

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: JE2** _____

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

Minor

STATEMENTS TO THE COURT UNDER OATH OR BY AFFIRMATION

- I am at least 16 years old.
- I am a resident of Arizona and of the county where I am filing this request.
- I am financially self-sufficient; I am able to support myself and provide for my own food, housing and medical care.
- I have read and understand the information provided by the Court that explains the rights and obligations of an emancipated minor and the potential risks and consequences of emancipation.
- I am not a ward of the court: I am not on probation or parole, or in the care or legal decision-making of CPS or other state agency, and no final order of "Dependency" has been entered.

1. PERSONAL INFORMATION ABOUT ME, "THE MINOR", REQUESTING EMANCIPATION

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

Mailing Address: _____

City, State, Zip Code: _____

Daytime Telephone: _____ Evening Telephone: _____

Date of Birth: _____
(Month) (Day) (Year)

2. **PERSON(S) ENTITLED TO NOTICE** of this matter under Arizona law, A.R.S. 12-24516. If applicable check the box for "Parental Rights Terminated by Court Order" or "Deceased" and attach proof (e.g. copy of Order terminating parental rights, copy of the death certificate or obituary notice).

MOTHER Name: _____
 Deceased Parental Rights Terminated by Court Order
Mailing Address: _____
City, State, Zip Code: _____
Daytime Telephone: _____ Evening Telephone: _____

FATHER Name: _____
 Deceased Parental Rights Terminated by Court Order
Mailing Address: _____
City, State, Zip Code: _____
Daytime Telephone: _____ Evening Telephone: _____

LEGAL GUARDIAN Name: _____
 Deceased Parental Rights Terminated by Court Order
Mailing Address: _____
City, State, Zip Code: _____
Daytime Telephone: _____ Evening Telephone: _____

LEGAL GUARDIAN Name: _____
 Deceased Parental Rights Terminated by Court Order
Mailing Address: _____
City, State, Zip Code: _____
Daytime Telephone: _____ Evening Telephone: _____

EXPLAIN IN THE SPACE PROVIDED WHY YOU HAVE A GUARDIAN:

FACTS TO SUPPORT MY REQUEST FOR EMANCIPATION: The following answers and statements explain how I will handle my financial, personal, and social affairs, provide for my own food, housing and medical care, maintain my educational or vocational training and my employment situation.

3. **MY STREET ADDRESS:** _____
City, State, Zip Code: _____
I have been living there since: (month / date / year) _____

4. **I LIVE THERE WITH** (name and relationship of all persons, including children):

5. EDUCATION:

- a. **I am attending** (name of school) _____ and I am in the _____ grade.
- b. **I am NOT attending school.** The highest grade I have completed is _____ grade.
- c. My plans concerning education or job training is as follows:

6. EMPLOYMENT:

- a. **I am employed and occupation is:** _____

I am employed by: (List name, address and contact phone number for all employers)

Employer #1: _____

Employer #2: _____

I started work for Employer #1 (month / year):

I started work for Employer #2 (month / year):

- b. **I am NOT currently employed.**

I lasted worked from (month / year) _____ to (month / year) _____.

My gross monthly earnings (before taxes or other deductions) **were:** \$ _____

7. PUBLIC ASSISTANCE:

- a. I am not receiving welfare or TANF and do not intend to apply for welfare or TANF.
- b. I am receiving welfare or TANF. Monthly amount received is: \$ _____
- c. I have applied for or intend to apply for welfare or TANF.

8. AVERAGE MONTHLY INCOME (before taxes or other deductions)

a. Salary and Wages, including bonuses and overtime: \$ _____

b. Money received from adults (name and relationship to adults):

Name, Relation _____ \$ _____

Name, Relation _____ \$ _____

c. Social Security *Survivor* Benefits (received due to death of a parent) \$ _____

d. Social Security *Disability* Benefits \$ _____

e. Other sources of income (specify source and amount) \$ _____

TOTAL MONTHLY INCOME: \$ _____

9. I HAVE THE FOLLOWING ASSETS (things of value that I own):

a. Cash \$ _____

b. Checking Account(s) (total, if more than one) \$ _____

c. Saving Account(s) (total, if more than one) \$ _____

d. Stocks, Bonds \$ _____

e. Vehicle (Year, Make and Model) \$ _____

f. Other (specify) \$ _____

g. Other (specify) \$ _____

h. Trust Fund \$ _____

TOTAL VALUE OF ASSETS: \$ _____

10. I HAVE THE FOLLOWING EXPENSES:

a. Rent \$ _____

b. Food (groceries plus dining out) \$ _____

c. Clothing \$ _____

d. Utilities (phone plus electric, gas, cellular, water & sewer) \$ _____

e. Medical:

1. Insurance \$ _____

2. Doctor, dentist, hospital, urgent care \$ _____

3. Prescription medications \$ _____

Total Medical Expenses \$ _____

f. Transportation (public transit, bus and taxi) \$ _____

g. Vehicle:

1. Monthly payments \$ _____

2. Insurance \$ _____

3. Fuel / gasoline \$ _____

4. Service, maintenance, repair \$ _____

Total Vehicle Expenses \$ _____

h. Child Support \$ _____

i. Other (specify) \$ _____

j. Other (specify) \$ _____

TOTAL MONTHLY EXPENSES: \$ _____

11. **HEALTH CARE** I will provide for my health care through insurance through employer AHCCCS Other

If "Other", explain: _____

12. **AT LEAST ONE OF THE FOLLOWING IS INCLUDED WITH MY REQUEST** (At least **one** box **must** be checked; you **may** check and attach **more than** one to support your request)

- Attached is documentation that I have been living on my own for at least three consecutive months.
- Attached is a statement explaining why I believe that the home of my parent(s) and/or legal guardians(s) is **NOT** a health and/or safe environment.
- Attached is a notarized statement by one (or more) of my parent(s) and/or legal guardian(s) that contains written consent to my emancipation **and** explanation.

13. **ORDER OF PROTECTION** Is there currently an "Order of Protection" between you and any parent or legal guardian? YES NO

If an "Order of Protection" has been issued, provide the name of the Court, which issued this Order:

14. **I REQUEST THAT THE COURT SCHEDULE A HEARING AND ENTER AN ORDER FOR MY EMANCIPATION**

OATH OR AFFIRMATION OF MINOR PETITIONING FOR EMANCIPATION

I swear or affirm that I have read this document and that the contents are true and correct to the best of my knowledge, information and belief under penalty of law.

(Signature of Minor)

(Date)

WITNESSED SIGNATURE OF MINOR BEFORE THIS DATE: _____

REBECCA PADILLA
Clerk of the Superior Court

By _____
(Deputy Clerk)