
Name

Address (Optional)

City, State, Zip (Optional)

Phone (Optional)

Email (Optional)

In the Juvenile Court of Utah

_____ Judicial District _____ County

State of Utah, in the interest of:

(Minor's Name)

(Minor's Date of Birth)

**Notice of Appeal – Petition for
Waiver of Parental Consent to
Minor's Abortion**

Case Number

Judge

(1) I hereby appeal from the denial of my Petition for Waiver of Parental Consent to Minor's Abortion issued on _____ (date), in the _____ District Juvenile Court.

(2) I am represented by an attorney as follows:

Name of attorney: _____

Address: _____

Telephone number: _____

(3) The Juvenile Court's decision was wrong for the following reasons:

(4) I will will not appear at any appellate oral argument in person by telephone. My telephone number is _____.

_____ Sign here ► _____
Date
Typed or Printed Name of the Petitioner _____