

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA.

(The Clerk's office will fill in the Cause Number and Court Number when you file this form.)

Cause Number: \_\_\_\_\_

In the Interest of

In the \_\_\_\_\_  
Court Number

\_\_\_\_\_,  
First, Middle and Last Name of the Child

District Court  County Court of:

a Child.

\_\_\_\_\_ County, Texas

## Petition to Challenge Acknowledgment / Denial of Paternity

Print your answers.

My name is: \_\_\_\_\_  
First Middle Last

My driver's license was issued in (state) \_\_\_\_\_. The last three numbers of my driver's license number are: \_\_\_\_ \_.

Or  I do not have a driver's license.

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

Or  I do not have a social security number.

I am the **Petitioner**, the person asking the Court to set aside an Acknowledgment of Paternity and, if applicable, a related Denial of Paternity.

I signed the: (Check one.)

Acknowledgment of Paternity.

Denial of Paternity.

### 1. Discovery Level

The discovery level in this case, if needed, is Level 2.

### 2. Jurisdiction of the Court

(Check one.)

No court has continuing jurisdiction of this case or the child. The child has never been part of any other court case.

This Court has continuing, exclusive jurisdiction of this case and the child.

### 3. The Child

The following child is identified in the Acknowledgment of Paternity and is the subject of this case.

Child's full name: \_\_\_\_\_  
First Middle Last

Age: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex:  Male  Female

County and State where the child lives now: \_\_\_\_\_

(Check one.)

The child does not own any property.

The child owns the following property: \_\_\_\_\_.

### 3. Children's Health Insurance

The child  does  does not have private health insurance in effect.

**Private Health Insurance is in effect:** (Complete, if the child has private health insurance.)

Name of insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Cost of premium: \$ \_\_\_\_\_

Name of person who pays for insurance: \_\_\_\_\_

The insurance policy  is  is not available through the parent's work.

**Private Health Insurance NOT in effect:** (Complete, if the child does NOT have private health insurance.)

The child  does  does not receive medical assistance through CHIPS or Medicaid.

Cost of premium (if any): \$ \_\_\_\_\_

Health insurance  is  is not available to the person who pays child support at a reasonable cost.

### 4. Children's Dental Insurance

The child  does  does not have private dental insurance in effect.

**Private Dental Insurance is in effect:** (Complete, if the child has private dental insurance.)

Name of insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Cost of premium: \$ \_\_\_\_\_

Name of person who pays for insurance: \_\_\_\_\_

The insurance policy  is  is not available through the parent's work.

**Private Dental Insurance NOT in effect:** (Complete, if the child does NOT have private dental insurance.)

The child  does  does not receive medical assistance through CHIP or Medicaid.

Cost of premium (if any): \$ \_\_\_\_\_

Dental insurance  is  is not available to the person who pays child support at a reasonable cost.

### 5. Acknowledgment / Denial of Paternity

The Acknowledgment of Paternity was filed with the Texas Vital Statistics Unit on: \_\_\_\_\_.  
Month / Day / Year

A true copy of the Acknowledgment of Paternity is attached as "Exhibit: Acknowledgment of Paternity."

A Denial of Paternity: (Check one.)

**was** filed with the Acknowledgment of Paternity. If the Denial of Paternity is not on the same document as the Acknowledgment of Paternity, a true copy of the Denial of Paternity is attached as "Exhibit: Denial of Paternity" or

**was not** filed with the Acknowledgment of Paternity.

## 6. Grounds for Challenge of Acknowledgment / Denial of Paternity

I ask the court to set aside the Acknowledgment of Paternity, and if applicable, the related Denial of Paternity. Each of the following statements is true.

- There are no court orders about the child.
- I signed the Acknowledgment or Denial of Paternity.
- The Acknowledgment of Paternity, and if applicable, the related Denial of Paternity should be set aside on the basis of fraud, duress or material mistake of fact. *(It is a material mistake of fact if genetic testing has established that the father listed on the acknowledgment of paternity is not the father of the child.)*

## 7. Genetic Testing

*(Check one.)*

- Genetic testing has established that the father listed on the acknowledgment of paternity is not the father of the child.
- I ask that genetic testing be ordered by the Court.

