift or inheritance during my marriage or property I purchased during my marriage with separate property funds: None

Money I received as recovery for personal injuries that occurred during the marriage that was not for lost wages or medical expenses: None



## 12. Name Change

**(Check one box.)**

- ☐ I am NOT asking the Court to change my name.
- ☒ I ask the Court to change my name back to a name I used before my marriage. I am not asking the court to change my name to avoid criminal prosecution or creditors. I ask that my name be changed to:

**Morgan Michelle Wilson**

**First**

### Middle

**Last**

**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 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.

### 13. Dental Insurance Availability for Children

**The child(ren): (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.

- ☒ do not have dental insurance.

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.

**14. Public Benefits**

(Check any boxes that apply.)

- ☒ The child(ren) have Medicaid now or had it in the past.
- ☒ The child(ren), or someone on behalf of the child(ren), get TANF (Temporary Assistance for Needy Families) now or got it in the past.

**15. Family Information**

(Check only if applicable.)

- ☒ I believe my children or I will be harassed, abused, seriously harmed or injured or otherwise subjected to family violence if I must give my spouse the information checked below for myself and the child(ren):

☐ home address, ☐ mailing address, ☐ employer, ☐ work address,  
☒ home phone, ☒ work phone, ☐ social security no., ☐ driver's license #.

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

**16. Request for Judgment**

I ask the Court to grant my divorce. I also ask the Court to make the other orders I have asked for in this Petition and any other orders to which I am entitled.

Respectfully,

→ *[Signature]*  
 Petitioner's Signature

12/18/2023  
 Date

MORGAN MICHELLE MYERS  
 Petitioner's Name (Last, first, middle initial)

[Redacted]  
 Mailing Address

[Redacted]  
 Phone

[Redacted]  
 City

TX  
 State

[Redacted]  
 Zip

Email Address: morwil31@gmail.com

Fax (if available) \_\_\_\_\_

I understand that I must notify the Court and my spouse's attorney (or my spouse if my spouse does not have an attorney) in writing if my mailing address or email address changes during these divorce proceedings. If I don't, any notices about this case including the dates and times of hearings will be sent to me at the mailing address or email address above.

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

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

