

SUIT AFFECTING THE PARENT-CHILD RELATIONSHIP INFORMATION PACKET

Please complete this packet completely and accurately. The amount of time and effort you put into filling out this packet is directly related to the amount of time necessary to complete your petition and other documents needed to obtain your Suit Affecting the Parent-Child Relationship. Although these questions may seem to pry into your personal affairs, we are not asking these questions to be nosy. There is a purpose for each question contained herein and it is imperative that you answer each question. Failure to answer these questions may delay your case.

PLEASE PRINT NEATLY. If we are required to make additional calls to you or send you letters to verify information contained in this packet because we are unable to read your handwriting, you may be charged additional fees!

GENERAL INFORMATION

CLIENT (PETITIONER) INFORMATION:

SEX: _____ RACE _____

FULL NAME _____

DO NOT USE INITIALS (Last) (First) (Middle)

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

HOME PHONE _____ WORK PHONE _____

AGE & DATE OF BIRTH _____

PLACE OF BIRTH _____

(City)

(State)

(County)

SOCIAL SECURITY NUMBER _____

DRIVER'S LICENSE NUMBER _____ STATE OF ISSUANCE _____

EMAIL ADDRESS: _____

OCCUPATION:

POSITION OR RANK _____

EMPLOYER'S NAME AND ADDRESS (DUTY ADDRESS IF MILITARY) _____

RESPONDENT'S INFORMATION:

SEX: _____ RACE _____

FULL NAME _____

DO NOT USE INITIALS (Last) (First) (Middle) (Maiden)

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

HOME PHONE _____ WORK PHONE _____

AGE & DATE OF BIRTH _____

PLACE OF BIRTH _____

(City)

(State)

(County)

SOCIAL SECURITY NUMBER _____

DRIVER'S LICENSE NUMBER _____ STATE OF ISSUANCE _____

EMAIL ADDRESS: _____

OCCUPATION:

POSITION OR RANK _____

EMPLOYER'S NAME AND ADDRESS (DUTY ADDRESS IF MILITARY) _____

CHILDREN INFORMATION

FIRST CHILD

FULL NAME _____
(First) (Middle) (Last)
SEX: _____ BIRTH DATE: _____
PLACE OF BIRTH: _____
(City) (State) (County)
SOCIAL SECURITY NUMBER: _____
PRESENT RESIDENCE: _____
(Address) (City, State, Zip)

SECOND CHILD

FULL NAME _____
(First) (Middle) (Last)
SEX: _____ BIRTH DATE: _____
PLACE OF BIRTH: _____
(City) (State) (County)
SOCIAL SECURITY NUMBER: _____
PRESENT RESIDENCE: _____
(Address) (City, State, Zip)

THIRD CHILD

FULL NAME _____
(First) (Middle) (Last)
SEX: _____ BIRTH DATE: _____
PLACE OF BIRTH: _____
(City) (State) (County)
SOCIAL SECURITY NUMBER: _____
PRESENT RESIDENCE: _____
(Address) (City, State, Zip)

FOURTH CHILD

FULL NAME _____
(First) (Middle) (Last)
SEX: _____ BIRTH DATE: _____
PLACE OF BIRTH: _____
(City) (State) (County)
SOCIAL SECURITY NUMBER: _____
PRESENT RESIDENCE: _____
(Address) (City, State, Zip)

Attach a separate sheet of paper to provide the above information for each additional child.

