

**\*\*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

§  
§  
§  
§  
§

In the District Court of

\_\_\_\_\_ 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:

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## 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*  
\_\_\_\_\_ of Petitioner. I have read  
*(parent / managing conservator / guardian / guardian ad litem)*  
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 Seal]

\_\_\_\_\_  
Notary Public, State of Texas

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

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\_\_\_\_\_ 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