|  | Cause Number   |   |                             |
|--|--|---|-----------------------------|
| Print cause number and other court information exact In the interest of: |  | ctly as it appears on the petition filed in this case. In the: (check one): |                             |
| 1.   |  |   |                             |
|  |  |   | ☐ District Court            |
| _  |  | Court Number  | _                           |
| 4.   |  |   | ·                           |
| 5.   |  |   |                             |
| -  | Children   |   | County, Texas               |
|  | Affidavit for Tell Changing Custodial Parent   | •   |                             |
| THE S  | STATE OF TEXAS   |   |                             |
| COUN   | NTY OF Print name of county where this affidav   | rit is being notarized.   |                             |
| Today  | Print the full name of the person signing this af  |   | appeared in person          |
| before   | Print the full name of the person signing this af<br>e me and stated under oath:   | fidavit.  |                             |
| 1.   | My name is:  |   | (your full name).           |
| 2.   | I am over 18 years of age, of sound mind<br>stated in this affidavit are based on my po  |   | -                           |
| 3.   | I am the Petitioner in this case. I have file  | ed a Motion for Ter   | mporary Orders.             |
| 4.   | Pursuant to Texas Family Code 156.006<br>Temporary Orders because the orders I a<br>(Check each one that is being requested in you | am requesting will  | have the effect of:         |
|  | changing the person who has residence of the child(ren); or  | the exclusive righ  | t to designate the primary  |
|  | creating a geographic area wit child(ren)'s primary residence; or  | hin which a conse   | rvator must maintain the    |
|  | changing or eliminating the ge maintain the child(ren)'s primary r   |   | in which a conservator must |
| 5.   | The requested Temporary Orders are in necessary because the child(ren)'s presential (ren)'s physical health or emotional of        | ent circumstances   |                             |

| 6. The facts to support this request for relief are as follows:                    |  |  |  |
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| I have attached additional pages of supporting facts."                             |  |  |  |
|  |  |  |  |
| Your Signature  DO NOT SIGN until you are in front of a notary.                    |  |  |  |
| Sworn under oath before me, the undersigned notary, on this date://                |  |  |  |
| py:Print the full name of the person signing this affidavit. NOT the notary's name |  |  |  |
| [Notary Stamps Here] Notary's Signature  |  |  |  |