Maili City, Day/ AZC Ema Attor Repr	ing Address (if not protected): , State, Zip Code: /Evening Telephone: ARES Number (if applicable):							
		COURT OF ARIZONA IAVE COUNTY						
In the	e Matter of the Severance of:	Case No:						
		PETITION FOR TERMINATION OF PARENT- CHILD RELATIONSHIP (SEVERANCE of PARENTAL RIGHTS) A.R.S. § 8-531-544						
(Full	Legal Names of Minor Children)	A.N.S. 9 0-331-344						
1.	Birth Date:							
2.	INFORMATION ABOUT PARENT(S):							
	Mother's birth date:							
	Father's birth date:							
	(If more than one father involved, p	please attach same information for all fathers)						
3.	INFORMATION ABOUT THE CHILD(REN	I):						
	·	□ male □ female						

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	Child's birth place:					
	Child's address:					
b.	Child's name:		□	male		fen
	Child's birth date:					
	Child's birth place:					
	Child's address:					
c.	Child's name:			male		fem
	Child's birth date:					
	Child's birth place:					
	Child's address:					
d.	Child's name:			male		fen
	Child's birth date:					
	Child's birth place:					
	Child's address:					
	Name: Address:					
		is proper because the child or children are present in A e not present in Arizona, jurisdiction in Arizona is prope				
If t	he child or children a		r beca	use:	es es	

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INSTRUCTIONS: Check all the allegations below that you believe apply. If seeking to terminate the rights of more than one parent, attach a separate sheet for the additional parents). If more space is needed for any answer, please attach additional information.

8.	The Court should terminate the parent-child relationship between the child(ren) and the $\ \square$ Fath $\ \square$ Mother based on the following grounds:						
		Abandonment:	The parent has abandoned the child(ren) by failing to provide reasonable support and failing to maintain regular contact with the child(ren), including normal supervision.				
			Please state the facts supporting this statement:				
		Neglect/Abuse:	The parent has neglected or willfully abused a child.				
			Please state the facts supporting this statement:				
	Incapacity: The parent is unable to discharge the parental responsibilities because mental deficiency or a history of chronic abuse of dangerous drugs, controlled subs and there are reasonable grounds to believe that the condition will continue for a pr indeterminate period.						
			Please state the facts supporting this statement:				
		Criminal	☐ The parent is deprived of civil liberties due to the conviction of a felony and the sentence of that parent is of such length that the child(ren) will be deprived of a normal home for a period of years.				
			Please state the facts supporting this statement:				
			☐ The parent is deprived of civil liberties due to the conviction of a felony and the sentence of that parent is of such length that the child(ren) will be deprived of a				

normal home for a period of years.

		Please state the facts supporting this statement:
	Paternity	☐ The potential father failed to file a paternity action within thirty (30) days of completion of service of notice as prescribed by A.R.S. § 8-106(G).
		☐ The putative father (one who registered with the state claiming to be the father) failed to file a notice of claim of paternity as prescribed in A.R.S. § 8-106.01
	Relinquishment or Consent	The parent has relinquished his or her right to the children to an agency or has consented to the adoption.
		I have attached to this Petition a copy of all applicable relinquishment(s) or consent(s).
	Identity Unknown	The identity of the parent is unknown and continues to be unknown following three months of diligent efforts to identify and locate the parent.
		Please state the facts supporting this statement:
	Other	Parental rights should be terminated for other grounds under A.R.S. § 8-533 as follows:
		Please state the facts supporting this statement:
Ве	est Interests	It is in the child(ren)'s best interest to have $\ \square$ Father's $\ \square$ Mother's rights terminated.
		Please state the facts supporting this statement:

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9.

10.	Socia	Study	☐ The social study discussed in A.R.S. § 8-536(A) will be completed by the following agency:				
				ne social study disc child(ren) for the fo		3-536(A) be waived in the best	
		UESTED: Bas n order which:	ed on the infor	rmation above, afte	er notice and a he	earing Petitioner requests the	
Term and	inates th	e parent-child r	elationship be	tween the child(re	n) and their: 🛚 🗆	Father □ Mother	
	Appoi	nts as guardian	of the child(re	n) and vests legal	decision making	of the child(ren) in:	
						ain obligated for child emain obligated for	
		Orders that: (: (state any other relief requested);				
		and					
		Any other suc	h orders as the	e Court deems jus	t and proper.		
			OATH AND	D DECLARATIO	N OF PETITIO	NER:	
		RIZONA) have) ss.					
		er penalty of perju , information and		rmation provided in	this document is tr	rue and correct to the best of	
SIGN	ATURE (OF PETITIONER	i		DA	NTE:	
Swor	n to or aff	irmed before me	this	day of	, 20	_	
by		(Printed name of	Petitioner)				
		on Expires:					
, -					Notary Public / Dep	outy Clerk	

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