

NCP Name: *JACE RYAN HARRIS*  
CP Name: *RACHEL NICOLE PATTON*  
OAG Number: **0014334699**  
LAC: **AOPP**

IN THE INTEREST OF § IN THE \_\_\_\_\_ DISTRICT COURT  
JAX RYAN HARRIS § OF  
A CHILD § 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 child the subject of this suit. There are no court-ordered conservatorships, guardianships, or other court-ordered relationships affecting the child the subject of this suit.

## CHILDREN

3. The following child is the subject of this suit:

Name	Sex	DOB
JAX RYAN HARRIS	M	12/13/2020

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

## PERSONS ENTITLED TO NOTICE

4. The child resides with the *mother*, *RACHEL NICOLE PATTON*, 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 child is *JACE RYAN 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), *JAX RYAN 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**, is a copy of the Acknowledgment of Paternity.

## **CONSERVATORSHIP**

8. Because the parents of the child 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 child, 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 child, 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 *JACE RYAN HARRIS* to post a bond or security.

## **REQUEST FOR PRODUCTION OF DOCUMENTS**

11. *JACE RYAN 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 child.**

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 *JACE RYAN HARRIS* to provide additional financial information pursuant to Texas Family Code § 154.063.

**COSTS**

12. The Court should order *JACE RYAN HARRIS* to pay costs of this proceeding.

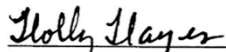
**PRAYER**

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

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TAMEKA D BOYD - SBN: 24027406  
CHOYA BURKLEY - SBN: 24012361  
KARLA BYRD - SBN: 24097445  
STEPHEN E HAMMEL - SBN: 24043710  
PAULA CROCKETT - SBN: 00798123  
JOHN CASHMAN - SBN: 24038807  
HOLLY L HAYES - SBN : 24110698  
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

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STATE OF TEXAS  
ACKNOWLEDGMENT OF PATERNITY

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

JACE	RYAN	HARRIS
Biological Father's first	middle	last name

is the biological father of

JAX	RYAN	HARRIS
Child's first	middle	last name

born on

mm	dd	yyyy	in	FORT WORTH	TARRANT	TEXAS				
m	m	d	d	y	y	y	y	city	county	state

to

RACHEL	NICOLE	PATTON	PATTON
Mother's first	middle	last name	maiden name if different

mm	dd	yyyy	social security number	address	city	state	zip code
Father's date of birth							

mm	dd	yyyy	social security number	address	city	state	zip code
Mother's date of birth							

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 <u>has not</u> 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 <u>has</u> determined that the man listed above is the biological father of this child.
<input checked="" type="radio"/> The mother <u>was not</u> 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 <u>was</u> 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.

Signature Document on file	12/15/2020	Signature Document on file	12/15/2020
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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
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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	Presumed Father's address	city	state	zip code
Texas Department of State Health Services Vital Statistics VS-159.1F Revised 09/2011		AOP Number	Entity Code	State File Number	
		2976565	6125	3715802020	



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

[REDACTED]					
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 <u>has not</u> 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 <u>has</u> determined that the man listed above is the biological father of this child.
<input checked="" type="radio"/> The mother <u>was not</u> 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 <u>was</u> 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.

Declassified by: SACP HAN/VI / 12/15/2020

Full Signature of Biological Father \_\_\_\_\_ date \_\_\_\_\_

Declassified by: KAL HAN/VI / 12/15/2020


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			date		Full Signature of Mother			date	
Presumed Father's date of birth			social security number		Presumed Father's address			city state zip code	

Texas Department of State Health Services  
Vital Statistics Unit  
VS-159.1M Revised 9/2011

Entity Code				8311
6	1	2	5	

**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.