

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 _____

**OBJECTION TO PETITION
FOR EMANCIPATION OF A MINOR
A.R.S. §12-2451**

Minor

The following statements are made under oath or affirmation. I want to tell the Court the following in response to what is written in the Petition:

1. PERSONAL INFORMATION ABOUT ME:

Name: _____
Mailing Address: _____
City, State, Zip Code: _____
Telephone: _____

2. NAME OF DOCUMENT. The Petition I object to is called: _____

3. HEARING DATE. The date and time of hearing, and the name of the Judge assigned to this matter is:

Date of Hearing: _____
Time of Hearing: _____
Name of Judge or Commissioner: _____

4. RELATIONSHIP. My relationship to the person who has request the emancipation is:

5. **REASONS WHY I OBJECT:** What I want the court to do, and what I want to say about the statements made in the Petition: (use additional sheets of paper, if needed):

6. **MAILING. I mailed a copy of this Objection** (after it was filled out by me) **to the following individuals at the following addresses:** the Petitioner or his/her attorney, the Petitioner's parents, the Petitioner's legal guardians and/or Conservator, and everyone to whom Petitioner identified on the Petition.

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

OATH OR AFFIRMATION OF INDIVIDUAL FILING THE OBJECTION

I have read the Objection and these statements are true and correct and complete to the best of my knowledge.

Signature of Parent / Guardian

Date

Subscribed and sworn to or affirmed before me this date: _____

AMANDA STANFORD
Clerk of the Superior Court

My Commission Expires:

By _____
Deputy Clerk