

LEGAL AID OF NORTHWEST TEXAS

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SUIT AFFECTING THE PARENT-CHILD RELATIONSHIP QUESTIONNAIRE

Please answer all questions completely. Failure to complete all questions will deny consideration of your application. All questions must be answered to the best of your ability. Questions regarding race are asked only for the purpose of allowing us to complete state required statistical forms. If any question does not apply to you or you do not have the information, please state. The information provided is confidential. DO NOT LEAVE ANY BLANKS. PLEASE DO NOT FORGET TO SIGN THE BACK PAGE.

APPLICANT (YOU): What is your relationship to the child/ren? _____

Full Name: _____ Race: _____

Maiden Name: _____

Street Address: _____

City: _____ State: _____ County: _____ Zip: _____

Phone Number (include area code): _____

Mailing Address: _____

City: _____ State: _____ County: _____ Zip: _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Social Security No. _____ Driver's License No. _____

Employer: _____

Street Address: _____

City: _____ State: _____ County: _____ Zip: _____

Relationship to Child(ren): _____

How long have you lived in _____ County? _____

Why do you want to be the managing conservator of the Child(ren)? _____

NAME OF PERSON YOU ARE CURRENTLY MARRIED TO: (If you are not currently married, leave blank.)

Full Name: _____ Race: _____

Maiden Name: _____

Street Address: _____

City: _____ State: _____ County: _____ Zip: _____

Phone Number (include area code): _____

Mailing Address: _____

City: _____ State: _____ County: _____ Zip: _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Social Security No. _____ Driver's License No. _____

Employer: _____

Street Address: _____

City: _____ State: _____ County: _____ Zip: _____

Relationship to Child(ren): _____

How long has spouse lived in _____ County? _____

What is the purpose of spouse being managing conservator of the Child(ren)? _____

MOTHER OF CHILD(REN): (If same as "Applicant" on first page, please disregard)

Full Name: _____

Maiden Name: _____

*Street Address: _____

City: _____ State: _____ County: _____ Zip: _____

***(IMPORTANT): WE CANNOT HAVE THE MOTHER OF THE CHILD/REN SERVED WITHOUT A STREET ADDRESS. NO POST OFFICE BOXES ACCEPTED.**

Phone Number (Include Area Code): _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Social Security No.: _____ Driver's License No.: _____

Employer: _____

Street Address: _____

City: _____ State: _____ County: _____ Zip: _____

Salary: _____ Weekly: _____ Bi-Weekly: _____ Semi-Weekly: _____ Monthly: _____

Does the mother of the child/ren consent to your custody of the child/ren? _____

Does the mother of the child/ren want visitation rights? _____

FATHER OF CHILD(REN): (If same as "Applicant" on first page, please disregard)

Full Name: _____

*Street Address: _____

City: _____ State: _____ County: _____ Zip: _____

***(IMPORTANT): WE CANNOT HAVE THE FATHER OF THE CHILD/REN SERVED WITHOUT A STREET ADDRESS. NO POST OFFICE BOXES ACCEPTED.**

Phone Number (Include Area Code): _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Social Security No.: _____ Driver's License No.: _____

Employer: _____

Street Address: _____

City: _____ State: _____ County: _____ Zip: _____

Salary: _____ Weekly: _____ Bi-Weekly: _____ Semi-Weekly: _____ Monthly: _____

What is your relationship with the father of the child/ren? _____

Does the father of the child/ren consent to your custody of the child/ren? _____

Does the father of the child/ren want visitation rights? _____

(If there is more than one father, use the back of this page to provide the same information)

If the person seeking custody of the child/ren is NOT the mother or the father of the child/ren, please give name of person seeking custody (If same as "applicant" on first page, please disregard):

Full Name: _____

Maiden Name: _____ Relationship to child/ren: _____

*Street Address: _____

City: _____ State: _____ County: _____ Zip: _____

Phone Number (Include Area Code): _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Social Security No.: _____ Driver's License No.: _____

Employer: _____

Street Address: _____

City: _____ State: _____ County: _____ Zip: _____

Salary: _____ Weekly: _____ Bi-Weekly: _____ Semi-Weekly: _____ Monthly: _____

Do the parents of the child/ren consent to your custody of the child/ren? _____

Do the parents of the child/ren want visitation rights? _____

CHILD/REN THE SUBJECT OF THE SUIT:

Full Name: _____ Sex: _____

Date of Birth: _____

Place of Birth (city/state): _____

Social Security Number: _____

Driver's License Number: _____

Mother's Name: _____

Father's Name: _____

How long has child lived with you? _____

Full Name: _____ Sex: _____

Date of Birth: _____

Place of Birth (city/state): _____

Social Security Number: _____

Driver's License Number: _____

Mother's Name: _____

Father's Name: _____

How long has child lived with you? _____

Full Name: _____ Sex: _____

Date of Birth: _____

Place of Birth (city/state): _____

Social Security Number: _____

Driver's License Number: _____

Mother's Name: _____

Father's Name: _____

How long has child lived with you? _____

Full Name: _____ Sex: _____

Date of Birth: _____

Place of Birth (city/state): _____

Social Security Number: _____

Driver's License Number: _____

Mother's Name: _____

Father's Name: _____

How long has child lived with you? _____

Full Name: _____ Sex: _____

Date of Birth: _____

Place of Birth (city/state): _____

Social Security Number: _____

Driver's License Number: _____

Mother's Name: _____

Father's Name: _____

How long has child lived with you? _____

(If you have more children, use back of this page to provide same information)

GENERAL INFORMATION

Please check the appropriate law suit that you are seeking:

_____ **An Order for Suit Affecting Parent-Child Relationship for custody, child support, Visitation, (there has been no prior orders concerning the child/ren). If you check this one, please answer the questions on this page.**

_____ An Order to Modify child support/visitation/custody (there has been prior order concerning the child/ren). If you check this one, please disregard the questions on this page, and answer the questions on the following page.

SUIT AFFECTING PARENT-CHILD RELATIONSHIP:

Have you filed for support or custody for the child/ren before? _____
If Yes, when? _____

Has/Have the child/ren been abused before? _____
If yes, when? _____ By Whom? _____

Have you been served with any papers on this child? _____
If yes, when? _____

Have you ever had any dealings with Child Protective Services? _____
If yes, when? _____

*Are there any court orders on any parent of the child/ren? _____
If yes, which parent? _____

*If you are not the parent of the child, are there any court orders on you? _____

*If there are any Court Orders, what type of Order/s, Cause Number/s, and Court Number/s: _____

Do/Does the child/ren need protection? _____ Do you want support for the child/ren? _____

Explain: _____

MODIFICATION TO A PRIOR ORDER - It is your responsibility to provide our office with a copy of the prior order.

What is the Title of the prior order you want to modify? _____

Has it been a year since the previous order was entered? _____

What date was the prior order rendered? _____

What provisions of the prior decree do you want modified?

- _____ Increase child support
- _____ Decrease child support
- _____ Conservatorship (custody)
- _____ Visitation
- _____ Include health insurance to be paid

ALTERNATE CONTACTS (Friend or Relative that can give you message):

Name: _____ **Relationship:** _____

Phone Number: _____

Address: _____

Name: _____ **Relationship:** _____

Phone Number: _____

Address: _____

WHY DO YOU WANT: ___ CUSTODY ___ CHILD SUPPORT ___ VISITATION ___ CUSTODY
(check one)

SIGNATURE OF APPLICANT

DATE