

Name of Person Filing: \_\_\_\_\_  
 Mailing Address (if not protected): \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Day/Evening Telephone: \_\_\_\_\_  
 AZCARES Number (if applicable): \_\_\_\_\_  
 Attorney Bar Number (if applicable) \_\_\_\_\_  
 Representing: Self (Without a Lawyer) or  
 Attorney for \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA MOHAVE COUNTY

In the Matter of:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Names of Minor Child(ren)  
 \_\_\_\_\_

Case Number: \_\_\_\_\_

### WAIVER BY PARENT OF NOTICE OF HEARING AND APPEARANCE ON PETITION FOR TERMINATION OF PARENT-CHILD RELATIONSHIP

### UNDER OATH or by AFFIRMATION:

#### INFORMATION FROM PARENT whose rights are to be terminated

1. I, \_\_\_\_\_, am the MOTHER or FATHER of the minor child(ren) named below for whom a Petition has been filed requesting permanent termination (severance) of my parental rights:

Full Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

2. My complete name and address and date of birth is as follows:

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Date of birth: \_\_\_\_\_

