

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 _____

**JUVENILE EMANCIPATION
INFORMATION SHEET**

Minor

NOTE: THIS FORM IS FOR COURT USE ONLY AND IS NOT A PUBLIC RECORD.

COMPLETE THIS FORM AND RETURN IT TO THE CLERK WHEN FILING THE PETITION FOR EMANCIPATION.

INFORMATION ABOUT THE MINOR WHO WANTS TO BE EMANCIPATED

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

Mailing Address: _____

City, State, Zip Code: _____

Daytime Telephone: _____ Evening Telephone: _____

Date of Birth (Month/Day/Year) _____

Social Security Number: _____

Will you or any person required to receive notice need a court interpreter Yes No

If a party requires an interpreter, please provide their name and the language needed:
