

Person Filing: \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
Day/Evening Telephone number: \_\_\_\_\_  
Representing Self, Without a Lawyer

**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA  
IN AND FOR THE COUNTY OF YAVAPAI**

In the matter of Emancipation of:

Case No: \_\_\_\_\_

**JUVENILE EMANCIPATION  
INFORMATION SHEET**

\_\_\_\_\_ A 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.

**INFORMATION ABOUT THE MINOR WHO WANTS TO BE EMANCIPATED**

Name \_\_\_\_\_  
First Middle Last

Is there currently an "Order of Protection" between you and either parent or any legal guardian?  
 No  Yes If "Yes", does that Order say your address is "protected"?  No  Yes

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Street Address (if different from mailing address) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Daytime/Evening Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

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 "Yes", what language(s)? \_\_\_\_\_