



HARRIS COUNTY DOMESTIC RELATIONS OFFICE
APPLICATION FOR PATERNITY ESTABLISHMENT (CUSTODIAL PARENT)

I. INFORMATION ABOUT YOU
(Please Print All Information)

In order for us to process your application, we ask that you complete the entire application and ensure you are in possession of all requested documents. Without the required information, we will be unable to process your application.

1. Your full legal name: Last First Middle Initial

2. What is your relationship to the child(ren)?

3. Your home address/telephone number: Street City

State Zip Code County Telephone Number

4. Your employer's name/telephone number/address: Name Telephone Number

Address City State Zip Code

5. Your monthly take home pay: \$

6. Please provide the following information about yourself:

Table with 4 columns: Date of Birth, Social Security Number, Drive License or ID Number (include state), Sex (M or F)

7. Give information where we can contact you other than home:

Name Relationship to you Telephone Number

Address City State Zip Code

8. Have you ever been to the Texas Attorney General's Office? YES NO

9. Have you ever received AFDC (welfare) benefits? YES NO If yes, list dates:

10. Do you have another attorney or private child support agency helping you with your parentage case? YES NO

If yes, list the name of the attorney or agency and address:

11. Please list all marriages (current and previous):

Spouse's Name Date of Marriage Common-law marriage or marriage certificate? Date of separation Date of Divorce

Spouse's Name Date of Marriage Common-law marriage or marriage certificate? Date of separation Date of Divorce

12. Have you ever been arrested? YES NO If yes, for what offense:

13. Have you ever been in jail or prison? YES NO If yes, Date Location

14. Have you ever been on probation, parole or received deferred adjudication?  YES  NO If yes, please provide the offense, name of parole or probation officer and location.

Offence \_\_\_\_\_ Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

15. Do you have any outstanding warrants for your arrest?  YES  NO If yes, please explain? \_\_\_\_\_

**II. INFORMATION ABOUT THE OTHER PARENT  
(Please Print All Information)**

1. Name: \_\_\_\_\_ Alias/Nicknames \_\_\_\_\_  
Last First Middle Initial

2. Other parent's address/telephone number \_\_\_\_\_  
Address City

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

3. Current employer's name/telephone number/address: \_\_\_\_\_  
Name Telephone Number

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. Employment Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Monthly Wages: \_\_\_\_\_

5. Previous employer's name: \_\_\_\_\_

6. What was the date you last knew the other parent worked for this employer? \_\_\_\_\_

7. If the other parent is now unemployed, what does he/she usually earn? \$ \_\_\_\_\_ When employed, what type of work (plumber, mechanic, fast food, etc.) does he/she usually do? \_\_\_\_\_

8. Other Parent's Description:

Date of Birth	Birthplace (City and State)		Social Security Number
Driver License or ID number (include state)		Sex	Race
Height	Weight	Hair Color	Eye Color
List any physical or mental impairments, medical problems, etc.			
List identifying information (for example: glasses, scars, tattoos, marks, etc.)			

9. Do you have a photograph of the other parent?  YES  NO If yes, you may be asked to provide a photograph.

10. Has the other parent ever been arrested?  YES  NO If yes, for what offense: \_\_\_\_\_

11. Has the other parent ever been in jail or prison?  YES  NO If yes, Date \_\_\_\_\_ Location \_\_\_\_\_  
City State

12. Has the other parent ever been on probation, parole or received deferred adjudication?  YES  NO If yes, please provide the offense, name of parole or probation officer and location. \_\_\_\_\_  
Offense

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

13. Has the other parent used or is currently using illegal drugs?  YES  NO If yes, when? \_\_\_\_\_

14. Does the other parent attend any rehabilitation program (Alcoholics Anonymous, Pivot, etc.)?  YES  NO  
 If yes, which program? \_\_\_\_\_

15. Has the other parent served in the military?  YES  NO If yes, what branch? \_\_\_\_\_  
 Dates of service: From \_\_\_\_\_ To \_\_\_\_\_ Did the other parent retire?  YES  NO

