



**KATHERINE BUSH
FRIEND OF THE COURTS
3rd FLOOR CONFERENCE ROOM, #3100
GALVESTON COUNTY JUSTICE CENTER**

Cause Number: _____ Court: _____ Filing Date: _____

FORMS TO BE PRESENTED TO THE JUDGE:

☐ **UNCONTESTED DIVORCE:**

(Attached or E-Filed:)

- ☐ Service (choose one):
 - ☐ Waiver of Service: _____
 - ☐ Return of Service: _____
- ☐ Final Decree of Divorce: _____
- ☐ Bureau of Vital Statistics Form: _____
- ☐ If Children:
 - ☐ Agreed Possession Order: _____
 - ☐ Income Withholding Order: _____
 - ☐ Child Support Account Setup: _____
 - ☐ Medical Support Order: _____
 - ☐ Child Support Review Order (if necessary): _____
- ☐ Additional Documents (if necessary):

- ☐ Script Provided

☐ **DEFAULT DIVORCE:**

(Attached or E-Filed:)

- ☐ Service (choose one):
 - ☐ Waiver of Service: _____
 - ☐ Return of Service: _____
- ☐ Final Decree of Divorce: _____
- ☐ Bureau of Vital Statistics Form: _____
- ☐ Certificate of Last Known Address: _____
- ☐ Non-Military Affidavit: _____
- ☐ Notice of Final Hearing: _____
- ☐ If Children:
 - ☐ Possession Order: _____
 - ☐ Income Withholding Order: _____
 - ☐ Child Support Account Setup: _____
 - ☐ Medical Support Order: _____
 - ☐ Child Support Review Order (if necessary): _____
- ☐ Additional Documents (if necessary):

- ☐ Script Provided

Reviewed: _____

(Friend of the Court)

(Date)



**KATHERINE BUSH
FRIEND OF THE COURTS
3rd FLOOR CONFERENCE ROOM, #3100
GALVESTON COUNTY JUSTICE CENTER**

Cause Number: _____ Court: _____ Filing Date: _____

FORMS TO BE PRESENTED TO THE JUDGE:

☐ **MODIFICATION:**

(Attached or E-Filed:)

- ☐ Service (choose one):
 - ☐ Waiver of Service: _____
 - ☐ Return of Service: _____
- ☐ Order
- ☐ Possession Order: _____
- ☐ Medical Support Order: _____
- ☐ Income Withholding Order: _____
- ☐ If Default:
 - ☐ Certificate of Last Known Address: _____
 - ☐ Non-Military Affidavit: _____
- ☐ Notice of Final Hearing: _____
- ☐ Additional Documents (if necessary):

- ☐ Script Provided

☐ **NAME CHANGE:**

(Attached or E-Filed:)

- ☐ Order
- ☐ Additional Documents (if necessary):

☐ **PARENTAGE:**

(Attached or E-Filed:)

- ☐ Service (choose one):
 - ☐ Waiver of Service: _____
 - ☐ Return of Service: _____
- ☐ Order in SAPCR
- ☐ Bureau of Vital Statistics Form: _____
- ☐ Possession Order: _____
- ☐ Medical Support Order: _____
- ☐ Income Withholding Order: _____
- ☐ Child Support Account Setup: _____
- ☐ If Default:
 - ☐ Certificate of Last Known Address: _____
 - ☐ Non-Military Affidavit: _____
 - ☐ Notice of Final Hearing: _____
- ☐ Additional Documents (if necessary):

- ☐ Script Provided

Reviewed: _____

(Friend of the Court)

(Date)