

(Fill in Cause number and court information exactly as it is written on the orders you want to change.)

In the interest of (List children):

- 1 Name: \_\_\_\_\_
- 2 Name: \_\_\_\_\_
- 3 Name: \_\_\_\_\_
- 4 Name: \_\_\_\_\_
- 5 Name: \_\_\_\_\_
- 6 Name: \_\_\_\_\_

Cause No:

In the \_\_\_\_\_  District  County Court of:  
\_\_\_\_\_ County, Texas

## Original Petition to Modify the Parent-Child Relationship

### 1. Discovery

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

### 2. Order to be Modified

I ask the court to change the current Order or Orders listed below:

	Title of Order	Date signed by Court
1.		/ /
2.		/ /

### 3. Jurisdiction

This Court has continuing, exclusive jurisdiction of this case.

### 4. Children

The following children are the subject of this case.

	<i>Child's name</i>	<i>Sex</i>	<i>Date of Birth</i>	<i>Place of Birth</i>	<i>Current Address</i>
1					
2					
3					
4					
5					
6					

(Check one.)

- There has been no significant change to the children's property.
- The following changes have occurred to the children's property since the Court signed the current orders: \_\_\_\_\_

**5. Parties**

**Petitioner**

My name is \_\_\_\_\_  
*First Middle Last*

I am the **Petitioner**, the person asking the Court to change the order or orders listed below.

The last three numbers of my driver's license number are: \_\_\_\_ \_\_\_\_ \_\_\_\_\_. My driver's license was issued in (State) \_\_\_\_\_.

or  I do not have a driver's license number.

The last three numbers of my social security number are: \_\_\_\_ \_\_\_\_ \_\_\_\_.

or  I do not have a social security number

I live at \_\_\_\_\_  
*Street Address City State Zip*

I am the children's (Check one.)

- Sole Managing Conservator.
- Joint Managing Conservator.
- Possessory Conservator.
- \_\_\_\_\_.

I have standing to bring this suit.

**Respondents / People Entitled to Legal Notice**

You **MUST** give legal notice of this case to each person named as a party in the current orders and anyone else whose rights may be affected by this case.

You **MUST** give legal notice of this case to the Office of the Attorney General, Child Support Division **if**:

- you are asking to change child support or medical support orders **and**
- the Office of the Attorney General is named as a party in the current orders **or** the child or anyone on behalf of the child receives or has received TANF, Food Stamps, or Medicaid.

**Respondent A**

Respondent A's name is \_\_\_\_\_  
*(PRINT the Respondent A's full name)*

Respondent A lives at \_\_\_\_\_  
*Street Address City State Zip*

Respondent A is the children's (Check one.)

- Sole Managing Conservator.
- Joint Managing Conservator.
- Possessory Conservator.
- \_\_\_\_\_.

**Legal Notice to Respondent A** (Check one.)

Do not send a sheriff, constable, or process server to give a copy of this Petition to my spouse, at this time. I think Respondent A will sign a Waiver of Service, or voluntarily file an Answer.

I will have a sheriff, constable, or process server give a copy of this Petition to Respondent A here: \_\_\_\_\_  
*Street Address City State Zip*



I ask the clerk to issue the citation of service. I understand that I will need to **pay the fee** (or file the form to show the Court that I am unable to pay the fee) and **arrange for service**.

## 6. Information Required if a Party Lives Out-of-State

(Check one.)

- Everyone involved in this case lives in Texas.
- Someone involved in this case (one of the Respondents of me) does not live in Texas. (You must complete and attach **Exhibit: Out-of-State Party Affidavit**. This is required by Texas Family Code Section 152.209.)

## 7. Modifications (Changes) Requested

The circumstances of the children, a conservator, or other party affected by the order or orders to be modified have materially and substantially changed since the judge announced the prior order or orders.

The requested modifications are in the **best interest** of the children.

The requested modifications will change the following parts of the current orders:

### 7a. Changes to Conservatorship (Custody)

(Check one.)

- I do **not** want to change the conservatorship (custody) orders. (If you choose this box, skip to 7b.)
- I ask the Court to change the conservatorship (custody) orders as follows:

I ask the Court to change the conservatorship order to name **me**: (Check one.)

- Joint Managing Conservator, with the exclusive right to establish the children's primary residence, (Home-Parent),
- Joint Managing Conservator, noncustodial parent, (Co-Parent)
- Joint Managing Conservator, with a geographic restriction on where the children's primary residence will be located and neither parent having the exclusive right to establish the children's primary residence.
- Sole Managing Conservator, (Home-Parent)
- Possessory Conservator, (Co-Parent)

and name **Respondent**: (Check one for each Respondent, if applicable. **Circle** the Respondent's letter. )

A B C  Joint Managing Conservator, with the exclusive right to establish the children's primary residence, (Home-Parent).