16. Does the other parent receive any benefits (retirement, Worker's Compensation, Social Security, etc.)  
 YES  NO If yes, what type of benefits: \_\_\_\_\_

17. List information about the other parent's vehicle: Year of car/truck \_\_\_\_\_ Make \_\_\_\_\_ Color \_\_\_\_\_

18. Does the other parent own any land or other property or assets?  YES  NO If yes, list below:  
 Real Estate \_\_\_\_\_ Registered vehicles (other than the one listed above) \_\_\_\_\_  
 Financial (bank accounts, stocks, etc.) \_\_\_\_\_ Other \_\_\_\_\_

19. Please provide information about the other parent's relatives:

Mother's name	Mother's maiden name		Telephone Number
Address	City	State	ZIP Code
Father's name			Telephone Number
Address	City	State	ZIP Code
Friend or other relative			Telephone Number
Address	City	State	ZIP Code

20. Provide any information about the other parent's whereabouts (stays with friends, frequents bars, etc.): \_\_\_\_\_  
 \_\_\_\_\_

21. Is the other parent a member of a union?  YES  NO If yes, please provide name of union: \_\_\_\_\_

22. Marital Status: Is the other parent currently married?  YES  NO

23. Does the other parent have other child(ren) under 18 years of age?  YES  NO If yes, how many? \_\_\_\_\_

**III. INFORMATION ABOUT THE CHILDREN**  
**(Please Print All Information)**

Please provide information about the children for which you are seeking to establish parentage:

1.	Full legal name of child	Date of birth	Place of birth (city and state)	
	Child's Social Security Number	Sex	Race	Does this child live with you? <input type="checkbox"/> YES <input type="checkbox"/> NO
	List any physical or mental impairments, medical problems, etc.	Name of biological father		
2.	Full legal name of child	Date of birth	Place of birth (city and state)	
	Child's Social Security Number	Sex	Race	Does this child live with you? <input type="checkbox"/> YES <input type="checkbox"/> NO
	List any physical or mental impairments, medical problems, etc.	Name of biological father		

What school do they attend? \_\_\_\_\_

**IV. INFORMATION ABOUT CHILD SUPPORT AND VISITATION**  
**(Please Print All Information)**

1. What is your relationship with the other parent of the children?

- Never Married                       Married/living apart

2. Are there any legal actions pending that affect the children?     YES     NO    If yes, please provide the following information:

Date of filing	Case/Cause number	County	State	Court
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3. Have you and the other parent lived together?    YES    NO    If yes, please explain and list dates: \_\_\_\_\_

4. Have the children continually lived with you?    YES    NO    If no, where have the children lived? \_\_\_\_\_

5. Has any child support been paid?    YES    NO    If yes, how much: \_\_\_\_\_

6. The other parent will have visitation rights with their children. Would you have any reason, such as family violence, to want to limit the other parent's rights visitation with this child? If so, please list reasons and attach any proof you may have, such as police reports, criminal records, restraining orders, or names, addresses and phone numbers of witnesses: \_\_\_\_\_

7. Is the other parent visiting the children?    YES    NO    \_\_\_\_\_

8. Has there been any family violence or child abuse involving the other parent or yourself?     YES    NO    If yes, please explain: \_\_\_\_\_

9. For the past five years immediately preceding the date of this affidavit, the child(ren) lived at the following addresses with the following persons:

a. Address: \_\_\_\_\_  
 Person lived with: \_\_\_\_\_  
 For the following dates: \_\_\_\_\_

b. Address: \_\_\_\_\_  
 Person lived with: \_\_\_\_\_  
 For the following dates: \_\_\_\_\_

c. Address: \_\_\_\_\_  
 Person lived with: \_\_\_\_\_  
 For the following dates: \_\_\_\_\_

V. COMMENTS - Please write any additional comments you may have.

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VI. How were you referred to the Harris County Domestic Relations Office? \_\_\_\_\_

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VII. SIGNATURE

I declare all information provided in this form is true and correct. I am aware that should there be any falsification or failure to fully disclose information requested, my application may be rejected or the Domestic Relations Office may subsequently withdraw as my attorney of record.

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(Signature)

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(Date)