

**State of Minnesota**

**District Court**

County \_\_\_\_\_

Judicial District: \_\_\_\_\_  
Court File Number: \_\_\_\_\_  
Case Type: Parental Notification

**In the Matter of the Petition of:**

**Report of the  
Guardian Ad Litem or Petitioner**

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

**I. MEDICAL INFORMATION**

- 1. Has the Petitioner been examined by a physician?  Yes  No  
Date: \_\_\_\_\_
- 2. Have the abortion procedures and the medical risks been explained?  Yes  No
- 3. Have the aftercare procedures been explained and understood?  Yes  No
- 4. Has the Petitioner been informed and does Petitioner understand what to do if medical complications occur?  Yes  No
- 5. Has the Petitioner given a true statement of her medical history to the physician?  Yes  No
- 6. Did Petitioner’s physician advise her of any additional risks to her health as a result of her medical history?  Yes  No
- 7. Has the Petitioner given informed consent to the abortion?  Yes  No

**II. COUNSELING INFORMATION**

- 1. Has Petitioner received counseling regarding having an abortion?  Yes  No  
If yes, name and agency of counselor;  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2. Has Petitioner received counseling as to pregnancy alternatives?
  - a. abortion  Yes  No
  - b. adoption  Yes  No

- c. marriage  Yes  No
- d. single parenthood  Yes  No
- 3. Does Petitioner feel she needs more counseling as to her decision to
  - a. have an abortion?  Yes  No
- 4. Has Petitioner been counseled as to possible emotional and psychological
  - a. Problems she may experience after the abortion?  Yes  No
- 5. Has Petitioner been counseled as to the methods of contraception that
  - a. are available?  Yes  No

**III. PERSONAL INFORMATION**

- 1. Does Petitioner wish to have an abortion?  Yes  No
- 2. Has Petitioner been coerced by any other party as to this decision?  Yes  No
- 3. Petitioner elects not to notify her parent(s) because:

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- 4. Does Petitioner live with her parents?  Yes  No
- 5. What is Petitioner's source of financial income?

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- 6. Is Petitioner attending school? Grade \_\_\_\_\_  Yes  No
- 7. What is the highest school grade level Petitioner has completed? \_\_\_\_\_
- 8. Is Petitioner employed?  Yes  No
- 9. Place of employment:

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Address

Job title: \_\_\_\_\_

- 10. What are Petitioner's plans for the future (schooling, employment, etc.)?

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11. State any additional information Petitioner wishes to bring to the court's attention relative to the proposed abortion:

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Dated: \_\_\_\_\_

\_\_\_\_\_  
Guardian Ad Litem on behalf of Petition or Petitioner

\_\_\_\_\_  
Relationship to Minor

**IV. RECOMMENDATION OF THE GUARDIAN AD LITEM**

A. Authorization to the physician without parental notification is recommended because:

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B. The minor is mature and capable of giving an informed consent, as evidenced by:

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C. The minor is not mature, but the proposed waiver of parental notification is in her best interests because:

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D. It is not recommended that authorization be granted because:

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Dated: \_\_\_\_\_

\_\_\_\_\_  
Guardian Ad Litem