JURISDICTIONAL INFORMATION

1. How long have you resided in the State of Texas?
_____ Years _____ Months

2. How long have you resided in this county?
 _____ Years _____ Months
3. How long have the children resided in this State and County?
 _____ Years _____ Months

The current Texas Family Code requires that the judge consider the “best interest of the child” above all else; however, there is a state law that presumes that naming the parents **joint managing conservators** of the children is in their best interests. This **does not** mean equal time with the children, but that the children live with one parent and the other parent has visitation. The law requires that the parent with primary possession, including the right to determine where the children live, be paid child support by the other parent. The Family Code states that the support will be a certain percentage of the Obligor’s (the person paying child support) disposable earnings, which is income before taxes (Gross earnings) less social security and federal income withholding tax at the rate of single with one exemption. The percentage will depend on the number of children as follows:

1 Child	20% of disposable earnings
2 Children	25% of disposable earnings
3 Children	30% of disposable earnings
4 Children	35% of disposable earnings

Additionally, in most cases, the Judge will also order that all payments for child support be withheld from the Obligor’s net pay (a additional fee is required by the Court to accomplish this form of paying child support). One of the only exceptions to this rule is an Obligor who is self-employed. If the payments are withheld, there is no need for an allotment. If the payments are not withheld, all payments should be made through the Texas Child Support Disbursement Unit as stated in the final order.

Note: The Obligor is also required to maintain health insurance on the children. Military personnel must have the children enrolled in the DEERS program and civilian personnel must be prepared to present a health insurance policy covering the children.

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1. Which of the following provisions do you wish to establish in this suit?

_____ Child Support
 _____ Custody and Visitation
 _____ Paternity

2. Have the parties ever been married? Yes _____ No _____
3. Who will have primary possession of the child(ren)? Mother _____ Father _____
4. Who will receive the tax exemption for the child(ren)? Mother _____ Father _____

If both, explain how (i.e. 1 takes 1 child or every other year _____)
 (Note: If the Conservator without primary possession receives the tax exemption, an additional form must be filed with the IRS. This form can be obtained from this office and must be signed by the parent with primary custody. A court order is not sufficient for the IRS.)

5. Who currently provides health insurance for the child(ren)? Mother _____ Father _____

6. Who will provide health insurance for the child(ren)? Mother _____ Father _____

7. Monthly cost of health insurance for the child(ren) \$ _____

8. Are there any other children not listed here for whom the party who will be paying child support is current obligated to pay support for or for whom you have custody at this time?

Yes _____

No _____

If yes, how many other children are being supported and which party in this action is paying the support?

Do you or have you or your spouse ever started a suit of any kind through the Attorney General's Office in any county? Yes _____ No _____ **If yes, you must provide this office with documentation of any such suit. Failure to provide documentation will delay your case.**

In order to calculate child support, please include the following regarding the party who will be paying child support:

Gross wages per month (before taxes) _____ (include a current pay voucher if possible, failure to provide this office with an amount will result in delays.)

If there is an agreement between the parties, please provide. _____

If you have an agreement that differs from the state guideline you must provide the following:

Mother's monthly gross income: _____ Father's monthly gross income: _____

9. In the Standard Possession Order the parent who does not have primary possession of the children is entitled to visitation with the child(ren) on Thursday of every week and the first, third and fifth weekend of the month. Please indicate below your preference of pick-up and drop off times by choosing one from each possession period(failure to check your preference will result in 6:00 pm to 8:00 pm on Thursday and from 6:00 pm to 6:00 pm on weekends being inserted in your final paperwork).

THURSDAY VISITATION PREFERENCE:

Pick up time:

_____ When school is dismissed _____ 6:00 p.m.

_____ A specified time between school dismissal and 6:00 p.m. _____ p.m.(list time preferred)

Return time:

_____ 8:00 p.m. _____ when school resumes Friday

WEEKEND VISITATION PREFERENCE:

Pick up time:

_____ When school is dismissed _____ 6:00 p.m.

_____ A specified time between school dismissal and 6:00 p.m. _____ p.m.(list time preferred)

Return time:

_____ 6:00 p.m. _____ when school resumes Monday

154.123. Additional Factors for Court to Consider.

(a) The Court may order periodic child support payments in an amount other than that established by the guidelines if the evidence rebuts the presumption that application of the guidelines is in the best interest of the child and justifies a variance from the guidelines.

