

**IN THE CIRCUIT/COUNTY COURT OF THE THIRTEENTH JUDICIAL CIRCUIT,
IN AND FOR HILLSBOROUGH COUNTY, FLORIDA**

In the interest of _____
(pseudonym or initials of minor)

Case Number: _____
Division: _____

**PETITION FOR JUDICIAL WAIVER OF PARENTAL NOTICE AND CONSENT OR
CONSENT ONLY TO TERMINATION OF PREGNANCY**

I certify that the following information is true and correct:

- (1) The pseudonym or initials of the minor (is/are) _____, and the minor has filed a Sworn Statement of True Name and Pseudonym with the clerk.
- (2) The minor is _____ years old.
- (3) The minor is pregnant and parental notice or consent has not been waived.
- (4) The minor requests that the court enter an order authorizing her to terminate her pregnancy without

[check which applies]

- notice to and consent from her parents or legal guardian
- consent only from her parents or legal guardian

for one or more of the following reasons:

[check all that apply]

- a. The minor is sufficiently mature to decide whether to terminate her pregnancy, for the following reason(s):

- b. The minor is a victim of child abuse or sexual abuse inflicted by one or both of her parents or a legal guardian.

c. Notice and consent or consent only from a parent or legal guardian is not in the best interest of the minor, for the following reason(s):

(5) The minor requests the appointment of an attorney to represent her in this matter; and the attorney is appointed at no cost to the minor at least 24 hours prior to the hearing.

[check one]

Yes, I want an attorney to represent me during the judicial waiver proceedings at no cost to me.

No, I do not wish to be represented by an attorney.

(6) The minor elects the following method or methods for receiving notices of hearings or other court actions in this case (you may choose more than one option):

[check all that apply]

Through a third party whose name is _____ and whose address and phone number for purposes of notice are _____, _____.

The minor will contact the office of the clerk of court at the following phone number _____.

I understand that by signing this form I am swearing to or affirming the truthfulness of the claims made in this petition and that the punishment for knowingly making a false statement includes fines, imprisonment, or both.

Signature: _____

Date: _____

(You may sign a name other than your true name, such as Jane Doe or other pseudonym under which your petition is being filed.)