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| Colorado Court of Appeals 2 East Fourteenth Avenue, Suite 300 Denver, Colorado 80203-2115 _____ District Court, Judge _____, Case # _____ | | |
| IN THE MATTER OF THE PETITION OF: _____ [Name of Minor] | | |
| For a Waiver of Parental Notification Requirements Concerning an Abortion | | ▲ COURT USE ONLY ▲ |
| Attorney, if Minor Represented (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____ | | Case Number: _____ Division _____ Courtroom _____ |
| NOTICE OF APPEAL | | |

The Petitioner, a minor, states:

1. The district court has denied my petition to have an abortion without telling my parent(s), guardian or foster parent.
2. I ask that I be given permission by this court to have the abortion without telling my parent(s), guardian or foster parent on the grounds stated in the Petition filed with the district court on _____, 20__.
3. I believe the district court was wrong in its decision because: _____

 _____.
4. A copy of the district court's decision is attached to this Notice of Appeal.
5. I ask the court to appoint a lawyer to represent me at no cost to me.
 I have a lawyer and ask the court to appoint that person to continue to represent me. My lawyer's name, business address, telephone and fax numbers are: _____

 I do not want to be represented by a lawyer.
6. I understand that the court proceedings and my court file are confidential and cannot be disclosed to anyone, including my parent(s), guardian or foster parent.
7. I request that the court contact me about its decision in the following way (check one):
 Via Fax: # _____; Attn: _____
 Via Telephone: # _____; Attn: _____
 Via E-mail: _____
 Via Beeper or Pager # _____
 Via First Class Mail: _____

Via My Attorney

8. I request that the Court provide me with a certified copy of the court's order in the following way (check one):

Via First Class Mail: _____

Via My Attorney

Via the Court File for pickup by me or _____ who has my permission to pick up
the certified copy from the court file at the courthouse

9. The name, business address, and telephone number of the clinic or doctor who would perform the abortion
are (this information is not necessary but optional if you want to have the court's decision sent directly to the
clinic or doctor): _____
_____.

**WHEREFORE, I request that this court reverse the district court and allow me to have the abortion without
telling my parents.**

Respectfully submitted this ____ day of _____, 20__.

Signature of the Minor

Signature of Attorney, if minor is represented