

**PETITION FOR JUDICIAL AUTHORIZATION OF ABORTION** Case No. ....

Commonwealth of Virginia

Va. Code § 16.1-241-W

Hearing Date and Time .....

**PLEASE NOTE: All papers and hearings in this matter are confidential.**

..... Juvenile and Domestic Relations District Court  
In re petitioner under eighteen years of age:

.....  
PETITIONER'S NAME

.....  
CONTACT TELEPHONE NUMBER (OPTIONAL)

.....  
DATE OF BIRTH

.....  
AGE

I, the undersigned, request this court to authorize a physician to perform an abortion pursuant to Virginia Code § 16.1-241(W). I verify that the information given above is correct, and that I have elected not to seek consent of an authorized person as defined in Virginia Code § 16.1-241(W).

.....  
DATE

.....  
PETITIONER'S SIGNATURE

Sworn/affirmed and signed before me on .....

DATE

.....  
 CLERK  DEPUTY CLERK  INTAKE OFFICER

NOTARY PUBLIC My commission expires: .....

Filed by:  Petitioner with Intake Officer

Counsel for Petitioner .....

SIGNATURE OF COUNSEL

Date and Time Petition Filed: .....

.....  
 CLERK  DEPUTY CLERK  INTAKE OFFICER

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**HEARING DATE**

A hearing on this petition has been set for ....., at ..... m.,  
DATE TIME

in the ..... Juvenile and Domestic Relations District Court

.....  
ADDRESS AND COURTROOM

.....  
COURT TELEPHONE NUMBER

.....  
DATE

.....  
 CLERK  DEPUTY CLERK  INTAKE OFFICER

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**ACKNOWLEDGEMENT OF HEARING DATE AND TIME**

1. I understand that a hearing on this petition has been scheduled as noted above.
2. I acknowledge that I have received a copy of this petition and notice of hearing in person on this date. I waive all other forms of notice for hearing on this date.

.....  
DATE

.....  
PETITIONER'S SIGNATURE

.....  
SIGNATURE OF COUNSEL FOR THE PETITIONER