

PETITION FOR JUDICIAL AUTHORIZATION OF ABORTION

Commonwealth of Virginia

VA. CODE § 16.1-241(V)

Court Case No.

Hearing Date and Time

PLEASE NOTE: All papers and hearings in this matter are confidential.

..... Juvenile and Domestic Relations District Court

In re a petitioner under eighteen years of age:

.....
PETITIONER'S NAME

.....
CONTACT TELEPHONE NUMBER (OPTIONAL)

.....
DATE OF BIRTH

.....
AGE

.....
SOCIAL SECURITY NUMBER (OPTIONAL)

I, the undersigned, request this court to authorize a physician to perform an abortion pursuant to Virginia Code § 16.1-241(V). I verify that the information given above is correct, and that I have elected not to allow notice to an authorized person as defined in Virginia Code § 16.1-241(V).

.....
DATE

.....
PETITIONER'S SIGNATURE

Sworn/affirmed and signed before me on

DATE

.....
 CLERK DEPUTY CLERK INTAKE OFFICER NOTARY PUBLIC

My commission expires:

Filed by: Petitioner with Intake Officer

Counsel for Petitioner

SIGNATURE OF COUNSEL

Date and Time Petition Filed:

.....
 CLERK DEPUTY CLERK INTAKE OFFICER

HEARING DATE

A hearing on this petition has been set for, at m., at the

DATE

TIME

..... Juvenile and Domestic Relations District Court

.....
ADDRESS AND COURTROOM

.....
COURT TELEPHONE NUMBER

.....
DATE

.....
 CLERK DEPUTY CLERK INTAKE OFFICER

ACKNOWLEDGMENT OF HEARING DATE AND TIME

1. I understand that a hearing on this petition has been scheduled as noted above.
2. I acknowledge that I have received a copy of this petition and notice of hearing in person on this date. I waive all other forms of notice for hearing on this date.

.....
DATE

.....
PETITIONER'S SIGNATURE

.....
SIGNATURE OF COUNSEL FOR THE PETITIONER