

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO.(Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>          CASE NUMBER _____
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input type="checkbox"/> CENTRAL DIVISION, JUVENILE COURT, 2851 MEADOW LARK DR., SAN DIEGO, CA 92123 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., SUITE 130,VISTA, CA 92081	
IN THE MATTER OF THE PETITION OF _____	
<b>ORDER WAIVING NOTICE AND TERMINATING PARENTAL RIGHTS</b>	

The petition of \_\_\_\_\_ for an order waiving notice and an order terminating the parental rights of the alleged father, \_\_\_\_\_, of \_\_\_\_\_, a minor, was heard on \_\_\_\_\_, ex parte without an appearance.

The Health and Human Services Agency has filed a report concluding that the father of the child is \_\_\_\_\_ and his whereabouts are unknown.

Notice to \_\_\_\_\_ is waived, his parental rights are terminated and his consent is not required for the adoption of \_\_\_\_\_.

**IT IS SO ORDERED.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Judge of the Superior Court