

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:  
\_\_\_\_\_