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ST. LUCIE COUNTY, FLORIDA
SELF-SERVICE CENTER

Department: Family Relations

Packet #G6: Judicial Waiver of Parental Notice of Termination of Pregnancy

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IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

In the interest of _____
(pseudonym or initials of minor)

Case No.: _____
Division: _____

**PETITION FOR JUDICIAL WAIVER OF PARENTAL CONSENT TO OR NOTICE OF AND
CONSENT TO TERMINATION OF PREGNANCY**

I certify that the following information is true and correct:

- (1) The pseudonym or initials of the minor (is/are) _____, and the minor has filed a Sworn Statement of True Name and Pseudonym with the clerk.
- (2) The minor is _____ years old.
- (3) The minor is pregnant and parental notice or consent has not been waived.
- (4) The minor desires to terminate her pregnancy without _____ notice _____ consent
_____ consent and notice [check which applies]

to a parent or legal guardian for one or more of the following reasons:

[check all that apply]

___ a. The minor is sufficiently mature to decide whether to terminate her pregnancy, for the following reason(s):

___ b. The minor is a victim of child abuse or sexual abuse by one or both of her parents or a legal guardian.

___ c. Notification of a parent or legal guardian is not in the best interests of the minor, for the following reason(s):

- (5) The minor requests that the court enter an order authorizing her to consent to the performance or inducement of a termination of pregnancy without notification of a parent or legal guardian.
- (6) The minor requests the appointment of an attorney to represent her in this matter: [check one]
____ yes
____ no

(7) The minor elects the following method or methods for receiving notices of hearings or other court actions in this case:

_____ Through a third party whose name is _____ and whose address and phone number for purposes of notice are _____.

_____ The minor will contact the office of the clerk of court at the following phone number _____.

I understand that by signing this form I am swearing to or affirming the truthfulness of the claims made in this petition and that the punishment for knowingly making a false statement includes fines, imprisonment, or both.

Signature: _____

Date: _____

(You may sign a name other than your true name, such as Jane Doe or other pseudonym under which your petition is being filed.)

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
IN AND FOR ST LUCIE COUNTY, FLORIDA

In the Interest of:

_____,
(pseudonym or initials of minor)

CASE NO:

Sworn Statement of True Name and Pseudonym
(Fla. R. Juv. P. 8.988)

NOTICE TO THE CLERK OF COURT: A CERTIFIED COPY OF THIS DECLARATION WITH THE CASE NUMBER NOTED ON IT SHALL BE GIVEN TO THE MINOR AFTER SHE SIGNS IT.

THE ORIGINAL SHALL IMMEDIATELY BE PLACED IN A SEALED ENVELOPE WHICH SHALL BE FILED UNDER SEAL AND KEPT UNDER SEAL AT ALL TIMES.

(1) My true name is _____ (print your name), and my address is _____ (print your address)

(2) My date of birth is _____.

(3) I have filed a Petition for Judicial Waiver of Parental Consent to or Notice of and consent to Termination of Pregnancy under the name or initials _____ on _____ (date).

I understand that by signing this form I am swearing to or affirming the truthfulness of the information herein and that the punishment for knowingly making a false statement includes fines, imprisonment or both.

Dated: _____

Signature: _____ (You must sign your true name.)