



8. I request that the court hold a hearing to determine the identity of the father of my child and to determine or terminate his parental rights.

_____ Attorney signature	_____ Date	_____ Signature of petitioner
_____ Attorney name (type or print)	_____ Bar no.	_____ Name (type or print)
_____ Address		_____ Address
_____ City, state, zip	_____ Telephone no.	_____ City, state, zip
		_____ Telephone no.

Agency Contact Information:

_____ Name of agency representative (type or print)	_____ Address
_____ Agency name	_____ City, state, zip
_____ Telephone no.	_____ E-mail

**CERTIFICATION BY PARENT/GUARDIAN OF UNEMANCIPATED MINOR PARENT**

I certify that I am the  parent  legal guardian of \_\_\_\_\_,   
Name of parent of child  
who is an unemancipated minor parent of the child. I have reviewed this petition and agree with it.

_____ Date	
_____ Signature of parent/guardian	_____ Signature of witness
_____ Name of parent/guardian (print)	_____ Name of witness (print)
_____ Address	
_____ City, state, and zip	