

SUPERIOR COURT OF ARIZONA
IN _____ COUNTY

IN THE MATTER OF: _____)
_____)
a minor _____)
[Use fictitious name if petitioner _____)
has so requested] _____)
_____)

Case Number: _____

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 in _____ County.
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: _____
City, State, Zip Code: _____
Telephone Number: _____

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)

**STATE OF ARIZONA
COURT OF APPEALS
DIVISION _____**

IN THE MATTER OF: _____)
)
)
a minor)
[Use fictitious name if petitioner)
has so requested])
_____)

Case Number: _____

NOTICE OF HEARING ON APPEAL

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 Guardian Ad Litem is: _____
Address: _____
City, State, Zip Code: _____
Phone Number: _____
5. Your Attorney (if applicable) is: _____
Address: _____
City, State, Zip Code: _____
Phone Number: _____

Date

Deputy Clerk

Mailed/hand-delivered to petitioner/petitioner's
attorney on _____, 20__.

Mailed/hand-delivered to guardian ad litem on
_____, 20__.

**STATE OF ARIZONA
COURT OF APPEALS
DIVISION _____**

IN THE MATTER OF: _____)
)
)
a minor)
[Use fictitious name if petitioner)
has so requested])
_____)

Case Number: _____

**NOTICE OF HEARING ON APPEAL AND
APPOINTMENT OF COUNSEL**

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: _____

City, State, Zip Code: _____

Phone Number: _____

Case Number: _____

5. Your appointed attorney is: _____
Address: _____
City, State, Zip Code: _____
Phone Number: _____

Date

Deputy Clerk

Mailed/hand-delivered to petitioner/petitioner's
attorney on _____, 20__.

Mailed/hand-delivered to guardian ad litem on
_____, 20__.
