

Name of Person Filing: _____
Street Address: _____
City, State, Zip Code: _____
Telephone Number: _____
Email Address: _____
 Representing Self (No Attorney) or Represented by Attorney
If Attorney, Bar Number: _____

SUPERIOR COURT OF ARIZONA, PINAL COUNTY

IN THE MATTER OF THE
TERMINATION OF:

Minor

CASE NUMBER:

**CONSENT OF PARENT FOR
TERMINATION OF PARENTAL
RIGHTS OF MINOR CHILD AND
WAIVER OF NOTICE**

HONORABLE:

Required information From Parent, Under Oath:

1. INFORMATION ABOUT ME:

Name: _____

Address: _____

Telephone: _____

Date of Birth: _____

2. I am the legal Mother of Father of the child named _____
_____ with a date of birth of _____.

3. I hereby consent to the termination of my parental rights and do relinquish and give up all my rights to the care, custody and control of the above named child. I have been provided and read the petition for terminating my parental rights. I understand that my parental rights may be terminated based upon any of the grounds enumerated within A.R.S. Section 8-533. I further understand that upon a court order terminating my parental rights I will no longer have any legal rights, privileges, duties and obligations, including the right to custody, and I will no longer be the child's parent.

I acknowledge that this consent is irrevocable and that I cannot change my mind. I am aware that the consent cannot be withdrawn without a court order. The consent is signed by me freely and voluntarily without any fraud, duress, coercion, or undue influence and I am acting in a sound mind and memory.

I voluntarily give my rights to all notices and appearances to any and all future hearings or proceedings in connection with the termination of my parental rights to the child. I understand that this may mean I will NOT be notified of any such hearings or proceedings, and that my attendance will not be required nor expected. I understand that these hearings and proceedings will take place without my presence, and that the result of the hearing and proceedings most likely will be that all my rights to the child, including the right to custody, care, control and visitation will be completely ended.

(Date)

(Signature)

OATH AND AFFIRMATION

STATE OF ARIZONA)
) ss.
County of _____)

SUBSCRIBED AND SWORN TO before me this _____ day of _____,
20____.

By _____
(Deputy Clerk/Notary Public)

My Commission Expires: