

Cause Number _____

Complete this section so that it looks exactly like the existing SAPCR (custody) order in your case

In the (check one):

- _____
Court Number District Court
 County Court at Law

_____ County, Texas

Request for Approval to Execute an Authorization Agreement for Nonparent Adult Caregiver

1. My name is: _____
[PRINT your full name]

2. I am the: (Check one.) Mother of the children who are the subject of this suit.
 Father of the children who are the subject of this suit.
 Proposed nonparent caregiver of the children who are the subject of this suit.

3. I am filing this request for the court's approval to execute an Authorization Agreement for Nonparent Adult Caregiver pursuant to Texas Family Code 34.003(a)(6)(B) and Texas Family Code 34.004(b) because: [Check each that applies.]

- There is a court order or pending suit affecting the parent-child relationship concerning the children in this court;
 There is pending litigation in this court concerning custody, possession, or placement of the child, or access to or visitation with the children;
 This court has continuing, exclusive jurisdiction over the children.

I ask the Court to grant this request and to give written approval to execute the Authorization Agreement for Nonparent Adult Caregiver.

Respectfully submitted,



Your Signature

Date

Your Printed Name

Phone

Mailing Address City

State Zip

Email address