

<p>Cause Number: _____</p> <p><i>(Write in the cause number and other case information exactly as it appears in the case information box on the Petition.)</i></p>	
<p>In the Interest of the following Minor Child(ren):</p> <p><i>(Print the full name of each child.)</i></p> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p> <p>4 _____</p> <p>5. _____</p>	<p>In the: <i>(Check one.)</i></p> <p><input type="checkbox"/> _____ District Court</p> <p><input type="checkbox"/> County Court at Law # _____</p> <p>_____ County, Texas</p>

Respondent's Original Answer – Modification Case

(Print your answers.)

My name is: _____
First
Middle
Last

I am a Respondent in this Suit to Modify the Parent-Child Relationship.

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.

1. General Denial

I enter a general denial. I want to be notified of all hearings in this case.

However, if the Petitioner and I reach an agreement and I sign an agreed Order Modifying the Parent-Child Relationship, I agree that the Judge can finalize this case without my getting notice of the hearing and without my coming to Court.

2. Contact Information

My mailing address is: _____
Print
Mailing Address
City
State
Zip

My email address is: _____

My phone number is: (_____) _____ - _____.

I understand I *must* notify the Court and Petitioner's attorney (or Petitioner if Petitioner does not have an attorney), the other Respondents' attorneys (or the Respondent if she or he does not have an attorney), in writing, if my mailing address or email address changes during this case.

I understand that, unless I provide notice of changes in my mailing address and email address, all information about this case, including the date and time of hearings, will be sent to me at the mailing address or email address on this form.

3. Request for Relief

I ask the Court for general relief.

→ _____ <i>Your Signature</i>	_____ <i>Date</i>
_____ <i>Your Printed Name</i>	(_____) _____ <i>Phone Number</i>
_____ <i>Mailing Address</i>	_____ <i>City</i> <i>State</i> <i>Zip</i>
_____ <i>Email Address</i>	_____ <i>Fax # (if available)</i>

4. Certificate of Service

I will give a copy of this document to each party or attorney of record on the same day this document is filed with (turned in to) the Court as follows:

If I file this document electronically, I will send a copy of it through the electronic file manager if possible. If not possible, I will give a copy to each party or attorney in person, by mail, by commercial delivery service, by fax, or by email.

If I file a paper copy of this document, I will give a copy of it to each party or attorney in person, by mail, by commercial delivery service, by fax, or by email.

→ _____ <i>Your Signature</i>	_____ <i>Date</i>
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