

FOR CLERK'S USE ONLY

Name of Person Filing: _____
Mailing Address: _____
City, State, Zip Code: _____
Day/Evening Telephone: _____
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: _____

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 that the information provided in this document is true and correct to the best of my knowledge, information and belief.

SIGNATURE: _____ DATE: _____

Sworn to or affirmed before me this _____ day of _____, 20____

by _____
(Printed name of Parent)

My Commission Expires: _____
Notary Public / Deputy Clerk