*For assistance in preparing this affidavit, see Instruction - Affidavit in Support of*

*Order To Participate in Services*

**CAUSE NO: \_\_\_\_\_\_**

**TEXAS DEPARTMENT OF FAMILY & PROTECTIVE SERVICES**

**V.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**§ IN THE DISTRICT COURT OF**

**§**

**§\_\_\_\_\_\_\_\_\_COUNTY, TEXAS**

**§**

**§\_\_\_\_\_\_ JUDICIAL DISTRICT**

# AFFIDAVIT IN SUPPORT OF ORDER TO PARTICIPATE IN SERVICES

## STATE OF TEXAS

## COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_

BEFORE ME, the undersigned authority, personally appeared CASEWORKER, who was sworn by me and deposed as follows:

“My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am over the age of 18, of sound mind and capable of making this affidavit. I am an authorized representative of the Texas Department of Family and Protective Services, and the facts and allegations stated in this affidavit are within my personal knowledge and are true and correct.

“The following facts show the necessity for an order requiring \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert party(s) to be ordered) to participate in the services specified below:

1. **CHILD(REN)**

**Name**:

**DOB:**

1. **PARENTS - MANAGING CONSERVATOR-MEMBER OF THE HOUSEHOLD**

**Mother**

**Name:**

**DOB:**

**Current address:**

**Father**

**Name**:

**DOB:**

**Current Address**:

**Managing Conservator**

**Name**:

DOB:

**Current Address:**

**Other Member of the Household**

**Name**:

**Relationship to child/parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOB:**

1. **INDIAN CHILD STATUS**

**Mother**  \_

\_\_Denies tribal connection

\_\_ Unavailable/unable to answer.

\_\_Describes s tribal connection as follows:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father**

\_\_Denies tribal connection

\_\_Unavailable/unable to answer.

\_\_Describes tribal connection as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_Denies tribal connection

\_\_Unavailable/unable to answer.

\_\_Describes tribal connection as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_(**Extended family/other**))

\_\_Denies tribal connection

\_\_Unavailable/unable to answer.

\_\_Describes tribal connection as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **CPS HISTORY**
2. **CRIMINAL HISTORY**
3. **ASSESSMENT**
4. **CONCLUSION**

Based on the foregoing facts, DFPS requests that the court order:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the following services provided by or purchased by CPS:

DFPS further requests that the next hearing in this matter be set for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, at which time the Court will review the compliance of the parents and/or other members of the household with this order.

Caseworker’s signature

Name & title

Affiant

SWORN TO AND SUBSCRIBED before me, the undersigned Notary Public on this the \_\_\_ day of \_\_\_\_\_\_\_\_\_ 2016.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
NOTARY PUBLIC in and for the

STATE OF TEXAS

Commission Expires: