

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

In The Matter Of:

(Petitioner's Initials)

A Minor Child, Petitioner.

CASE NO. _____ SP-_____

MINOR'S PETITION FOR JUDICIAL
AUTHORIZATION FOR A PHYSICIAN TO
PERFORM AN ABORTION,
I.C. §18-609A

Petitioner asks for a court order authorizing a physician to perform an abortion on
Petitioner, and states:

I. JURISDICTION

This Court has jurisdiction under Idaho Code §18-609A.

II. GROUNDS FOR PETITION

1. My initials are:_____.
2. My age is:_____.
3. I am approximately _____ weeks pregnant.
4. I have discussed getting an abortion with my parent(s) or guardian(s) and they have refused to consent to my having an abortion. **or**
 I have not discussed getting an abortion with my parent(s) or guardian(s) and do not want them to know of this request.
5. I have been fully informed of the risks and consequences of the abortion by_____.

6. I am mature and capable of giving informed consent to the abortion for myself.

7. If the court does not authorize the abortion based on my maturity and capacity to consent, the court should find that causing or performing the abortion, despite the absence of the consent of a parent, is in my best interest because _____

8. I understand that if I do not have an attorney who signs this Petition the court will appoint an attorney to assist me and represent my interests before the court at no cost to me.

9. I understand the court may also appoint a guardian ad litem to help ensure my best interests are considered.

10. I understand a confidential hearing will be held within 48 hours, not including weekends, and holidays, after I file this petition.

11. The court may contact me at/through

a. (address) _____

b. (phone) _____

12. (optional) I want the court to consider the following additional information before the hearing:

III. REQUESTED RELIEF:

1. I ask the Court to schedule a hearing within 48 hours from the date this Petition is filed; and

2. I ask the Court to enter an order authorizing a physician to perform an abortion on me.

DATE: _____, 20____.

Petitioner (initials)

If an attorney has assisted in the preparation of this document:

DATE: _____, 20____.

Attorney's Signature
Phone : _____
Address: _____
