

COURT OF COMMON PLEAS OF BUCKS COUNTY  
ORPHANS' COURT DIVISION  
PRAECIPE FOR PARENTAL RIGHTS TERMINATION HEARING

Docket No. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Case Name

Companion Case No.: \_\_\_\_\_  
Name: \_\_\_\_\_  
  
Companion Case No.: \_\_\_\_\_  
Name: \_\_\_\_\_  
  
Companion Case No.: \_\_\_\_\_  
Name: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Party  
  
 Check if unrepresented

Atty: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
E-mail Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Party  
  
 Check if unrepresented

Atty: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
E-mail Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Party  
  
 Check if unrepresented

Atty: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
E-mail Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Party  
  
 Check if unrepresented

Atty: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Complete all appropriate blanks and sign before filing with the Clerk of the Orphans' Court.

ACTION REQUESTED: \_\_\_\_\_ Uncontested Termination Hearing  
\_\_\_\_\_ Contested Termination Hearing

Estimated Hearing Length: \_\_\_\_\_

Special Circumstances: \_\_\_\_\_

Identification of any party who is incarcerated \_\_\_\_\_

Name and location of facility \_\_\_\_\_

Certification

It is hereby certified that the above captioned case is at issue and ready for hearing and that all attorneys of record and unrepresented parties are named above.

\_\_\_\_\_  
Signature of Filing Attorney

\_\_\_\_\_  
Date