Person Filing:	
Address (if not protected):	
City, State, Zip Code:	
Telephone:	For Clerk's Use Only
Email Address:	
Lawyer's Bar Number:	
Representing Self, without	Lawyer or Attorney for
S	PERIOR COURT OF ARIZONA IN MARICOPA COUNTY
In the matter of:	Case Number:
	WAIVER BY PARENT of NOTICE of HEARING AND APPEARANCE on PETITION FOR TERMINATION OF PARENT-CHILD RELATIONSHIP
A Minor	
UNDER OATH or by AFFIRM	TION:
INFORMATION FROM PAR	IT whose rights are to be terminated
1. I, child(ren) named below termination (severance)	, am the Mother Father of the minor for whom a Petition has been filed requesting permanent my parental rights:
Full Name of Child	Date of Birth

		Case Number:	
2.	My complete name, address, and date of b	irth are as follows:	
	Name:		
	Street Address:		
	City, State, Zip Code:		
		Date of Birth:	
Wai	ver of Notice		
1.	I have read the Petition for Termination of Parental Rights between myself and the minor child(ren).		
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.		
3.		railing to participate in these court proceedings my parent-child relationship with respect to the tion of Parental Rights.	
Sign	nature	Date	
STA	ATE OF		
COI	UNTY OF		
	scribed and sworn to or affirmed before me		
this:		_ by	
	(Date)		
(No	tarial Officer stamp or seal seal)	Deputy Clerk or Notarial Officer	