

****THIS IS NOT A SUBSTITUTE FOR THE ADVICE OF AN ATTORNEY****

**NOTICE: THIS DOCUMENT
CONTAINS SENSITIVE DATA**

Cause No. _____

In the Interest of _____ §
A Child §
_____ County, Texas §
_____ Judicial District §

Petition for Removal of Disabilities of Minority

1. Discovery Level

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

2. Petitioner

My name is:

_____ *First Middle Last*

I am the Petitioner in this case and am requesting the Court remove my disabilities of minority.

2A. Residence

I am a resident of Texas and reside at: _____
(address)
_____, _____ County, Texas.
(city) (zip code) (county)

2B. Age and Circumstances

My date of birth is _____ and I am: *(select one)*

- Seventeen (17) years of age, self-supporting, and managing my own financial affairs.
- Sixteen (16) years of age, self-supporting, managing my own financial affairs, and living separate and apart from my parents, managing conservator, or guardian.

3. Purpose

I am requesting the Court order removal of disabilities of minority for: *(select one)*

all general purposes.

limited purposes: *(list purposes)* _____

4. Mother *(select one)*

My mother is deceased.

My mother's name is _____
First Middle Last

and her place of residence is: _____
(address)

_____, _____ County, Texas.
(city) (zip code) (county)

5. Father *(select one)*

My father is deceased.

My father's name is _____
First Middle Last

and his place of residence is: _____
(address)

_____, _____ County, Texas.
(city) (zip code) (county)

6. Guardian of the Person *(select one)*

A Guardian of the Person does not exist for me.

My Guardian of the Person is _____
First Middle Last

and their place of residence is: _____
(address)

_____, _____ County, Texas.
(city) (zip code) (county)

7. Guardian of the Estate *(select one)*

A Guardian of the Estate does not exist for me.

My Guardian of the Estate is _____
First *Middle* *Last*
and their place of residence is: _____
(address)
_____, _____ County, Texas.
(city) *(zip code)* *(county)*

8. Managing Conservator *(select one)*

I do not have a Managing Conservator.

My Mother is my Managing Conservator. Her name and residence is provided above.

My father is my Managing Conservator. His name and residence is provided above.

My Managing Conservator is _____
First *Middle* *Last*
and their place of residence is: _____
(address)
_____, _____ County, Texas.
(city) *(zip code)* *(county)*

9. Best Interest

Removal of disabilities of minority would be in my best interest for the following reasons: _____

10. Amicus Attorney or Attorney Ad Litem

I request that the Court appoint an amicus attorney or attorney ad litem as required by section 31.004 of the Texas Family Code.

11. Prayer

After hearing this petition, I pray that the Court order the removal of disabilities of minority as requested and for all other relief to which I may be entitled.

Respectfully submitted,



Your Signature

Date

Your Printed Name

Phone

Mailing Address

City

State

Zip

Email Address

Fax # (if any)

Verification

"I, _____, am the
First Middle Last

(parent / managing conservator / guardian / guardian ad litem)

of Petitioner. I have read the foregoing Petition for Removal of Disabilities of Minority. I have personal knowledge of the facts in it, and they are true and correct."

(signature)

(printed name)

SIGNED under oath before me on _____.
(date)

Notary Public, State of Texas

[Notary Seal]

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Cause No. _____

In the Interest of

§
§
§
§
§

In the District Court of

_____ County, Texas

A Child

_____ Judicial District

Order Appointing Attorney Ad Litem or Amicus Attorney

The Court finds that under section 31.004 of the Texas Family Code, an attorney ad litem or amicus attorney shall be appointed.

The Court orders that the following individual be appointed as attorney ad litem or amicus attorney:

First

Middle

Last

Additional Orders are as follows: _____

SIGNED on _____

JUDGE PRESIDING

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Cause No. _____

In the Interest of

§
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§
§
§

In the District Court of

_____ County, Texas

A Child

_____ Judicial District

Order Removing Disabilities of Minority

On this day, the Court heard the application of Petitioner, _____
First
_____, a minor, for an order removing the
Middle *Last*
disabilities of minority.

Petitioner appeared in person. After considering the verified pleading and hearing the evidence, the Court finds removal of the disabilities of minority to be in the best interest of the Petitioner.

IT IS, THEREFORE, ORDERED that the disabilities of minority be removed as to
_____ for:
First *Middle* *Last*

all general purposes

the limited purpose of _____

SIGNED on _____

JUDGE PRESIDING