Person Filing:			
Address (if not protected):			
City, State, Zip Code:			
Email Address:			
Lawyer's Bar Number:		For Clerk's Use Only	
Representing Self, without a Lawye	er or 🗌 Attorney for 🗌 Petition	ner OR Respondent	
	SUPERIOR COURT (
In the matter of:	Case Numbe	r: SV	
A Minor	NOT APF FOF	WAIVER BY PARENT OF NOTICE OF HEARING AND APPEARANCE ON PETITION FOR TERMINATION OF PARENT- CHILD RELATIONSHIP	
1. I, named below for whom a Petiti my parental rights:	•	R FATHER of the minor children ermanent termination (severance) of	
Full Na	me of Child	Date of Birth	
2. My complete name and addre	ss and date of birth is as follow		
Namo			
Street Address:			
City, State, Zip Code:			
Telephone:		f Birth:	

(Continues on next page)

Case Number:	SV

WAIVER OF NOTICE

- 1. I have read the Petition for Termination of Parental Rights between myself and the minor child or children.
- 2. I waive notice of all further proceedings in this matter. I understand that I can reverse this waiver by filing a written document with the court under this court case number declaring that I no longer waive notice of hearings and other court proceedings.

Date	Cimatura	
Date	Signature	
STATE OF		
COUNTY OF		
Subscribed and sworn to or affirmed before me this:	(date)	by
	 ,	
(notary seal)	Deputy Clerk or Notary Public	