

INSTRUCTIONS FOR COMPLETING THE PETITION FOR “JUDICIAL BYPASS”

THIS IS A LEGAL DOCUMENT. IT IS IMPORTANT THAT YOU UNDERSTAND YOUR RIGHTS BEFORE COMPLETING IT AND THAT THE INFORMATION THAT YOU PROVIDE IS TRUE AND CORRECT. YOU MAY USE A FALSE NAME (“PSEUDONYM”) TO IDENTIFY YOURSELF.

1. **The caption:** This is the part of the form that begins: “**IN RE: THE APPLICATION OF:**” Please print or type your name on the line provided. In order to ensure your privacy and anonymity, the law allows you to use the initials of your first and last name instead of your name. You may also use a false or assumed name. This is called a pseudonym. If you decide to use a pseudonym, please check the box at the end of Paragraph 1. This will assist us in making certain your physician or other health care provider is able to identify you as the person who obtained the court order.
2. **Paragraph 1:** Please tell us how old you are and your date of birth. You must also tell us the name of the State where you live. If you are using a pseudonym, please check the box provided.
3. **Paragraphs 3 and 4:** You may fill out either paragraph or both paragraphs. Please check the box for the paragraph that you are completing. Check both boxes, if you are completing both paragraphs. If you believe that you are mature and well enough to make the decision to terminate your pregnancy, please complete only paragraph 3 by summarizing why you believe that is true. You do not have to complete Paragraph 4. If you believe that it is not in your best interest to notify an adult family member of your decision to terminate your pregnancy, please complete only Paragraph 4 by summarizing why you believe that is true. You need not complete Paragraph 3.
4. **Attachments:** If you have any documents, letters or other written material that you believe will help the judge make a decision attach them to the Petition. If you are using your initials or a pseudonym, please make certain that any information on the material that could identify you as the petitioner is “blacked out”. If there are materials that identify your care giver or could lead to identifying you as the petitioner, please make certain that information is also hidden. However, it is important for the judge to know the person’s business or profession. Please do not conceal that information when editing the document.
5. **Signature:** Please sign the petition on the two signature lines above the word “Petitioner”. Please read the statement above the second signature line so that you understand what you are signing. You may sign by affixing your initials or a pseudonym if you have used them to complete the caption portion of the Petition.

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DIVISION

IN RE: THE APPLICATION OF

A Minor

TO OBTAIN A JUDICIAL ORDER WAIVING
THE REQUIREMENT OF NOTICE TO MY ADULT FAMILY
MEMBERS OF MY INTENT TO OBTAIN AN ABORTION

No. _____

CONFIDENTIAL
FILED UNDER SEAL

PETITION

_____, a minor, petitions this Court pursuant to 750 ILCS 70/25 for an order waiving the requirement that my physician or his or her agent notify one of my adult family members of my intention to terminate my pregnancy as required by 750 ILCS 70/15 and in support of said request allege:

1. That I am _____ years of age, my date of birth is _____, _____ and I reside in the State of _____. I am exercising my right to file this case by using a pseudonym instead of my real name.
2. That I am pregnant and desire to terminate my pregnancy by means of an abortion.
3. I am sufficiently mature and well enough informed to make an intelligent decision to undergo this procedure. In support of this statement, I allege the following facts:

4. In the alternative, I allege that it is not in my best interest to require notification of one of my adult family members before I undergo this procedure. In support of this statement, I allege the following facts:

PLEASE ATTACH ANY DOCUMENTS IN YOUR POSSESSION THAT YOU BELIEVE SUPPORT THE STATEMENTS YOU MADE IN EITHER PARAGRAPHS 3 OR 4.

I request that the Court grant the following relief:

- A. Appoint a Guardian ad Litem/Attorney to assist me in these proceedings;
- B. Conduct an expedited hearing to determine the truth and sufficiency of the allegations in this Petition;
- C. Enter a Declaration that my physician or his or her agents are not required to notify one of my adult family members as required by 750 ILCS 70/15 prior to performing an abortion to terminate my pregnancy.

PETITIONER

Under penalties for perjury as required by Section 1-109 of the Code of Civil Procedure, I declare the above stated facts are true.

PETITIONER

Atty. No.: _____
 Atty. Name: _____
 Atty. Address: _____
 City/State/Zip: _____
 Telephone: _____

CLERK OF THE CIRCUIT COURT OF COOK COUNTY SECTION ONLY

For Clerk of the Circuit Court of Cook County Use Only	
<p style="text-align: center;"><u>Business Day Filed</u></p> <p>Date of filing: _____</p> <p>Time of filing: _____</p> <p>Manager's Signature: _____</p>	<p style="text-align: center;"><u>Ruling must be no later than:</u></p> <p>Date: _____</p> <p>Time: _____</p> <p>Manager's Signature: _____</p>