



NOTICE OF INTENT OF FORMER PARENT TO PETITION COURT TO REINSTATE PARENTAL RIGHTS

Purpose: A former parent must use this form to notify the Department of Family and Protective Services (DFPS) in the following situation:

- The former parent’s parental rights were involuntarily terminated under Texas Family Code (TFC) Section [161.001](#) or [161.003](#).
- The former parent intends to file a petition under TFC [161.302](#) requesting that the court reinstate parental rights.

The former parent must do the following:

- Notify DFPS at least 45 days before filing the petition with the court. The former parent provides notice by emailing this form to DFPSParentalReinstatement@dfps.texas.gov.
- File a copy of this form with the petition.

Directions: To complete this form, the former parent fills out all fields with as much information as possible. All fields are required unless specifically stated otherwise. This form is best completed on a computer before being printed out. The former parent is also known as the *petitioner*. It may be helpful to contact the court in which termination occurred and request a copy of the termination decree (court order).

INFORMATION ABOUT THE FORMER PARENT (PETITIONER)			
First Name:	Middle Name:	Last Name:	Date of Birth (optional):
Phone Numbers (optional):		Home Street Address:	Apt. No. (if applicable):
City:	County:	State:	ZIP Code:

INFORMATION ABOUT THE CHILD			
First Name:	Middle Name:	Last Name:	Date of Birth:
Place of Birth:		Home Street Address:	Apt. No. (if applicable):
City:	County:	State:	ZIP Code:



INFORMATION ABOUT OTHER RELEVANT PEOPLE

Provide the name, address, and contact information, if known, of anyone who both participated in the original termination hearing and has information relevant to the determination of conservatorship or possession of or access to the child.

PERSON 1

First Name:	Middle Name:	Last Name:	Phone Numbers:
Other Contact Information (such as email address):		Street Address:	Apt. No. (if applicable):
City:	County:	State:	ZIP Code:

PERSON 2

First Name:	Middle Name:	Last Name:	Phone Numbers:
Other Contact Information (such as email address):		Street Address:	Apt. No. (if applicable):
City:	County:	State:	ZIP Code:

PERSON 3

First Name:	Middle Name:	Last Name:	Phone Numbers:
Other Contact Information (such as email address):		Street Address:	Apt. No. (if applicable):
City:	County:	State:	ZIP Code:

PERSON 4

First Name:	Middle Name:	Last Name:	Phone Numbers:
Other Contact Information (such as email address):		Street Address:	Apt. No. (if applicable):
City:	County:	State:	ZIP Code:



SUMMARY OF TERMINATION GROUNDS

Provide a summary of the grounds on which the court terminated the former parent's parental rights.

SUMMARY STATEMENT

Provide a summary of the facts and evidence that show the former parent has the capacity and willingness to perform parental duties under TFC Section [151.001](#).

Include steps the former parent has taken toward personal rehabilitation since parental rights were terminated, such as the following:

- Treatment for mental health or substance abuse issues.
- Employment.
- Other personal history that shows rehabilitation.



CHILD'S INTENT AND WILLINGNESS TO CONSENT

If the child is 12 years old or older, provide a statement of the child's intent or willingness to agree to the reinstatement of parental rights.

Empty space for providing a statement of the child's intent or willingness to agree to the reinstatement of parental rights.

SUMMARY OF PRIOR REQUESTS OR MOTIONS FOR REINSTATEMENT

Provide a summary of all prior requests or motions by the former parent for reinstatement of parental rights.

Empty space for providing a summary of all prior requests or motions by the former parent for reinstatement of parental rights.



PRIVACY STATEMENT

DFPS values your privacy. For more information, read our [Privacy and Security Policy](#).

SIGNATURE

I, _____, former parent of the child referenced in this form, am requesting the reinstatement of my parental rights.

Former Parent (Petitioner): X	Date Signed:
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