



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 INFORMATION AND SHIPPING ADDRESS (PLEASE PRINT)

Form for Step 1: YOUR INFORMATION AND SHIPPING ADDRESS (PLEASE PRINT). Includes fields for Name, Street Address, City, State, Zip Code, Email Address, Daytime Telephone Number, Fax Number, and Relationship.

Step 2: INFORMATION FOR CHILD

Form for Step 2: INFORMATION FOR CHILD. Includes fields for Name of Child, Prior Name of Child, Birthplace, and Mother's Name.

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 and Spanish.

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.

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

Signature of Applicant \_\_\_\_\_ Date Signed (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

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