

(file stamp here)

Nebraska State Court Form REQUIRED.	PETITION FOR WAIVER OF PARENTAL CONSENT	JC 14:7 Rev. 06/15 Neb. Rev. Stat. §71-6903
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IN THE _____ COURT OF _____ COUNTY, NEBRASKA
(County, District, or Separate Juvenile)

CASE NUMBER: _____

IN THE MATTER OF THE PETITION OF:

Name: _____

**PETITION FOR WAIVER
OF PARENTAL CONSENT**

Date of Birth: _____

CONFIDENTIAL

- 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