Nam	e of Person Filing:	
Maili	ing Address (if not protected):	
_ `;		
AZC.	Evening Telephone: ARES Number (if applicable):	
Attor	rney Bar Number (if applicable)	
Repr	esenting: Self (Without a Lawyer) or	
А	ttorney for	
		URT OF ARIZONA E COUNTY
In the	e Matter of:	Case Number:
		WAIVER BY PARENT OF
		NOTICE OF HEARING AND
		APPEARANCE ON PETITION FOR
		TERMINATION OF PARENT-CHILD
		RELATIONSHIP
Nam	es of Minor Child(ren)	
	DER OATH or by AFFIRMATION:  ORMATION FROM PARENT whose rights are to	be terminated
1.		, am the MOTHER or FATHER of the minor
١.		s been filed requesting permanent termination (severance)
		s been filed requesting permanent termination (severance)
	of my parental rights:	Parks of Pirel
	Full Name of Child	Date of Birth
		·
2.	My complete name and address and date of bir	rth is as follows:
	Name:	
	Street Address:	
	City, State, Zip Code:	
	Telephone:	Date of birth:

FOR CLERK'S USE ONLY

Case No.	

## **WAIVER OF NOTICE**

- 1. I have read the Petition for Termination of Parental Rights between myself and the minor child or children.
- 2. I waive notice of all further proceedings in this matter. I understand that I can reverse this waiver by filing a written document with the court under this court case number declaring that I no longer waive notice of hearings and other court proceedings.

## OATH OR AFFIRMATION OF THE PARENT WHOSE RIGHTS ARE TO BE TERMINATED

STATE OF ARIZONA ) County of Mohave )ss.			
I, declare under penalty of perjury my knowledge, information and b		d in this document is true and correct to the best	of
SIGNATURE:		DATE:	
Sworn to or affirmed before me the	nis day of	, 20	
by			
(Printed name	e of Parent)		
My Commission Expires:			
	Notar	ry Public / Deputy Clerk	