

Name of Person Filing: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
ATLAS Number (if applicable) \_\_\_\_\_  
 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: CASE NUMBER: \_\_\_\_\_

**CONSENT OF PARENT FOR TERMINATION  
OF PARENTAL RIGHTS OF MINOR CHILD**

\_\_\_\_\_  
Minor Child HONORABLE: \_\_\_\_\_

**Required Information From Parent, Under Oath:**

**1. INFORMATION ABOUT ME:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

I am the natural  Mother or  Father of the minor child named above, and I am consenting to the termination of the parent child relationship between:

\_\_\_\_\_ and \_\_\_\_\_

- 2. I Have Read the Petition for Termination of Parental Rights and Consent to the Termination.**
  
- 3. I Waive Notice of all Further Proceedings in this Matter.**

