
Name

Address

City, State, Zip

Phone

Email

Check your email. You will receive information and documents at this email address.

I am the Petitioner
 Attorney for the Petitioner and my Utah Bar number is _____

In the Juvenile Court of Utah

_____ Judicial District _____ County

Court Address _____

In the matter of

(Child's name)
a minor child

**Petition to Terminate Parental
Rights Upon Voluntary
Relinquishment**
(Utah Code 80-4-204)

Case Number

Judge

(1) I am the natural father mother of the child named below.

(2) My residence is:

Address

City, State, Zip

(3) My child is:

Name		Current Residence
Date of Birth	Sex	

Place of Birth	
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(4) The person who has custody of the child is:

Name

Address

City, State, Zip

Phone

Email

Relation to child

(5) The reason I am asking the court to terminate my parental rights is:

(6) My child is not a member of or eligible for membership in an Indian tribe.

(7) I am not seeking to terminate my parental rights to avoid my obligation to financially support my child.

I ask the court to:

(8) Schedule a hearing on this petition.

(9) Accept my Voluntary Relinquishment of Parental Rights signed or confirmed under oath before a judge or a other person appointed by the court for the purpose of taking the relinquishment.

(10) Determine that it is in my child's best interests for my parental rights to be terminated.

(11) Terminate my parental rights based on my voluntary relinquishment.

I declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at _____ (city, and state or country).

Date

Signature ► _____

Printed Name _____

Certificate of Service

I certify that I filed with the court and am serving a copy of this Petition to Terminate Parental Rights Upon Voluntary Relinquishment on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
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Date _____ Sign here ► _____

Typed or printed name _____