

**MINOR'S APPLICATION FOR
JUDICIAL AUTHORIZATION OF AN ABORTION**

COURT OF COMMON PLEAS OF
_____ COUNTY, PENNSYLVANIA
(JUVENILE COURT SECTION OF THE FAMILY DIVISION),
 ORPHANS' OR FAMILY COURT DIVISION

IN RE: Matter of _____, A Minor : Application No. _____
(Initials) : of 2 _____

TO THE HONORABLE, THE JUDGES OF THE SAID COURT:

Applicant, a minor, whose initials are _____, respectfully states:

1. Applicant is a pregnant woman, who (choose one):
 is a resident of this county; or
 seeks an abortion within this county.
2. Applicant's date of birth is _____, _____.
3. Applicant is approximately _____ weeks pregnant.
4. The name and address of each parent or guardian or person standing in *loco parentis* are contained in Applicant's separate unsworn verification.
- Yes No 5. Applicant desires to terminate her pregnancy and has consulted with the physician who is to perform the abortion, or with a referring physician, for that purpose on (date) _____ at _____ o'clock a.m. / p.m. Applicant has been fully informed of the risks and consequences of the abortion.
- Yes No 6. Applicant consents to the abortion procedure.
- Yes No 7. Applicant is of sound mind and has sufficient intellectual capacity to consent to an abortion.

IN RE: Matter of _____, A Minor
(Initials)

Yes No 8. Applicant is mature and capable of giving informed consent to the proposed abortion.

OR

Yes No The performance of an abortion upon the applicant would be in the applicant's best interests.

9. Applicant is executing an unsworn verification with respect to statements of fact in this application. The unsworn verification is set forth in a document separate from this application but incorporated herein by reference. Applicant is aware that any false statements made in this application are punishable by law.

Wherefore, Applicant prays this Honorable Court to enter an Order authorizing a physician to perform an abortion upon Applicant.

Respectfully submitted,

Applicant's Signature
(Initials may be used as signature)