

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

In the interest of

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

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

District Court  County Court of:

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

a child.

## Notice of Final Hearing

To: (Check all that apply.)

Respondent A: \_\_\_\_\_  
Print Respondent A's First, Middle and Last name.

Respondent B: \_\_\_\_\_  
Print Respondent B's First, Middle and Last name.

Respondent C: \_\_\_\_\_  
Print Respondent C's First, Middle and Last name.

Respondent D: Office of the Attorney General, Child Support Division

A final hearing will be held on \_\_\_\_\_ at \_\_\_\_\_:\_\_\_\_\_  
Month / Day / Year Time  a.m.  p.m.

in the \_\_\_\_\_ County Courthouse, located at

\_\_\_\_\_ in \_\_\_\_\_, Texas.  
Print Street Address of Courthouse City

The purpose of the hearing is to determine if the parent-child relationship between Petitioner and the child named in this case should be terminated.

The purpose of the hearing is also to determine if the other orders requested by Petitioner in his *Petition to Terminate the Parent-Child Relationship based on Mistaken Paternity* should be granted.



\_\_\_\_\_  
Petitioner's Signature

## Certificate of Service

I certify that a true copy of this Notice of Final Hearing was delivered to each Respondent listed above (and their attorney, if they have an attorney) by fax, certified mail return receipt requested, or personal delivery on (date): \_\_\_\_\_.



\_\_\_\_\_  
Petitioner's Signature