



# TEXAS DEPARTMENT OF STATE HEALTH SERVICES

JOHN HELLERSTEDT, M.D.  
COMMISSIONER

P.O. Box 149347  
Austin, Texas 78714-9347  
1-888-963-7111  
TTY: 1-800-735-2989  
www.dshs.state.tx.us

## **Information on Suit Affecting the Family Relationship – Completing the VS-165 BVS Form** THIS FORM MUST BE SIGNED BY THE CLERK OF THE COURT AND MAILED TO VITAL STATISTICS AS A SINGLE TWO-SIDED PAGE

### Section 1

- Make sure items 1a thru 1d are completed. Please provide the numerical court number only, do not include alphabet characters.
- Check or Circle the appropriate "Type of Order". Do not highlight the type of order, use permanent black or blue ink only to mark your selection. The orders listed include all reportable events. We do not accept any orders in addition to the ones listed. Be sure to only complete the sections that are listed in parenthesis next to the type of order you choose. If you are using the old form and "Other" is checked, then complete sections 1 and 3 only. Section 2 should only be filled out if Divorce is the type of order checked.
- Complete the attorney's information for items 3a, 3b, and 3c, if using the old form, complete items 4a, 4c, and 4d. If there is not an attorney involved, indicate the name and address of the Petitioner in items 3a and 3c (if using the old form, items 4a and 4c). If you choose to write only "Pro Se" on the old form for item 4a, then Divorce must be checked and section 2 must be filled out. You would also need to check the box in item 20 to indicate the identity of the petitioner.

### Section 2

- Complete the information for both the Petitioner and Respondent (if using the old form, complete the information for both the Husband and Wife). If any item is unknown, other than the individual's name, enter "Unknown" in that field.
- Please list in item 16 (item 17 if using the old form), the number of **minor children affected by this suit only**. This number must be the same as the number of children listed in Section 3.
- Complete item 20 to indicate the identity of the petitioner if using the old form.

### Section 3

- Complete the information related to the children affected by this suit. We need the full name of each child, initials are not acceptable. If any item is unknown, other than the child's name, enter "Unknown" in that field.
- If more than six children (four children if using the old form) are involved in the suit being reported, complete an additional SAPCR form for the additional children. Disregard any and all old forms that you may have in your office. Please use the revised form (VS-165, Rev. 07/2015).

The VS-165 can be downloaded at [www.dshs.state.tx.us/vs/tield/vsforms/localforms.shtm](http://www.dshs.state.tx.us/vs/tield/vsforms/localforms.shtm) and the form must be printed double-sided (one-sheet, not two).

**\*\*\*THIS FORM MUST BE SIGNED BY THE CLERK OF THE COURT AND MAILED TO VITAL STATISTICS AS A SINGLE TWO-SIDED PAGE\*\*\***

Please return the form(s) to the Vital Statistics Unit within five working days.

Sincerely,

Beverly King  
Correspondence Specialist  
Vital Statistics Unit  
Records Receiving Department: (512) 776-7365

**INFORMATION ON SUIT AFFECTING THE FAMILY RELATIONSHIP  
(EXCLUDING ADOPTIONS)**

**SECTION I GENERAL INFORMATION (REQUIRED)**

**STATE FILE NUMBER**

1a. COUNTY \_\_\_\_\_ 1b. COURT NO. \_\_\_\_\_  
1c. CAUSE NO. \_\_\_\_\_ 1d. DATE OF ORDER (mm/dd/yyyy) \_\_\_\_\_

2. TYPE OF ORDER (CHECK ALL THAT APPLY):

- DIVORCE/ANNULMENT WITH CHILDREN (Sec. 1,2 AND 3)       DIVORCE/ANNULMENT WITHOUT CHILDREN (Sec 1 AND 2)
- ESTABLISHMENT OF COURT OF CONTINUING JURISDICTION (SEC 1 AND 3)  
(Court Order Establishing Paternity, Conservatorship, Child Support or Termination of Parental Rights)
- CHANGE IN THE NAME OF THE CHILD (SEC 1 AND 3)  
(PROVIDE PRIOR AND NEW NAME OF CHILD IN SECTION 3)
- TRANSFER OF COURT OR CONTINUING JURISDICTION (SEC1,3 AND INFORMATION BELOW)

TRANSFER TO: COUNTY \_\_\_\_\_ COURT NO. \_\_\_\_\_ STATE COURT ID# \_\_\_\_\_

3a. NAME OF ATTORNEY FOR PETITIONER	3b. TELEPHONE NUMBER (including area code)
3c. CURRENT MAILING ADDRESS (STREET AND NUMBER OR P.O BOX, CITY, STATE, ZIP)	

**SECTION 2 (IF APPLICABLE) REPORT OF DIVORCE OR ANNULMENT OF MARRIAGE**

<b>PETITIONER</b>	4. NAME (FIRST MIDDLE LAST SUFFIX)		5. MAIDEN LAST NAME (NAME BEFORE 1 <sup>ST</sup> MARRIAGE)	
	6. PLACE OF BIRTH (CITY AND STATE OR FOREIGN COUNTRY)		7. RACE	8. DATE OF BIRTH (mm/dd/yyyy)
	9. USUAL RESIDENCE	STREET NAME & NUMBER	CITY	STATE
<b>RESPONDENT</b>	10. NAME (FIRST MIDDLE LAST SUFFIX)		11. MAIDEN LAST NAME (NAME BEFORE 1 <sup>ST</sup> MARRIAGE)	
	12. PLACE OF BIRTH (CITY AND STATE OR FOREIGN COUNTRY)		13. RACE	14. DATE OF BIRTH (mm/dd/yyyy)
	15. USUAL RESIDENCE (STREET AND NUMBER CITY, STATE, ZIP)			
16. NUMBER OF MINOR CHILDREN		17. DATE OF MARRIAGE (mm/dd/yyyy)		18. PLACE OF MARRIAGE (CITY AND STATE OR FOREIGN COUNTRY)

