

OFFICE USE ONLY

POSITIVE SEARCH: _ NEGATIVE SEARCH:

DATE MAILED/FAXED:

APPLICATION FOR COURT OF CONTINUING JURISDICTION FOR A CHILD INQUIRY

PLEASE PRINT CLEARLY. INCLUDE A COPY OF YOUR (APPLICANT) VALID ID WHEN SENDING IN THE REQUEST. APPLICATION MUST BE ORIGINAL (INCLUDING SIGNATURE). NO CROSS OUT OR WHITE OUT WILL BE ACCEPTED. Step 1: YOUR INFORMATON AND SHIPPING ADDRESS (PLEASE PRINT)

Your Name (First, Middle, Last Name):

Street Address:					City:		State:	Zip Code:
Email Address:					Daytime Telephone Number:			
Would you like the response faxed or mailed?					Fax Number:			
□ Faxed □ Mailed								
Per Family Code 155.101, information may be released to the following:								
RELATIONSHIP (CHECK ONE): Court Attorney rel a Party								
□ I authorize mailing to the address below instead of my mailing address listed above.								
Name:								
Address to Send to if different than noted above:			City:		State:		Zip Code:	
Step 2: INFORMATION FOR CHILD								
NAME OF CHILD	First	Middle			Last		DATE OF BIRTH (MM/DD/YYYY):	
PRIOR NAME OF CHILD (IF ANY)	First	Middle			Last		<u> </u>	
BIRTHPLACE:	City	County					State	
MOTHER'S NAME:	First	Middle	·	Maiden Last Name (prior to first marriage)			DATE OF BIRTH (MM/DD/YYYY)	

Application to be mailed with valid ID to: **DSHS – VSS CCJ Registry MC 1966, P.O. Box 149347, Austin, TX 78714-9347.** Our standard processing time is 10-15 business days.

The applicant must include a photocopy of his or her valid photo ID issued by a governmental entity. Visit our website for a current list of acceptable identification in English (<u>http://www.dshs.texas.gov/vs/reqproc/Acceptable-IDs/</u>) and Spanish (<u>http://www.dshs.texas.gov/vs/reqproc/Acceptable-IDs/</u>).

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10.000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003.)

READ & SIGN (Applications without signatures or attached valid ID will NOT be accepted for processing)

Signature of Applicant

Date Signed (MM/DD/YYYY) _

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For the status of your request, contact VSS by telephone at 1-888-963-7111 or online at: https://www.dshs.texas.gov/orderstatus/.