

TERMINATION OF PARENTAL RIGHTS

TO: _____

Legal Parents of _____

DOB: _____

Notice is hereby given that a hearing to Involuntarily Terminate your Parental Rights to your children, _____ (name/initials) born on _____ (date) is scheduled for _____ (date) at _____ (time), in Montgomery County Courthouse, Court Room ____, Norristown, PA. You are warned that if you fail to appear at the scheduled hearing, the hearing will go on without you and your rights to your child may be ended by the Court without your being present.

Your Name and/or Attorney(s) Name: _____

Address: _____

Your Phone #: _____

Please fill out this form and mail to the address below. The fee for advertising is \$82.00 (\$72.00 Plus \$10.00 for Proof of Publication).

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