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Representing Self or Lawyer for _____
Lawyer's Bar Number: _____



**SUPERIOR COURT OF ARIZONA
IN YAVAPAI COUNTY**

In the Matter of the Emancipation of:

Case Number: _____

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

A Minor Female Male

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 understood the information provided by the Court that explains the rights and obligations of an emancipated minor and the potential risks and consequences of emancipation.

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

My Name (First, Middle, Last): _____
Mailing Address: _____
City, State, Zip Code: _____
Day/Evening Telephone: (_____) _____ / (_____) _____
Date of Birth (Month/Date/Year): _____

PERSONS ENTITLED TO NOTICE of this matter as required by the Court and under Arizona law, A.R.S. 12-2451. If applicable, check the box for "Parental Rights Terminated by Court Order" or "Deceased." If "Deceased", attach proof such as death certificate or obituary notice.

MOTHER

Name: _____

Deceased Parental Rights Terminated by Court Order

Mailing Address: _____

City, State, Zip Code: _____

Day/Evening Telephone: (_____) _____ / (_____) _____

FATHER

Name: _____

Deceased Parental Rights Terminated by Court Order

Mailing Address: _____

City, State, Zip Code: _____

Day/Evening Telephone: (_____) _____ / (_____) _____

LEGAL GUARDIAN

Name: _____

Deceased Parental Rights Terminated by Court Order

Mailing Address: _____

City, State, Zip Code: _____

Day/Evening Telephone: (_____) _____ / (_____) _____

LEGAL GUARDIAN

Name: _____

Deceased Parental Rights Terminated by Court Order

Mailing Address: _____

City, State, Zip Code: _____

Day/Evening Telephone: (_____) _____ / (_____) _____

2. I CURRENTLY HAVE ONE OR MORE LEGAL GUARDIANS BECAUSE: Explain what happened to cause someone to request to be appointed your guardian or the reasons or circumstances that caused the Court to appoint your guardian(s).

3. 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.

4. My Street Address: _____
City, State, Zip Code: _____
I have been living there since: (Month/Date/Year) _____

5. I live there with (name and relationship of all persons, including children):

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

7. a. I am **not receiving** public assistance or TANF and I do not intend to apply for either.
b. I am **receiving** public assistance or TANF. The monthly amount received is: \$ _____
c. I have **applied for or intend to apply for** public assistance or TANF.

8. a. I am **currently employed** by:
Employer # 1 (Attach pay stub) _____
Address: _____
Telephone: (_____) _____ I started work (month/year): _____
Job Title: _____
Employer # 2 (Attach pay stub) _____
Address: _____
Telephone: (_____) _____ I started work (month/year): _____
Job Title: _____

b. I am **not currently employed. I last worked:**
From: (starting month, year) _____ **To:** (ending month and year) _____
My gross monthly earnings (before taxes or other deductions) **were:** \$ _____
c. I have obtained an **offer of employment**.

9. My **average gross monthly income** (annual amount divided by 12) is shown below.

	Amount
a. Salary / Wages , including bonuses and overtime, before taxes or other deductions	\$ _____
b. Money received from others (List name, your relationship to those persons, and amounts)	
Name, Relation: _____	\$ _____
Name, Relation: _____	\$ _____
c. Social Security <i>Survivor</i> Benefits (received due to death of a parent)	\$ _____
d. Social Security <i>Disability</i> Benefits	\$ _____
e. Child Support <i>Received</i> for MY Children	\$ _____
f. Other source of income (specify source) _____	\$ _____
g. TOTAL MONTHLY INCOME: (Add 9 a-f)	\$ _____

10. I have the following **assets** (things of value that I own):

	Value
a. Cash	\$ _____
b. Checking Account(s) (total, if more than one)	\$ _____
c. Savings Account(s) (total, if more than one)	\$ _____
d. Stocks, Bonds	\$ _____
e. Trust Fund(s) (total, if more than one)	\$ _____
f. Vehicle (Year, Make, and Model): _____	\$ _____
g. Other (specify) _____	\$ _____
h. TOTAL VALUE OF ASSETS: (Add 10 a-g)	\$ _____

11. I have the following **monthly expenses**:

	Amount
a. Housing	\$ _____
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	\$ _____
4. Total Medical Expenses (add 1-3)	\$ _____
f. Transportation (public transit, bus and taxi)	\$ _____
g. Vehicle	
1. Monthly payments	\$ _____

- 2. Insurance \$ _____
- 3. Fuel/gasoline \$ _____
- 4. Service, maintenance and repair \$ _____
- 5. **Total Vehicle Expenses** (add 1-4) \$ _____
- h. Child Support *Paid* for my Children** (Amount I pay to someone else) \$ _____
- i. Other** (specify) _____ \$ _____
- j. TOTAL MONTHLY EXPENSES:** (Add 11 a-i) \$ _____

12. I will provide for my health care through **insurance** through employer **AHCCCS** **Other**.
If "Other", explain:

13. **At least one of the following is included with this request:** (*At least one box must be checked; you may check and attach more than one to further 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 the home of my parent(s) or legal guardian(s) is **NOT a healthy 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.

14. I am aware that the Court may refer me and any parent or guardian to mediation.

(Optional)

I believe mediation is **not appropriate** because of family violence or:

REQUESTS TO THE COURT

15. I REQUEST THE COURT ENTER AN ORDER FOR MY EMANCIPATION.

UNDER OATH OR BY AFFIRMATION

I swear or affirm under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

Date

Petitioner's Signature

STATE OF _____

COUNTY OF _____

Subscribed and sworn to or affirmed before me this: _____ (date)
by _____.

(notary seal)

Deputy Clerk or Notary Public