

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

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