

### FORM 4. NOTICE TO PARENT: TERMINATION ACTION

**This is an important notice. Read it carefully. The court will presume you understand this notice unless you tell the court at today’s hearing you do not.**

The Department of Child Safety (DCS), or \_\_\_\_\_ has filed a termination motion or petition concerning your child.

**As a parent, you have rights in this case.**

You have the right to an attorney. Your attorney will be with you at every hearing in your case. You have a right to a trial, called an adjudication hearing, on the allegations in the motion or petition. At the adjudication hearing your attorney can question any witness who testifies against you. You have a right at the adjudication hearing to subpoena witnesses, to present documents, and to testify on your own behalf. Hearings are open to the public, but you may ask the court to close the hearing.

The court will consider the evidence and decide at the adjudication hearing whether the allegations in the motion or petition have been proven and whether adoption would be in the child's best interest.

**As a parent, you also have responsibilities.**

**1. You must appear for every court date.** You are required to appear for every hearing the court sets, including a pre-trial conference, a settlement conference, and the adjudication hearing. If you don’t show up for a court date and you don’t have a good reason for not showing up, the court may find you have waived your rights in this case and you have admitted the allegations in the motion or petition. The court may then consider evidence in your absence, terminate your parental rights, and place the child for adoption.

Upcoming Hearing Title	Date & Time	Appearance Type	Judicial Officer
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Facility Assignment \_\_\_\_\_ Courtroom \_\_\_\_\_

Court Connect Link & Conference Number \_\_\_\_\_

Attorney Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

My signature means I received a copy of this notice and I understand my rights, my responsibilities, and the consequences of failing to appear at future hearings or failing to participate in reunification services.

\_\_\_\_\_  
Parent Signature Printed Name Date