

This is a private record.

My Name

Address

City, State, Zip

Phone

Email

I am the Petitioner
 Attorney for the Petitioner and my Utah Bar number is _____

In the Juvenile Court of Utah
_____ Judicial District _____ County
Court Address _____

In the matter of _____ (child's initials), a minor child	Petition to Terminate Parental Rights Upon Voluntary Relinquishment _____ Case Number _____ Judge
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Instructions: You must attach the following records and forms if they are not already on file with the court.

- Continuation pages (If any, completing paragraphs that don't have enough space. Write the paragraph number on the continuation page.)
- Completed Voluntary Relinquishment of Parental Rights
- Findings of Fact and Conclusions of Law
- Proposed Order Terminating Parental Rights

By and through my attorney, (Attorney, check here if you are appearing on behalf of your client.)

Being first duly sworn, and under oath, I say as follows:

(1) I am the natural father mother of the child named below.

(2) My residence is:

Address

City, State, Zip

(3) My child is:

Name		Current Residence
Date of Birth	Sex	
Place of Birth		

(4) The person who has custody of the child is:

Name

Address

City, State, Zip

Phone

Email

Relation to child

(5) The reason I am asking the court to terminate my parental rights is:

(6) My child is not a member of or eligible for membership in an Indian tribe.

(7) I am not seeking to terminate my parental rights to avoid my obligation to financially support my child.

Certificate of Service

I certify that I served a copy of this document on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronic File		
Child's Mother	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
Child's Father	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
Child's Guardian	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
Child's Custodian or Caregiver	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
Child's Guardian ad Litem Attorney	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

Certificate of Service

I certify that I served a copy of this document on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
Division of Child and Family Services	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
Office of Recovery Services	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
Juvenile Justice Services	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

Date _____ Sign here ► _____

Typed or printed name _____