(b) In determining whether application of the guidelines would be unjust or inappropriate under the circumstances, the court shall consider evidence of all relevant factors, including:

1. the age and needs of the child;
2. the ability of the parents to contribute to the support of the child;
3. any financial resources available for the support of the child;
4. the amount of time of possession of and access to a child;
5. the amount of the obligee's net resources, including the earning potential of the obligee if the actual income of the obligee is significantly less than what the obligee could earn because the obligee is intentionally unemployed or underemployed and including an increase or decrease in the income of the obligee or income that may be attributed to the property and assets of the obligee;
6. child care expenses incurred by either party in order to maintain gainful employ/
7. whether either party has the managing conservatorship or actual physical custody of another child;
8. the amount of alimony or spousal maintenance actually and currently being paid or received by a party;
9. the expenses for a son or daughter for education beyond secondary school;
10. whether the obligor or obligee has an automobile, housing, or other benefits furnished by his or her employer, another person, or a business entity;
11. the amount of other deductions from the wage or salary income and from other compensation for personal services of the parties;
12. provision for health care insurance and payment of uninsured medical expenses;
13. special or extraordinary educational, health care, or other expenses of the parties or of the child;
14. the cost of travel in order to exercise possession of and access to a child;
15. positive or negative cash flow from any real and personal property and assets, including a business and investments;
16. debts or debt service - assumed by either party; and
17. any other reasons consistent with the best interest of the child taking into consideration the circumstances of the parents.

INFORMATION REGARDING THE FOLLOWING FORMS

STATEMENT OF HEALTH INSURANCE AVAILABILITY - The Court requires the Petitioner to provide a statement that informs the Court how the children are insured. Please read this form carefully and place check marks next to all statements that apply to your child's health care coverage. Also, please remember to sign and date the form after it has been completed.

FIVE YEAR AFFIDAVIT - If any party or the children reside outside of Texas please provide the information requested on where the children have resided for the last five years beginning with their current address and working backward. This document must be signed in front of a notary public.

STATEMENT OF HEALTH INSURANCE AVAILABILITY

This statement is made in accordance with section 154.181 of the Texas Family Code.

Health Insurance Availability

(PLEASE CHECK ALL THAT APPLY)

_____ Private health insurance is in effect for the child

Name of insurance company: _____

Policy number: _____

Party responsible for premium: _____

Monthly cost of premium: \$ _____

_____ The insurance coverage is provided through the mother's employment.

_____ The insurance coverage is provided through the father's employment.

_____ The insurance coverage is not provided through a parent's employment.

_____ The child is receiving Medicaid benefits under chapter 32, Human Resources Code.

_____ The child is receiving health benefits coverage under the Children's Health Insurance Program under chapter 62 of the Texas Health and Safety Code.

_____ None

_____ Other: _____

The cost of the premium is \$ _____.

Date: _____.

(Signature)

(Printed Name)

NO. _____

IN THE MATTER OF
THE MARRIAGE OF

AND

AND IN THE INTEREST OF

CHILDREN

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§
§
§
§
§
§
§

IN THE DISTRICT COURT

JUDICIAL DISTRICT

COUNTY, TEXAS

5-YEAR AFFIDAVIT INFORMATION

Address: _____

Lived With Whom (names of persons): _____

From (month/year): _____ **To**(month/year): **PRESENT** _____

Address: _____

Lived With Whom (names of persons): _____

From(month/year): _____ **To**(month/year): _____

Address: _____

Lived With Whom (names of persons): _____

From(month/year): _____ **To**(month/year): _____

Address: _____

Lived With Whom (names of persons): _____

From(month/year): _____ **To**(month/year): _____

Address: _____

Lived With Whom (names of persons): _____

From(month/year): _____ **To**(month/year): _____

Address: _____

Lived With Whom (names of persons): _____

From(month/year) _____ **To**(month/year): _____

Client's signature

SIGNED under oath before me this _____ day of _____, 20__.

Notary Public, State of Texas