

DATA SHEET

Judicial Consent to Abortions for Minors
Pursuant to A.R.S. § 36-2152(B)

Petitioner's true name: _____

Fictitious name to be used (if any): _____

Name of attorney (if any): _____

Attorney's address: _____

Attorney's phone number: _____

Please indicate which of the following methods you wish to have the court use to contact you regarding this proceeding. **In making your decision as to how you want to be contacted, please keep in mind that the court must keep this matter strictly confidential.**

_____ The court may telephone me at the following number: _____

_____ The court may contact me by mail at the following address:
Street Address: _____
City, State, and Zip Code: _____

_____ The court may contact me at the following e-mail address: _____

_____ The court may contact me at the following fax number: _____

_____ I only want to be contacted personally and I am responsible for appearing in person at the office of the clerk of the superior court.

Date

Signature of Petitioner (Please use true name)