

**STATE OF ARIZONA  
COURT OF APPEALS  
DIVISION \_\_\_\_**

IN THE MATTER OF: \_\_\_\_\_ )  
 )  
 ) CASE NO. \_\_\_\_\_  
 )  
 ) **PETITION FOR REVIEW**  
 )  
 ) a minor )  
 ) **[Use fictitious name if petitioner**  
 ) **has so requested]** )  
 )  
 ) \_\_\_\_\_ )

1. I hereby petition for review from the decision of the Arizona Court of Appeals, Div. \_\_\_\_\_, dated \_\_\_\_\_.

2. I am aware that the Court will appoint a guardian ad litem for me.

3. I am aware that I am entitled to an attorney to represent me, at no charge to me, if I so choose.

4. \_\_\_\_\_ I request that an attorney be appointed to represent me in this matter, free of charge; OR

\_\_\_\_\_ I do not request a court-appointed attorney. I have personally chosen to represent myself, and not be represented by an attorney; OR

\_\_\_\_\_ I am represented by an attorney, as follows:

Name of attorney \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

5. \_\_\_\_\_ was appointed to act as guardian ad litem for me (petitioner).
6. If the court requires a hearing, I \_\_\_\_\_ will \_\_\_\_\_ will not appear \_\_\_\_\_ in person \_\_\_\_\_ by telephone. My telephone number is \_\_\_\_\_.

DATE: \_\_\_\_\_

\_\_\_\_\_  
(Petitioner's signature, using true name OR  
fictitious name OR initials)

**SUPERIOR COURT OF ARIZONA**

\_\_\_\_\_ **COUNTY**

IN THE MATTER OF:

\_\_\_\_\_

a minor

**[Use fictitious name if petitioner  
has so requested]**

\_\_\_\_\_

)  
)  
)  
)  
)  
)  
)

CASE NO. \_\_\_\_\_

**NOTICE OF APPEAL**

1. I hereby appeal from the denial of my Petition to Authorize Physician to Perform Abortion issued on \_\_\_\_\_ by Judge \_\_\_\_\_ of the \_\_\_\_\_ Superior Court.

2. \_\_\_\_\_ was appointed by the court to act as guardian ad litem for me.

3. I am aware that the Court will appoint an attorney to represent me, at no charge to me, if I so choose.

4. \_\_\_\_\_ I request that the Court appoint an attorney to represent me in this matter, free of charge; OR

\_\_\_\_\_ I do not request a court-appointed attorney. I have personally chosen to represent myself, and not be represented by an attorney; OR

\_\_\_\_\_ I am represented by an attorney, as follows:

Name of attorney \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

5. I \_\_\_\_\_ will \_\_\_\_\_ will not appear at the appellate hearing \_\_\_\_\_ in person \_\_\_\_\_ by telephone. My telephone number is \_\_\_\_\_.

DATE: \_\_\_\_\_

(Petitioner's signature, using true name OR  
fictitious name OR initials)



Mailed/hand-delivered to  
petitioner/petitioner's attorney  
on \_\_\_\_\_, 20\_\_.

Mailed/hand-delivered to  
guardian ad litem  
on \_\_\_\_\_, 20\_\_.

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**STATE OF ARIZONA  
COURT OF APPEALS  
DIVISION \_\_\_\_**

IN THE MATTER OF:	)	CASE NO. _____
	)	
_____ ,	)	
a minor	)	<b>NOTICE OF HEARING ON APPEAL</b>
<b>[Use fictitious name if petitioner</b>	)	<b>AND</b>
<b>has so requested]</b>	)	<b>APPOINTMENT OF COUNSEL</b>
_____	)	

1. Your hearing date is: \_\_\_\_\_.
  
2. The location of your hearing is:  
  
\_\_\_\_\_ Arizona Court of Appeals, Office of the Clerk  
1501 W. Washington, Second Floor  
Phoenix, AZ 85007  
Telephone: (602)542-4821  
  
\_\_\_\_\_ Arizona Court of Appeals, Office of the Clerk  
400 W. Congress, Second Floor  
Tucson, AZ 85701  
Telephone: (520)628-6954
  
3. The time of your hearing is: \_\_\_\_\_.
  
4. Your appointed Guardian ad Litem is: \_\_\_\_\_.  
Address: \_\_\_\_\_.  
Phone Number: \_\_\_\_\_.
  
5. Your appointed attorney is: \_\_\_\_\_.  
Address \_\_\_\_\_.  
Phone: \_\_\_\_\_.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Deputy Clerk

Mailed/hand-delivered to  
petitioner/petitioner's attorney  
on \_\_\_\_\_, 20\_\_.

\_\_\_\_\_

Mailed/hand-delivered to  
guardian ad litem  
on \_\_\_\_\_, 20\_\_.

\_\_\_\_\_