

CONFIDENTIAL

STATE OF NORTH CAROLINA

File No.

In The General Court Of Justice
District Court Division

_____ County

IN THE MATTER OF:

Name Of Minor

Date Of Birth

Age

PETITION

**FOR WAIVER OF PARENTAL CONSENT
FOR MINOR'S ABORTION**

G.S. 90-21.6 through -21.10; 7A-451(a)(16), 7B-200

PETITION

The minor named above asks the Court for a waiver of the parental consent requirement for an abortion. The minor is under 18 years of age, has not been married and has not been emancipated by a court. The minor is pregnant and resides or is physically present in this county. At least one of the following conditions applies:

- None of the persons who could give consent is available to give consent; or
- The person who could give consent refuses to give consent; or
- The minor does not want to seek consent from any of those persons.

The minor **does** **does not** want the Court to appoint an attorney to represent her in this proceeding.

The minor **does** **does not** want her parent, legal guardian, or custodian to receive notice of this proceeding.

*(If the minor **does** want her parent, legal guardian, or custodian to receive notice, give the name, address, and telephone number.)*

The minor understands that court papers will be sent to the attorney and/or guardian ad litem who represents her (if applicable). The minor requests that notice of hearing or other information and documents also be sent to:

(a) the minor at the following address: _____

(b) Other: *(name and address)* _____

NOTE: I have received a copy of the written "Instructions For Minor Petitioner", AOC-J-601 Instructions.

Date	Signature	<input type="checkbox"/> Minor <input type="checkbox"/> Attorney	<input type="checkbox"/> Guardian ad Litem
------	-----------	---	--

ORDER APPOINTING ATTORNEY

The attorney named below is appointed to represent the minor in this proceeding.

Name, Address And Telephone No. Of Attorney	Date
	Signature
	<input type="checkbox"/> Assistant CSC <input type="checkbox"/> District Court Judge
	<input type="checkbox"/> Clerk Of Superior Court <input type="checkbox"/> Superior Court Judge

NOTICE OF HEARING

A hearing on the above Petition will be held on the date and at the time and location specified below.

Date Of Hearing	Time Of Hearing <input type="checkbox"/> AM <input type="checkbox"/> PM	Date
Location Of Hearing	Signature	
	<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court	

NOTE TO CLERK: Pursuant to G.S. 90-21.8(b), the Court shall ensure that the minor or her guardian ad litem is given assistance in preparing and filing the petition and shall ensure that the minor's identity is kept confidential.

- (1) **Do not** calendar or take minutes of this proceeding. This proceeding is completely confidential.
- (2) **Do not** serve a copy of the petition, notice, or other papers on the minor's parents, legal guardian, or custodian unless the minor so requests in the petition.
- (3) The minor **is not** required to pay any court costs. No judgment for attorney fees or guardian ad litem fees should be entered.
- (4) This matter must be given precedence over other pending matters to ensure that the court reaches a decision promptly - at least within 7 days of the filing of the petition.

(Over)

CERTIFICATE OF SERVICE

This certifies that on this date I served the Notice Of Hearing:

- on the minor by:
 - personally delivering a copy to her.
 - mailing a copy to the address listed on the reverse.
 - telephoning her at the following number _____.

- on the attorney for the minor by:
 - personal delivery.
 - mailing a copy to the address listed on the reverse.
 - telephoning the attorney at the number listed on the reverse.

- on the guardian ad litem for the minor by:
 - personal delivery.
 - mailing a copy to the address listed on the Order Of Appointment.
 - telephoning the guardian ad litem at the number listed in the Order Of Appointment.

- on the person listed below, at the request of the minor by:
 - personal delivery.
 - mailing a copy to the address listed below.
 - telephoning the person at the following number _____.

Name Of Person To Whom Notice Delivered Or Mailed	Date Notice Served
Address To Which Notice Mailed	Signature
	<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court

REQUEST TO EXTEND TIME FOR HEARING

The minor petitioner requests that the time for the hearing on her petition be extended.

Date Of Request	Signature	<input type="checkbox"/> Minor <input type="checkbox"/> Guardian Ad Litem
		<input type="checkbox"/> Attorney

ORDER EXTENDING TIME FOR HEARING

At the request of the minor petitioner for an extension of time, the hearing on the petition in this proceeding will be held at the date, time and location specified below.

New Date Of Hearing	New Time Of Hearing <input type="checkbox"/> AM <input type="checkbox"/> PM	Date Of Order
Location Of Hearing	Signature	
	<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court	