

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA.

Cause Number: _____

In the Interest of the following Minor Child(ren):

(Print the initials of each child.)

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5. _____

In the _____

Court Number

District Court

County Court at Law of:

_____ County, Texas

Petition for Reinstatement of Parental Rights

My name is: _____
First
Middle
Last

I am the **Petitioner**, the person filing this Petition for Reinstatement of Parental Rights, and the person asking that my parental rights to my child(ren) be given back to me.

My address is: _____

1. Discovery

Discovery is to be conducted under Level 2 in accordance with Rule 190 of the Texas Rules of Civil Procedure.

2. Child(ren)

I ask the Court to reinstate my parental rights to these child(ren):

	Child's name	Date of Birth	Place of Birth	Current Address
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Consent of the Child(ren). (Choose one.)

One or more child(ren) in this case is age 12 or older and is willing to consent to the reinstatement of my parental rights.

No child(ren) in this case are age 12 or older.

(Check if applicable.)

Under Texas Family Code Sec. 161.303(d), I would like the court to consider the preference of any child under the age of 12 on whether reinstatement should be granted.

3. Background

My parental rights were terminated under Texas Family Code sec. 161.001 or 161.003 in a lawsuit filed by the Department of Family and Protective Services.

The judge signed the order for termination on _____ (Date), which is at least 2 years ago.

These people participated in the original termination hearing and have information that is relevant to determining conservatorship of or possession and access to the child:

Name	Contact Information (if known)	Current Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

An appeal is not pending in this case.

The child(ren) have not been adopted and, to my knowledge, no one has entered into an adoption placement agreement for the child(ren).

I gave at least 45 days notice to the Department of Family and Protective Services regarding my intent to file this petition. I sent my notice on _____ (Date). A copy of my notice is attached as *Exhibit A*.

4. Statement of Rehabilitation

My parental rights were terminated based on these grounds:

I have the capacity and willingness to perform parental duties under Section 151.001 of the Texas Family Code. A summary of the steps I have taken toward personal rehabilitation since the termination order was signed is attached as *Exhibit B*.

5. Prior Requests for Reinstatement

(Choose one.)

- I have not previously requested reinstatement of my parental rights, or
- I have previously requested reinstatement of my parental rights as described below:

Date of Request	Outcome	Date Order Signed
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

6. Request for Appointment of Attorney Ad Litem for the Child(ren)

(Check box, if applicable.)

- These child(ren) are not currently represented by an attorney ad litem:

Child's name
1. <hr/>
2. <hr/>
3. <hr/>
4. <hr/>
5. <hr/>

I request that the court appoint an attorney ad litem under Texas Family Code Sections 107.003 and 107.004 to advise and advocate for the child(ren) and to represent the child(ren)'s expressed objectives to the court.

7. Service

I ask the clerk to issue a citation of service on the following people:

- The child(ren) or child(ren)'s representative at:

- The county attorney, district attorney, or regional attorney representing the Department of Family and Protective Services at:

- The attorney ad litem for the child(ren) at:

(Check, if applicable) There is currently no attorney ad litem representing the child(ren).

- The Department of Family and Protective Services or Single Service Continuum Contractor at:

- If applicable, the designated tribal service agency of the child(ren)'s tribe (if the child(ren) are subject to the Indian Child Welfare Act):

I understand that I will need to pay the fee (or file a Statement of Inability to Afford Payment of Court Costs form to show the Court that I am unable to pay the fee) and arrange for service to take place on each of these people.

8. Relief Requested

I ask that the court issue an order reinstating my parental rights to my child(ren) and any other orders to which I am entitled. I ask for general relief.

Respectfully,

Petitioner's Signature

Phone number

Petitioner's Printed Name

Date

Petitioner's
Mailing Address:

city

state

zip

Petitioner's Email
Address:
Petitioner's Fax
(if available):

Verification (Party must sign in front of a notary, below).

I am the Petitioner in this Petition for Reinstatement of Parental Rights. I have personal knowledge of the allegations and facts stated in this Petition, and I swear under oath that they are true and correct.

Signature of Petitioner

Only notary fills out below.

State of _____

County of _____

Sworn to and subscribed before me, the undersigned notary, on this date:

_____/_____/_____

by _____

Petitioner's Printed Name

[Notary Stamps Here]

Notary's Signature