## 8. Correction of Birth Records

I ask the Court to order the bureau of vital statistics to amend the birth records of the children as appropriate.

## 9. Respondents - People Who Must Get Legal Notice of this Case

*You **MUST** give legal notice of this case to the mother; the man who signed the Acknowledgment of Paternity and, if applicable, the man who signed a related Denial of Paternity, and anyone with a court-ordered relationship with the child. If you allege that a man other than the man who signed the Acknowledgment or Denial of Paternity is the genetic father of the child you must also give legal notice to the alleged father.*

**Respondent A – Mother**  Check this box if you are the mother of the children, and skip to Respondent B.

The mother of the children is: \_\_\_\_\_  
*PRINT the Mother's full name*

*(Check one.)*

- I will have a sheriff, constable, or process server give a copy of this *Petition* to the mother of the children here:

\_\_\_\_\_  
*PRINT Street Address City State Zip*

If this is a work address, name of business: \_\_\_\_\_

I ask the clerk to issue citation. I understand that I will need to **pay a fee** (or file the form to show the Court that I am unable to pay the fee) and **arrange for service**.

- Service by a sheriff, constable, or process server is not necessary, at this time. I will give a copy of this *Petition* to the mother and I think she will sign a *Waiver of Service*, or file an *Answer*.
- I ask that this Respondent be served by publication. I will file the required affidavits for service by publication. I understand I must hire an attorney ad litem to represent this Respondent.

## Respondent B – Acknowledged Father

- Check this box if you are the acknowledged father, and skip to Respondent C.

*The **acknowledged father** is the man who signed the Acknowledgment of Paternity.*

The acknowledged father of the children is: \_\_\_\_\_  
PRINT *the Acknowledged Father's full name*

(Check one.)

- I will have a sheriff, constable, or process server give a copy of this *Petition* to the acknowledged father of the children here:

\_\_\_\_\_  
PRINT *Street Address* *City* *State* *Zip*

If this is a work address, name of business: \_\_\_\_\_

I ask the clerk to issue citation. I understand that I will need to **pay a fee** (or file the form to show the Court that I am unable to pay the fee) and **arrange for service**.

- Service by a sheriff, constable, or process server is not necessary, at this time. I will give a copy of this *Petition* to the acknowledged father and I think he will sign a *Waiver of Service*, or file an *Answer*.
- I ask that this Respondent be served by publication. I will file the required affidavits for service by publication. I understand I must hire an attorney ad litem to represent this Respondent.

### Respondent C – Presumed Father

- Check this box if you are the man who signed the Denial of Paternity or if no one signed a Denial of Paternity and skip to Respondent D.

*The **presumed father** is the man who signed the Denial of Paternity.*

The presumed father of the children is: \_\_\_\_\_  
PRINT *the Presumed Father's full name*

(Check one.)

- I will have a sheriff, constable, or process server give a copy of this *Petition* to the presumed father of the children here:

\_\_\_\_\_  
PRINT *Street Address* *City* *State* *Zip*

If this is a work address, name of business: \_\_\_\_\_

I ask the clerk to issue citation. I understand that I will need to **pay a fee** (or file the form to show the Court that I am unable to pay the fee) and **arrange for service**.

- Service by a sheriff, constable, or process server is not necessary, at this time. I will give a copy of this *Petition* to the presumed father and I think he will sign a *Waiver of Service*, or file an *Answer*.
- I ask that this Respondent be served by publication. I will file the required affidavits for service by publication. I understand I must hire an attorney ad litem to represent this Respondent.

### Respondent D – Alleged Father

- Check this box if there is no alleged father or you are the alleged father, and skip to Respondent C.

*Include this section if you allege that a man other than the man who signed the acknowledgment or denial of paternity is the genetic father of the children.*

The alleged father of the children is: \_\_\_\_\_  
PRINT *the Alleged Father's full name*

(Check one.)

- I will have a sheriff, constable, or process server give a copy of this *Petition* to the alleged father of the children here:

\_\_\_\_\_  
PRINT *Street Address* *City* *State* *Zip*

If this is a work address, name of business: \_\_\_\_\_

I ask the clerk to issue citation. I understand that I will need to **pay a fee** (or file the form to show the Court that I am unable to pay the fee) and **arrange for service**.

