

PETITION
WAIVER OF CONSENT

IN THE JUVENILE COURT OF _____ COUNTY, ALABAMA

IN THE MATTER OF _____, a minor
(Initials Only)

Comes now the Petitioner and shows unto the Court as follows:

1. I am _____ years of age. Date of Birth _____.
2. I am a legal resident of _____ (Town/City), _____ (County) _____ (State). The abortion procedure will be performed in _____ County, Alabama.
3. I am approximately _____ days _____ weeks _____ months pregnant.
4. I am unmarried and unemancipated.
5. I wish to have an abortion performed without the consent of either parent or legal guardian.
6. CHECK ONE OR BOTH OF THE FOLLOWING STATEMENTS AS THEY APPLY TO YOUR CASE.

_____ I am mature and well enough informed to intelligently decide to have an abortion without the consent of either parent or legal guardian.

_____ One or both of my parents or my legal guardian has engaged in a pattern of physical, sexual, or emotional abuse against me, or the consent of my parents, parent, or legal guardian otherwise is not in my best interest.

7. _____ I have retained _____ as my attorney. My attorney's address is _____, Telephone No. _____.

_____ I hereby request waive appointment of counsel by the court.

8. I have not previously filed, nor do I have pending any other petition seeking a waiver of consent for an abortion of my present pregnancy.

_____ Date

_____ Initials of Minor or Signature of Attorney

Sworn to and Subscribed before me this the _____ day of _____, 19 _____.

_____ Intake Officer/Clerk/Notary

It is hereby ORDERED that this Petition for Waiver of Consent be set down for a hearing and that the Minor appear in Court on (Date) _____ at _____ O'clock ___ M. at _____.

DONE this _____ day of _____, 19 _____.

_____ Judge