

**PETITION FOR WAIVER OF
PARENTAL CONSENT**

District Court, Separate Juvenile Court or
County Court sitting as a Juvenile Court)

CASE NUMBER: _____

IN THE MATTER OF THE PETITION OF:

**PETITION FOR WAIVER
OF PARENTAL CONSENT**

Name: _____

CONFIDENTIAL

Date of Birth: _____

I request that an attorney be appointed to represent me in this matter.

I ask the court for authorization for my physician to perform an abortion without notarized written consent of a parent or guardian.

I base my motion on one of the following alternative grounds:

I am sufficiently mature and well-informed to decide whether to have an abortion; or

I am a victim of abuse as defined in [Section 28-351](#), sexual abuse as defined in [Section 28-367](#), or child abuse or neglect as defined in [Section 28-710](#) by either of my parents or my legal guardians, or that an abortion without the consent of a parent or a guardian is in my best interest.

THEREFORE, I request an order authorizing me to consent to an abortion without the consent of a parent or guardian.

I will contact the court for my court date and court-appointed attorney.

I give my permission for the court to contact me through my attorney, or at the following phone, address or e-mail: _____

Petitioner Signature Date _____

Petitioner Name Street Address/P.O. Box

Attorney Name, Bar Number, and Firm Name (attorneys only) City/State/ZIP Code

Phone E-mail Address

Pursuant to [Neb. Rev. Stat. Sec. 71-6903](#) this document shall be made available in each courthouse in such a place that members of the public may obtain it without requesting it from the clerk of the court or other court personnel.