NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA.

Cause Number: _____

In the interest of

_____,
First, Middle and Last Name of the Child

a child.

In the *(Court Number)*_____

☐ District Court ☐ County Court of:

_____ County, Texas

Respondent's Original Answer

My name is: _____.
Print *First* *Middle* *Last*

I am a Respondent in this case to terminate the parent-child relationship based on mistaken paternity.

1. General Denial

I enter a general denial. I want to be notified of all hearings in this case.

However, if the Petitioner and I reach an agreement I will sign an agreed Order Terminating the Parent-Child Relationship. If I sign an agreed Order Terminating the Parent-Child Relationship, then I agree that the Court can finalize the case without me and without my receiving notice of the hearing.

2. Contact Information

My mailing address is: _____.
Print *Mailing Address* *City* *State* *Zip*

My phone number is: (____) ____-_____. My fax *(if applicable)* is (___) ____-_____.

My email address is: _____.

The last three numbers of my driver's license number are: ___ ___ ___. My driver's license was issued in *(State)* _____.

Or ☐ I do not have a driver's license number.

The last three numbers of my social security number are: ___ ___ ___.

Or ☐ I do not have a social security number.

I understand I *must* notify the Court, Petitioner, Petitioner's attorney (if Petitioner has an attorney), the other Respondents in this case, and the other Respondents' attorneys (if they have attorneys), in writing, if my mailing address or phone number changes during this case.

I understand that, unless I provide notice of changes in my mailing address and email address, all information about this case, including the date and time of hearings, will be sent to me at the address on this form.

3. Prayer

I ask the Court for general relief.

→ _____ _____
Respondent's signature *Date*

Certificate of Service

I swear that a true copy of this document was given to Petitioner and Petitioner's attorney (if Petitioner has an attorney) in person, by fax, or by certified mail, return receipt requested.

→ _____ _____
Respondent's signature *Date*