A B C  Joint Managing Conservator, noncustodial parent, (Co-Parent).

A B C  Joint Managing Conservator, with a geographic restriction on where the children's primary residence will be located and neither parent having the exclusive right to establish the children's primary residence.

A B C  Sole Managing Conservator, (Home-Parent).

A B C  Possessory Conservator (Co-Parent).

(Check one, if applicable.)

- I ask the Court to place a geographic restriction on where the children's primary residence can be located.
- I ask the Court to change the geographic restriction on where the children's primary residence can be located.
- I ask the Court to lift the geographic restriction on where the children's primary residence can be located.

(Check, only if applicable.)

- I am asking the Court to change the person who has the exclusive right to designate the children's primary residence, **and** it has been less than one year since the order or settlement agreement was signed. (You must complete and attach **Exhibit: Petitioner's Supporting Affidavit for Modification of Home (Custodial) Parent in Less than One Year of Order.**)

### 7b. Changes to Right and Duties

(Check one.)

- I do **not** want to change orders regarding parental rights and duties. (Skip to 7c.)
- I ask the Court to change orders regarding parental rights and duties to the following:

	Mom alone	Dad alone	Mom and Dad together	Either Mom or Dad	Other person*
1. Make decisions concerning the children's education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Consent to major medical, dental, and surgical treatment for the child/ren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Consent to psychological treatment for the child/ren	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Consent to a child's marriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Consent to a child enlisting in the U.S. Armed Forces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Manage or control the earnings or services of a child who works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Represent the child in a legal action and make important legal decisions that affect the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Make decisions for the children about their estates if required by law (unless the child has a guardian ad litem or guardian of the estate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Manage the children's estates if any were created by the parents' community or joint property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**7d. Changes to Child Support**

*(Check one.)*

I do **not** want to change child support orders. *(Skip to 7e.)*

I ask the Court to change the child support orders as follows:

*(Check all that apply. Circle respondent's letter)*

- reducing the amount of child support Petitioner pays each month.
- increasing the amount of child support Petitioner pays each month.
- reducing the amount of child support Respondent A B C pays each month.
- increasing the amount of child support Respondent A B C pays each month.
- Other *(Describe.)* \_\_\_\_\_

---



---



---



---



---



---



---

**7e. Changes to Medical Support**

*(Check one.)*

I do **not** want to change medical support orders. *(Skip to 8.)*

I ask the Court to change the medical support orders as follows:

*(Check all that apply.)*

- reducing the amount of medical support Petitioner pays each month.
- increasing the amount of medical support Petitioner pays each month.
- reducing the amount of medical support Respondent A B C pays each month.
- increasing the amount of medical support Respondent A B C pays each month.
- ordering Petitioner to provide health insurance.
- ordering Respondent A B C to provide health insurance.
- Other: *(Describe.)* \_\_\_\_\_

---



---



---



---



---



---



---

**8. Children’s Health Insurance.**

The children  do  do not have private health insurance in effect.

**Private Health Insurance is in effect:** *(Complete, if the children 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.

**Private Health Insurance NOT in effect:** *(Complete, if the children do NOT have private health insurance.)*

The children  do  do not receive medical assistance through CHIPS or Medicaid.

Cost of premium (if any): \$ \_\_\_\_\_

Health insurance  is  is not available to the person who pays child support at a reasonable cost.

**9. Information Required By Section 105.006**

*(Check one.)*

- I will include in the final Order, the social security and driver’s license numbers, current addresses, and phone numbers for each party and child who is subject to this suit, as required by section 105.006 of the Texas Family Code.
- I ask the Court’s permission not to disclose the social security and driver’s license numbers, current address, and telephone numbers in the Final Order because providing that information is likely to cause the child or a conservator harassment, abuse, serious harm, or injury.

**10. Prayer**

I ask that citation and notice issue as required by law and that the Court make the other orders I have asked for in this Petition and any other orders to which I am entitled.

I ask for general relief.

Respectfully submitted,

\_\_\_\_\_  
Petitioner, Pro Se *(Sign your name on the line.)*

*(PRINT your name and information.):*

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Attachment(s) included with this Petition *(Check all that apply):*

- Exhibit Out-of-State Party Affidavit
- Exhibit Petitioner’s Supporting Affidavit Modification of Home (Custodial) Parent in Less than One Year of Order