- Service by a sheriff, constable, or process server is not necessary, at this time. I will give a copy of this *Petition* to the alleged father and I think he will sign a *Waiver of Service*, or file an *Answer*.
- I ask that this Respondent be served by publication. I will file the required affidavits for service by publication. I understand I must hire an attorney ad litem to represent this Respondent.

### Respondent E- Court-Ordered Relationships

- Check this box if there are no court orders for custody or guardianship of the children or other court ordered relationships affecting the children, and skip to Respondent F.

The following person has a court-ordered relationship with the children:

\_\_\_\_\_  
PRINT the full name(s) of anyone with a court ordered relationship with the children.

(Check one.)

- I will have a sheriff, constable, or process server give a copy of this *Petition* to the person named above, here:

\_\_\_\_\_  
PRINT Street Address City State Zip

If this is a work address, name of business: \_\_\_\_\_

I ask the clerk to issue citation. I understand that I will need to **pay a fee** (or file the form to show the Court that I am unable to pay the fee) and **arrange for service**.

- Service by a sheriff, constable, or process server is not necessary, at this time. I will give a copy of this *Petition* to the person named above and I think she or he will sign a *Waiver of Service*, or file an *Answer*.
- I ask that this Respondent be served by publication. I will file the required affidavits for service by publication. I understand I must hire an attorney ad litem to represent this Respondent.

### Respondent F - Title IV-D Agency (Attorney General's Office)

You **MUST** also send a file-stamped copy of this *Petition* to the Office of the Attorney General, Child Support Division. Send the *Petition* by certified mail return receipt requested, fax or personal delivery. Bring proof of delivery with you to your court hearing.

I will send a file-stamped copy of this *Petition* to the Office of the Attorney General, Child Support Division by certified mail return receipt requested, fax or personal delivery. I will bring proof of delivery to my court hearing.

### 10. Out-of-State Respondents

(Check one.)

- Everyone involved in this case lives in Texas.
- The following Respondent does not live in Texas: \_\_\_\_\_  
Print the FULL name of the Out-of State Respondent

(Check all that apply for the Out-of-State Respondent.)

- The Respondent signed the Acknowledgment or Denial of Paternity involved in this case.
- The child lives in Texas because of the Respondent's actions.
- The Respondent has lived in Texas with the child.
- The Respondent has lived in Texas and provided prenatal expenses or support for the child.

**Note:** If a Respondent does NOT live in Texas, you must also complete and attach the Exhibit: Out-of-State Party Affidavit.

- The Respondent had sexual intercourse in Texas, and the child may have been conceived by that act of intercourse.
- The Respondent will be personally served with citation in Texas.
- The Respondent agrees that a Texas court can make orders in this case and will file a written response with the court.

## 11. Family Information

*(Check one.)*

- I will fill out and attach the Family Information form to the final order in this case, as required by Texas Family Code Section 105.006.
- I believe the child or I will be harassed, abused, seriously harmed, or injured if I am required to give the Respondents the information checked below for myself and the child:

*(Check the boxes below to tell the judge which information you want to be kept confidential.)*

- home address,  mailing address,  employer,  work address,
- home phone #,  work phone #,  social security #,  driver's license #.

I ask the Court to Order that I not have to give this information or notice of changes in this information to the Respondents. I also ask the Court to keep this information confidential.

**Note:** Ask the Court to sign the Order on Request to Keep Family Information Confidential form when you go to court. Find this form at [www.FreeTexasForms.org](http://www.FreeTexasForms.org) in the Paternity section.

## 12. Prayer

I ask that citation and notice issue as required by law and that the Court make the orders I have asked for in this Petition and any other orders to which I am entitled.

I ask for general relief.

Respectfully submitted,

\_\_\_\_\_  
 Petitioner, Pro Se *(Sign your name on the line.)*

**I understand that I must notify the Court and each Respondent's attorney (or the Respondent if the Respondent does not have an attorney) in writing if my mailing address or email address changes during these proceedings. If I don't, any notices about this case will be sent to me at the mailing address or email address on this form.**

*(PRINT your name and information.):*

Name: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ Fax number (if any) (     ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Attachment(s) included with this Petition *(Check all that apply):*

- Exhibit: Acknowledgment of Paternity
- Exhibit: Denial of Paternity