Name of Person Filing: _____
Street Address: _____
City, State, Zip Code: _____
Telephone Number: _____
Email Address: _____
☐ **Representing Self (No Attorney)** **or** ☐ **Represented by Attorney**
If Attorney, Bar Number: _____

SUPERIOR COURT OF ARIZONA
PINAL COUNTY • JUVENILE COURT

In the Matter of the Emancipation of: **CASE NUMBER:** JE _____

CONSENT TO EMANCIPATION OF A MINOR

_____
Minor

REQUIRED INFORMATION FROM PARENT OR LEGAL GUARDIAN:

1. INFORMATION ABOUT ME:

Name: _____
(First) ***(Middle)*** ***(Last)***

Mailing Address: _____

City, State, Zip Code: _____

Daytime Telephone: _____ Evening Telephone: _____

I am the ☐ MOTHER or ☐ FATHER ☐ LEGAL GUARDIAN of the minor child named above, who is requesting emancipation.

2. I have been notified that the minor child named above intends to file a Petition for Emancipation and I consent to the emancipation of the minor named above because: (Explanation REQUIRED).

_____

_____

_____

OATH OR AFFIRMATION OF PARENT OR GUARDIAN CONSENTING TO THE EMANCIPATION OF A MINOR

I have read, understood and completed the above statements concerning the petition for the emancipation of the above named minor and I consent to his or her emancipation. All of the information I have provided in this document is true and correct to the best of my knowledge, information and belief.

Date: _____ Signature: _____

SUBSCRIBED AND SWORN TO before me _____ day of _____ 20 _____

By _____

My Commission Expires **(Deputy Clerk or Notary)**