**SECTION 3 (IF APPLICABLE) CHILDREN AFFECTED BY THIS SUIT**

<b>CHILD 1</b>	19a. CHILD CURRENT NAME (FIRST MIDDLE LAST SUFFIX)			
	19b. DATE OF BIRTH (mm/dd/yyyy)	19c. SEX	19d. BIRTHPLACE (CITY, COUNTY AND STATE)	
	19e. PRIOR NAME OF CHILD (FIRST MIDDLE LAST SUFFIX) – IF APPLICABLE			
<b>CHILD 2</b>	20a. CHILD CURRENT NAME (FIRST MIDDLE LAST SUFFIX)			
	20b. DATE OF BIRTH (mm/dd/yyyy)	20c. SEX	20d. BIRTHPLACE (CITY, COUNTY AND STATE)	
	20e. PRIOR NAME OF CHILD (FIRST MIDDLE LAST SUFFIX) – IF APPLICABLE			
<b>CHILD 3</b>	21a. CHILD CURRENT NAME (FIRST MIDDLE LAST SUFFIX)			
	21b. DATE OF BIRTH (mm/dd/yyyy)	21c. SEX	21d. BIRTHPLACE (CITY, COUNTY AND STATE)	
	21e. PRIOR NAME OF CHILD (FIRST MIDDLE LAST SUFFIX) – IF APPLICABLE			

ADDITIONAL CHILDREN LISTED ON BACK OF THE FORM.

I CERTIFY THAT THE ABOVE ORDER WAS GRANTED ON THE DATE AND PLACE AS STATED. \_\_\_\_\_  
SIGNATURE OF THE CLERK OF THE COURT

**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. VS-165 REV 07/2015

**ADDITIONAL CHILDREN AFFECTED BY THIS SUIT FROM SECTION 3 (IF APPLICABLE)**

CHILD 4	23a. CHILD CURRENT NAME (FIRST MIDDLE LAST SUFFIX)		
	23b. DATE OF BIRTH (mm/dd/yyyy)	23c. SEX	23d. BIRTHPLACE (CITY, COUNTY AND STATE)
	23e. PRIOR NAME OF CHILD (FIRST MIDDLE LAST SUFFIX) – IF APPLICABLE		
CHILD 5	24a. CHILD CURRENT NAME (FIRST MIDDLE LAST SUFFIX)		
	24b. DATE OF BIRTH (mm/dd/yyyy)	24c. SEX	24d. BIRTHPLACE (CITY, COUNTY AND STATE)
	24e. PRIOR NAME OF CHILD (FIRST MIDDLE LAST SUFFIX) – IF APPLICABLE		
CHILD 6	25a. CHILD CURRENT NAME (FIRST MIDDLE LAST SUFFIX)		
	25b. DATE OF BIRTH (mm/dd/yyyy)	25c. SEX	25d. BIRTHPLACE (CITY, COUNTY AND STATE)
	25e. PRIOR NAME OF CHILD (FIRST MIDDLE LAST SUFFIX) – IF APPLICABLE		

**Instructions for Completing the Suit Affecting Parent Child Relationship Form****GENERAL REQUIREMENT:**

All divorces/annulments (with or without children) and all suits affecting the parent-child relationship must be reported through the clerk of the court to the State Vital Statistics Unit (VSU).

Consolidated reporting by petitioners, attorneys, and the courts is designed to make mandatory reporting more efficient, timely, and improve the quality of reporting. However, this reporting system is only as good or timely as you make it; therefore, your attention in completing and filing this report is critical.

Legal basis for this reporting is contained in Health and Safety Code §194.002 and Texas Family Code §§108.001-.002 and 108.004.

For information concerning reporting or questions about this form, contact field services at [fieldservices@dshs.texas.gov](mailto:fieldservices@dshs.texas.gov) or by phone at 512-776-7368.

For information on the court of continuing jurisdiction of a child, contact VSU at (888) 963-7111 ext. 2529. Inquiries should be addressed to VSU, 1100 West 49<sup>th</sup> Street, Austin, Texas, 78756-3191; inquiries may also be faxed to (512) 458-7783.

**SECTION 1 GENERAL INFORMATION (REQUIRED)**

This section must be completed for each report filed.

- 1a – d. Enter the required information to identify the court proceeding.
- 2. Check the type of suit being reported. This determines also which sections of the form must be completed. If more than one type of order applies, check all that apply. Transfers from one jurisdiction to another must be reported in this section (if court number is unknown, specify "unknown").
- 3a – c. Complete the attorney information to assist in questions or follow up. If case was pro se, please enter the information of the person completing this form.

**SECTION 2 (IF APPLICABLE) REPORT OF DIVORCE OR ANNULMENT OF MARRIAGE**

All divorces/annulments must be reported, even if there were no minor children. All information is required.

- 4-9. Report the Petitioner's information including maiden name (if applicable).
- 10-15. Report the Respondent's information, including maiden name (if applicable).
- 16. Report the number of minor children affected by this divorce; if none, record "0." This number must correspond to the listing of children in Section 3.
- 17-18. Enter the date and place of the marriage being dissolved.

**SECTION 3 (IF APPLICABLE) CHILDREN AFFECTED BY THIS SUIT**

Every child affected by the suit being reported must be listed, and all items concerning that child must be completed. If more than three children are affected, check the "additional children listed on back of form" box, and continue to list the additional children. If more than 6 children complete section 3 on another form, label it "continuation" and attached the continuation form to the original form.